TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **15th March 2024**
Report for: **Information/Decision**
Report of: **Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) and Nathan Atkinson, Corporate Director Adults and Wellbeing, Trafford Council**

Report Title

Better Care Fund Programme Quarter 3 return

Purpose

The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q3, on cumulative data from Q1 and Q2 (1st April 2023 – 31st December 2023), which was submitted to NHSE on February 9, 2024.

This return provides confirmation of activity and expenditure to date, where BCF funded schemes include output estimates. This return also includes an update on our performance against key BCF metrics.

The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this report. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and an updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023.

Schemes funded by BCF Programme funding but do not have output estimates attached, are outside the remit of this return, but an update will be provided at the full end year report in Q1 2024/25.

Recommendations

1. The Board is asked to note the content of the finalised BCF return which provides Q1 and Q2 data, submitted in Q3.
2. Note that the next submission in relation to 23/24 BCF Programme will require a report on full year activity and expenditure, which will be required to be submitted in Q1 2024/25. It is anticipated that this will be in May 2024 however, the exact submission date has not yet been confirmed by NHSE.

Contact person for access to background papers and further information:

Name:
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1.0 Introduction

1.1. The Better Care Fund (BCF) reporting requirements are set out in BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF Programme.

1.2. The key purposes of reporting are:

a) To confirm the status of continued compliance to the requirements of the BCF fund.
b) In Quarter 2, to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the end of the year actual income and expenditure in BCF Plans.
c) To provide information from local areas on challenges and achievements and support needed in progressing the delivery of the BCF plans, including performance metrics.
d) To enable the use of this information for national partners to inform future direction and for local areas to improve performance.

1.3. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and a updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023. This report provides an update on the delivery against the BCF core metrics and the activity and expenditure to date, for schemes which had output estimates. Schemes funded by BCF Programme funding but do not have output estimates attached are outside the remit of this submission, but an update will be provided at the March Locality Board, as part of a wider BCF/Section 75 update.

2.0 Better Care Fund Metrics

2.1 The BCF plan includes the following 5 metrics. Please find a summary of performance below, with detail of performance can be found within Tab 4: Metrics of the supporting excel spreadsheet.

2.2 Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions

- Expected performance within Q1 was 193.2. Actual Q1 performance was 166.0. Expected performance within Q1 was 169.8. Actual Q2 performance was 143.7
- Performance status: On- track
- Achievements linked to BCF funding: The New Trafford Crisis Response Service is now fully embedded, which serves to support avoidable admissions with a range of opportunities to refer to the service both within the community and primary care as well as from the front door of the Urgent Care services..
- Upcoming plans: Further development of the Hospital at Home model is required. Once implemented further improvement in this target is expected.

2.2 Percentage of people who are discharged from hospital to their normal place of residence.

- Expected performance within Q 1 was 91.5%. Actual performance in Q 1 was 90.89% Expected performance within Q2 was 91.5%. Actual performance in Q2 was 92%

- Performance status: On-track.
- Achievements linked to BCF funding**:** The Rapid MDT for P3 Discharge to Assess Beds service, which reviews residents admitted into a bed within 48 hours, is supporting more of our residents to return home, moving from P3 to P1. The introduction of Trafford Community Response Service's Pathway 1 Discharge to Assess Team was implemented in Q3, providing IMC at Home. Thereby enabling more Trafford residents to return directly home for their rehabilitation that otherwise would otherwise been supported by P2 bed- based care.
- Upcoming plans: The Rapid MDT team of OT, Physio and Nursing is now in the process of expanding to include mental health nursing to support residents in P3 with dementia and other mental health nursing considerations.

2.3 Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000

- Planned performance/trajectory by end of Quarter 4: 2,003. Actual performance at the end of Q1 was 490.2 The Actual performance in Q2 was 474.7.
- Performance status: On track
- The mitigating actions reported in Q2 to tackle legacy challenges in therapy services continue in Q3. As reported in Q2, there have been a number of capacity and demand challenges in relation to community OT and Physio, much related to the legacy of Covid-19 pandemic, impacting on falls avoidance whilst there are lifting and response services in place. The additional investment in therapy resource and the implementation of Trafford's Community Response Service, both from a Crisis Response and D2A Pathway 1 (IMC at Home) perspective are key in supporting continued improvement. Additional capacity within community therapy will also expediate the continued action of the Community Rehabilitation recovery plan within the locality, that plays an important role in falls prevention.
- Achievements linked to BCF Funding: Q3 has focused on the embedding of new services as BAU and ensuring education is provided across health and care systems to ensure purpose and parameters of these services are understood and can therefore be appropriately utilised to their maximum. This includes Trafford Community Response Service as part of a 2-hour urgent response within the community, as part of a wider MDT model, as well as the D2A Pathway 1 model which enhances domiciliary based support and provides IMC at home. These teams support patients at risk of admission or readmission to secondary care including patients who are at risk of falling. We also continue to progress actions within our Community Recovery plan.
- The Rapid MDT to P3 D2A beds is now embedded and working across nursing and residential P3 beds. This team includes social care, nursing and therapy has also supported a reduction in falls in the care home setting by reviewing residents within 48 hours of admission. OT and Physio assessment at this early stage of admission, supports the reduction of falls within a care home setting both in terms of practical support also in increasing confidence in Care Home to further identify and manage residents with a risk of falls.

- The introduction of the Rapid MDT to Pathway 3 Discharge to Assess beds, which includes social care, nursing and therapy has also supported a reduction in falls in the care home setting but providing an MDT within the first 48 hours of a resident entering a Discharge to Assess bed.
- Upcoming plans: Continued embedding of Pathway 1 Community Response Team and full action of community rehabilitation plan.

2.4 Rate of permanent admissions to residential care per 100,000 population (over 65)

- Planned trajectory of 559 by end of Quarter 4. This figure is currently 180 admissions. This data includes both residential and nursing admissions of 29 Nursing, 151 Residential, which excludes CHC - continuing health care.
- This is reported as accumulative figure so increase is expected.
- Performance status: Not yet on track.
- Achievements linked to BCF Funding: The Rapid MDT for Pathway 3 Discharge to Assess Beds service, which reviews residents admitted into a bed within 48 hours, is supporting more of our residents to return home, moving from Pathway 3 to Pathway 1. This team has also identified residents who could be supported by bedded Intermediate Care (IMC) to enable them to subsequently go home. This team has enable greater flexibility across discharge pathways, with Home First embedded within their ethos.
- The Trafford Control Room (TCR) remains the centre point for all referrals who require Health and Social Care Pathway 1 and Pathway 3. The control room offer an integrated team of health and social care staff, with the skill set to understand the holistic requirements of an individual with the ability to scrutinise referral pathways and challenge decisions for the most appropriate outcome for the individual.
- Upcoming plans: Further work to be undertaken hospital colleagues regarding the Control room making the determination of pathway, recognise each locality will have varying community offers. Continued embedding and monitoring of Rapid MDT for Pathway 3 Discharge to Assess beds to ensure continued impact on returning more residents home rather than long term residential and nursing care.

2.5 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services.

- Planned trajectory of 92% by Quarter 4. Reported performance within Quarter 1 was 86.2%. Reported performance in Q2 is 90.2%
- Performance status: On-track. This was a stretch target and whilst this has not yet bene met, there has been an increase from 86.2% in Q1. If this trajectory is to improve over that reported in 22/23, then we will exceed our planned target.
- Achievements linked to BCF funding: Since the last reporting period, the focus has been on the embedding of the Trafford Community Response Service as part of a 2-hour urgent response within the community, as part of a wider MDT model. Since the October submission, the D2A Pathway 1 team with Community Response Service has been formally introduced, with a key part of it role being to enhance

domiciliary based support and provide an IMC at home service. This supports patients at risk of admission or readmission to secondary care to remain within their own homes.

- Upcoming plans: Further embedded of Discharge to Assess Pathway 1 (IMC at home) model and the continuation of Trafford's reablement model, the system will have a much-enhanced rehabilitation and reablement offer within Pathway 1.

3 Quarter 3: Spend and activity

3.1. Highlighted below are areas where implementation or delivery against estimated outputs have been a challenge. Full details of output vs estimates can be found within the BCF submission template attached to this paper.

3.2 Additional Staff in Care Hub/Trafford Urgent Care Control Room

3.2.1 There has been some challenges regarding staff retention with movement to other services, however this is now on track. This will also include additional mental health nursing expertise to the team.

3.3. Single handed project/equipment

3.3.1 The single handed care project was paused, with greater focus required on the timely delivery of equipment to facilitate discharge home from hospital, with the right equipment rather than the commissioning additional carers. This has also supported obtaining some equipment from a 3rd party supplier, when the equipment was not available through our One Stop Resource Centre, to avoid delayed discharges.

4. BCF Next Steps

4.1 Whilst the exact format and questions within the Quarter 3 BCF submission are not yet available, it will require reporting on actual Year end activity versus that detailed within this plan and year end expenditure. This data is regularly monitored as part of our locality governance so there are no anticipated risks associated with providing the next return.