

Better Care Fund (BCF)

The benefits of the better care fund are to:

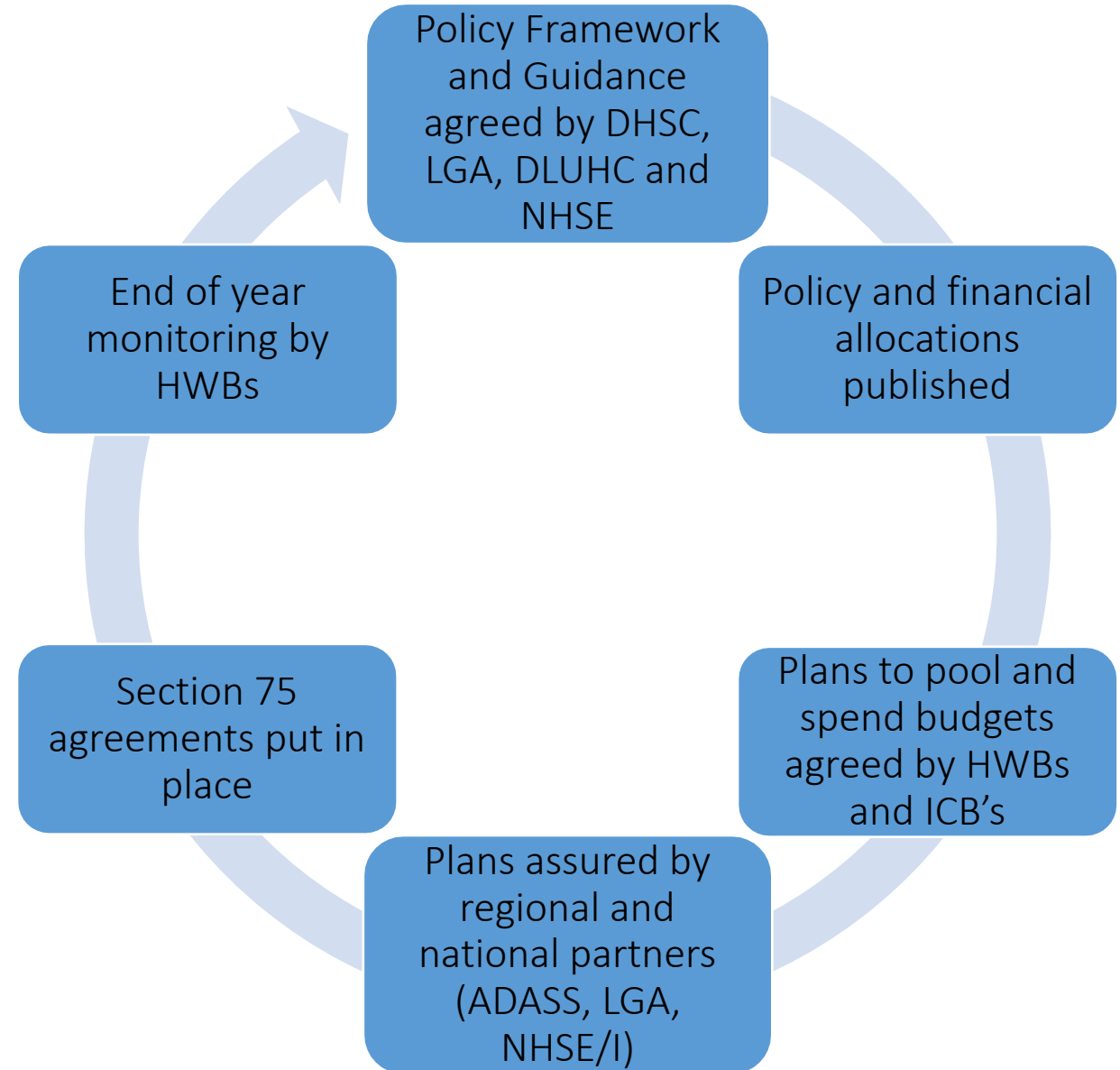
- Improve local integration of health, social care and public health.
- Make the most efficient and effective use of health and social care resources.
- Influence long term direction of health, housing and social care.
- Improve wellbeing outcomes around person centred care.
- Assist people to live independently in their communities for as long as possible.
- Improve patient experience and quality of care.
- Improve the conditions and opportunities for better health and how we care for our most vulnerable residents.

BCF Annual Cycle

The Better Care Fund is a collaboration between NHS England, the Department of Health and Social Care, Department of Levelling Up, Housing and Communities and the Local Government Association.

BCF plans are part of a continuous improvement cycle of plan, do and review. Support needs are identified that safeguard adults at risk, support is arranged that builds on individual strengths/assets.

- ❑ S75 - Pooled budgets
- ❑ S76 - LA give money to ICB's
- ❑ S256 – ICB's give money to LA's



BCF Budget Headings

BCF Recurrent Budget	Improved BCF	BCF Earmarked Reserve	Disabled Facilities Grants	Adult Social Care Discharge Fund
£27,442,794	£16,310,384	£4,337,000	£4,481,531	£3,111,233
Total Better Care Fund Budget 2022/23: £55,682,942				

BCF Performance 2022/23

Measure	Target	Performance
Proportion of people discharged to usual place of residence	92.9%	94.36 (On track to meet target)
<p>There were challenges with capacity in social care at home, deconditioning of patients due to long waiting times. A continued lack of therapy in discharge to assess resulted in higher admissions into pathway 2 on a short term basis.</p>		
Measure	Target	Performance
Non-elective admissions for patients with chronic ambulatory care	801.9	780 (Not on track to meet target as at Q3)
<p>Respiratory conditions were higher than expected during 2022/23, higher risk that the cost of living crisis continues to increase admissions for conditions such as COPD as a result of cold housing conditions for people living in relative poverty.</p>		

BCF Performance 2022/23 Continued

Measure	Target	Performance
People who are still at home 91 days after their period of reablement	81%	51% (Not on track to meet target)
We are working on data quality across the pathways especially at the point of discharge to improve reporting to ensure data better reflects performance in 23/24 as part of ongoing improvement plans.		
Measure	Target	Performance
Long term support needs of older people 65+ met by admission to residential care	524	436 (Not on track to meet target)
Pressures were reduced during COVID-19 due to lack of admissions into care homes. Deconditioning of patients due to long waiting times has increased the number long stay admissions to care homes.		

Achievements

- New insights have been established around patient flow and discharge pathways leading to better understanding of patients movement through the system. This will enable us to work proactively and use data to demonstrate trends and forecast future demand.
- We have co-produced plans through the making it real board around what is important to Doncaster residents.
- We continue to develop a strengths based approach providing more timely assessments and reviews with improved online communications to connect people to professionals and services.
- This year we launched our Proud to Care Doncaster Campaign enabling extensive recruitment, alongside a number of apprenticeship opportunities to help to address the challenges of health and social care retention and attracting people to work in the sector.

Challenges

- Recruitment challenges in health and social care persist in part due to a lack of applicants for fixed term posts. This is alongside staff retention concerns due to demands increasing in both care homes and acute settings.
- We are facing increasing costs and further demands on services with more complex and costly cases. This is compounded by the cost of living crisis as 41% of Doncaster's population are living in relative poverty meaning access to frontline services are more prevalent due to long standing health inequalities.
- Another issue has been the transition following the COVID pandemic, whereby during the height of the pandemic health contracts were placed on a block basis nationally, which did not offer the opportunities for pooling budgets; moving forwards we are anticipating a greater use of pooled budgets during 2023 to 2025. For example aligning resources to provide 7 day coverage of BCF schemes, helping people to stay in their own home to reduce the readmission rate.