

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Actual	Actual	Plan		
		217.1	186.3	230.2	200.0		
		Number of Admissions	1,058	908	1,122	-	
		Population	395,784	395,784	395,784	395,784	
	Indicator value	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan	Integrated Care Framework will help	and the voluntary sector working closely
		1047	899	1111	990		

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

8.2 Falls

Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
		2,278.2	2,033.9	2,033.9		
		Count	2,210	1,973	1,973	
		Population	86,859	86,859	86,859	

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.6%	94.7%	93.7%	93.5%	23/24 plan to achieve 93.8% each quarter (overall average for 22/23)	We will: • block book at least 2 emergency/respite beds across at least 2 care homes for hospital admission avoidance to ensure that carers are able to access short term respite services as required. • adopt the D2A model in its own care home, Figbury Lodge so that the 20 existing step up and step down beds can
	Numerator	8,135	8,072	8,289	8,140		
	Denominator	8,785	8,523	8,842	8,710		
	2023-24 Q1 Plan						
	2023-24 Q2 Plan						
	2023-24 Q3 Plan						
	Quarter (%)	93.8%	93.8%	93.8%	93.8%		
	Numerator	7,894	7,997	7,835	8,151		
	Denominator	8,416	8,526	8,353	8,690		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	377.7	405.5	393.1	400.4	Based on Target of 405 per 100,000/p	Increased capacity in alternative services as follows: • Increased rapid access community-based home care – 1800 hours per week rapid discharge hours of which 700 is dedicated to D2A.
	Numerator	328	360	349	360		
	Denominator	86,843	88,785	88,785	89,917		

Additional transition flats in extra care

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	95.7%	95.7%	71.6%	71.6%	Based on 2022/23 outturn	We will increase capacity of the reablement service and work with the voluntary and community sector to connect people with community support following their reablement period, enabling them to live independently at
	Numerator	264	264	136	136		
	Denominator	276	276	190	190		

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

		Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
	Code							
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i> Has the HWB approved the plan/delegated approval? <i>Paragraph 11</i> Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i> Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? <i>Paragraph 12</i>	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan	No		The Health and Wellbeing Board will not meet until 20th July	20th July 2023
	PR2	A clear narrative for the integration of health, social care and housing	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs <i>Paragraph 13</i> • The approach to joint commissioning <i>Paragraph 13</i> • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered <i>Paragraph 14</i> - Changes to local priorities related to health inequality and equality and how activities in the document will address these. <i>Paragraph 14</i> The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. <i>Paragraph 15</i>	Narrative plan	Yes			
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	Is there confirmation that use of DFG has been agreed with housing authorities? <i>Paragraph 33</i> • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? <i>Paragraph 33</i> • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? <i>Paragraph 34</i>	Expenditure plan Narrative plan Expenditure plan	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4	A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home	Does the plan include an approach to support improvement against BCF objective 1? <i>Paragraph 16</i> Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? <i>Paragraph 19</i> Does the narrative plan provide an overview of how overall spend supports improvement against this objective? <i>Paragraph 19</i> Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i>	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan	Yes			
Additional discharge funding	PR5	An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? <i>Paragraph 41</i> Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? <i>Paragraph 41</i> Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? <i>Paragraph 44</i> Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? <i>Paragraph 51</i> Is the plan for spending the additional discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans	Yes			

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	<p>Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? <i>Paragraph 21</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? <i>Paragraph 22</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? <i>Paragraph 24</i></p> <p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p> <p>Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? <i>Paragraph 23</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p>	Yes			
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? <i>Paragraphs 52-55</i></p>	Auto-validated on the expenditure plan	Yes			
Agreed expenditure plan for all elements of the BCF	PR8	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Do expenditure plans for each element of the BCF pool match the funding inputs? <i>Paragraph 12</i></p> <p>Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? <i>Paragraph 12</i></p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? <i>Paragraph 73</i></p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? <i>Paragraphs 25 – 51</i></p> <p>Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? <i>Paragraph 41</i></p> <p>Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? <i>Paragraph 13</i></p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? <i>Paragraph 12</i> 	<p>Auto-validated in the expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plans, expenditure plan</p> <p>Expenditure plan</p>	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Have stretching ambitions been agreed locally for all BCF metrics based on:</p> <ul style="list-style-type: none"> - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? <i>Paragraph 59</i> <p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? <i>Paragraph 57</i> 	<p>Expenditure plan</p> <p>Expenditure plan</p>	Yes			