

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	8 th October 2020
Classification:	General Release
Title:	Q1 Better Care Fund Programme 2020/21
Report of:	Senel Arkut, Bi-Borough Director of Health Partnerships
Wards Involved:	All
Financial Summary:	Contained in Report
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1. Executive Summary

- 1.1. This paper summarises the outcome (Q1 Return) of the Better Care Fund (BCF) Plan for 2020/21 for both Westminster and Kensington & Chelsea, as approved at the board meeting on 30th September 2020.
- 1.2. All BCF plans must include ambitions for each of the four metrics (see section 4).
- 1.3. NHS England sets out the CCG minimum contribution which includes funding to support local authority delivery of reablement, Carers Breaks and implementation of duties to fund carer support under the Care Act 2014. In fact, there is a strong emphasis on reablement and other support to help people remain at home or return home from hospital with support. These are also linked to the NHS Long Term Plan.

2. Key Matters for the Board

2.1. HWBB is invited to note and sign off headline details of Q1 BCF performance in delivering the 2020/21 plan.

3. Background

3.1 The BCF programme plan across Kensington and Westminster is £61,542,635 broken down through the following (table 1):

Table 1: Financial Plan – 20/21

	Westminster	Kensington
CCG Minimum Contribution	21,030,828	13,574,795
iBCF	15,806,905	6,569,857
Disabilities Facility Grant (DFG)	1,523,990	845,918
Winter Pressures*	1,323,159	866,806
Total	39,684,882	21,857,376

* Winter Pressures grant is now combined with iBCF but for the purpose of this report has been identified separately.

3.2 This report covers the period from 1st April 2020 to 30th June 2020 and provides a summary of performance covering:

- National metrics
- Financial
- Examples of integrated working

4. National Metrics

4.1 This section includes performance against the national metrics that the Bi-Borough are required to report to NHSE. The impact of the Covid19 pandemic can be seen in the Q1 statistics.

Emergency admissions target (also known as non-elective admissions):

4.2 There were 2,505 (Westminster) and 1,828 (Kensington and Chelsea) emergency admissions of people aged 65 and over, during the April 2020 to June 2020 period. The planned target is yet to be published.

Table 2: Emergency Admissions 65 + Population (2020/21)

Financial Year	Total Number of Emergency Admissions (Westminster)	Total Number of Emergency Admissions (Kensington & Chelsea)
Q1 2019/20	4,102 (4,043 planned)	2,984 (2,869 planned)
Q1 2020/21	2,505 (Plan tbc)	1,828 (Plan tbc)

Delayed transfer of Care (DTOCs):

4.3 The collection of DTOC statistics has been paused. This is due to COVID19 and the need to release capacity across the NHS to support response.

Permanent admissions to care homes target:

4.4 Westminster and Kensington and Chelsea's permanent admissions to care homes is low in the quarter. This has been due to:

- Family and carers reluctance to place clients in residential settings and testing being an issue in care homes
- The strengthening of discharge to assess and reablement which has supported more people to be supported in their own homes

Table 3:

	Westminster	Kensington & Chelsea
Rate of permanent admissions to residential care per 100,000 population (65+)	Target (2019/20): * 314 Performance: 79.7	Target (2019/20): * 252 Performance: 43.9

* To be agreed

Reablement:

4.5 The proportion of older people still at home after 91 days at Westminster was 99 out of 113 people and for Kensington it was 86 out of 96 people. This is on target based on 2019/20 plan, however, 2020/21 plan has yet to be agreed with NHS England.

Table 4:

	Westminster	Kensington
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Target (2019/20): * 90.1% Performance: 87.6%	Target (2019/20): * 89.9% Performance: 89.6%

* To be agreed

5. Integration Highlights

5.1 The following are some of the integration highlights in Q1:

- Continued whole system support by close integrated working with Home First to support D2A and hospital discharges capacity has allowed an established pathway during the pandemic period
- Workshops provided to spot reablement providers to support with preparedness for Winter and lessons learnt from COVID19
- The CIS team continued working with CNWL CIS colleagues supporting PPE training and return to work plans in CIS Reablement, wider ASC teams and Reablement spot providers
- The Discharge hubs were established quickly and successfully due to good inter-agency relationships at all levels. This has continued throughout Q1 and is heavily influencing future models of care
- Kensington and Chelsea continue to benefit from the successful use of assessment flats with the focus on returning home where its safe and appropriate and the hospital discharge to assess pathway.

6. Financial Implications

6.1 The overall BCF spend is on plan at Q1. Schemes updates will be provided in Q2's report.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:

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