



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	8th June 2023
Classification:	General Release
Title:	22/23 Better Care Fund - End of year Outturn
Report of:	Adult Social Care and Health LA NWL ICB
Policy Context:	Health and Wellbeing
Wards Involved:	All
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1. Executive Summary

- 1.1 The aim of this report is to update the joint Health and Wellbeing Board (HWBB) on the 2022-23 Better Care Fund return, as submitted to NHS England on the 23rd May 2023.
- 1.2 The End of Year submission has been agreed by Westminster and RBKC local authorities and also by the NWL ICB. The submission is compliant with national conditions and to date we have had no issues raised from NHS England on the submission.
- 1.3 The HWBB are asked to note the report and to agree the BCF End of Year submission.

2. Key Matters for the Board

- 2.1 The BCF end of year is compliant with NHS national conditions and has been agreed with NWL ICB and local authority finance leads. Where there has been increased activities, for example through Integrated Community Equipment services, this has resulted in an increase in expenditure. These additional costs are covered by NWL ICB and the respective local authority through its general fund. A new contract for community equipment is in place for 2023/24 with a new provider operating across 18 Boroughs. Following a challenging

mobilisation period, the new service offers a more beneficial tariff, and improved data reporting so that patterns of prescribing and inventory can be managed effectively.

2.2 The national conditions for the 22/23 BCF include:

1. A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006
2. Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy
3. Agreement to invest in NHS commissioned out of hospital services
4. Plan for improving outcomes for people being discharged from hospital.

3.0 Financial and Performance Outturn

3.1 Table 1 is a summary of 2022-23 Outturn.

Westminster has delivered to the BCF plan but due to increased activity in Integrated Community Equipment Services there is an additional £88,415 expenditure.

Kensington and Chelsea has delivered to the BCF plan but due to increased levels of activity is showing an additional £539,057 in expenditure. These areas include:

- I. £507,738 relating to the contribution to Integrated Community Equipment Service. The increase in expenditure is shared on a 70:30 basis between Health (£355,387) and RBKC.
- II. £31,319 relating to the additional LA spend on the Disabilities Facility Grant (DFG).

Table 1: 2022-23 Financial Outturn

Funding	Westminster			RBKC		
	2022/23 Allocation £	2022/23 Outturn £	Variance £	2022/23 Allocation £	2022/23 Outturn £	Variance £
NHS Minimum Contribution	23,308,180	23,396,595	88,415	14,844,071	15,351,809	507,738
Additional funding	387,754	387,754	-	87,147	87,147	-
Improved Better Care Funding (iBCF)	17,649,014	17,649,014	-	7,661,937	7,661,937	-
Disabled Facility Grant - DFG	1,729,201	1,729,201	-	959,824	991,143	31,319
ASC Discharge Funding:						
· LA allocation	1,102,633	1,102,633	-	722,338	722,338	-
· ICB allocation	1,000,000	1,000,000	-	1,000,000	1,000,000	-
Total BCF Funding	45,176,782	45,265,197	88,415	25,275,317	25,814,374	539,057

3.2 Table 2 is a summary of the 2022-23 performance metrics. On three of the indicators we are reporting to be on “track to meet targets”. Reablement is a good news story and shows how supporting independence can greatly improve outcomes for people. Avoidable admissions, Kensington only, is the only target that is not meeting target.

Table 2: National Performance Metrics

	Westminster		RBKC	
Metrics	2022/23 Target	2022/23 Outturn	2022/23 Allocation	2022/23 Outturn
Avoidable admission	222	214	130	173
Discharge to normal place of residence	93.70%	93.60%	93.90%	93.80%
Residential admission per 100,000 population	361	336	318	354
Reablement	89.30%	95.20%	89.30%	92.40%

3.3 Avoidable Avoidance is defined as a “preventable admission” where there is earlier, or different, action to prevent an individual’s health or social circumstances deteriorating to the extent where hospital or long-term bed-based residential or nursing care is required. The BCF metric is NHSE figure and shows unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions). It is based on a complex weighting formula using an apportionment based on full year activity. The end of year outturn data was made available in mid-May, and work is being undertaken to understand the variation between Kensington and Chelsea and Westminster given the similarity in care and health services locally.

3.4 Residential Admissions relates to the long-term support needs of older people (aged 65 & over) met by admission to residential & nursing care homes. Wherever possible, we aim to support people to remain living in their own homes with support where needed rather than to a care home.

3.5 Reablement measures the proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. A high percentage indicates we have successfully met our ambition of supporting people back to independence after a stay in hospital.

4. Risk

4.1 The main area of concern is the increased expenditure due to increased activity on Community Equipment Services. A new contract for community equipment is now place

operating across 18 Boroughs and although following a challenging mobilisation period, the new service offers a more beneficial tariff, and improved data reporting so that patterns of prescribing and inventory can be managed effectively.

5. Legal Implications

5.1 None

6. Financial Implications

6.1 The main financial implication is that the LA and NWL ICB will absorb the increase in expenditure based on a 30% / 70% split. The increase in expenditure has been agreed with NWL ICB.

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

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