Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) 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 Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	**Units**
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

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2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist Complete:
Health and Wellbeing Board:	Dorset		Yes
Completed by:	Sarah Sewell		Yes
E-mail:	sarah.sewell@dorsetcouncil.gov.uk		Yes
Contact number:	01305 221256		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Wed 20/03/2024	<< Please enter using the format, DD/MM/YYYY	Yes

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3. National Conditions

Selected Health and Wellbeing Board: Dorset

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

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4. Metrics

Selected Health and Wellbeing Board: Dorset

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning Q1	Q2	Q3	Q4	For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	152.0	125.7	133.8	118.3	128.5	130.6	Not on track to meet target	Total of 3,338 avoidable admissions recorded in 22/23, representing increase in activity over the last 2 year as we recover from pandemic. Aim to reduce levels by 1% during 23/24, to pre pandemic levels. First 6 months of 23/24 have shown a 6% increase on the comparable period last year, with 1,716 avoidable admissions compared to 1,612 in same 6 month period in 22/23. (please note data has been fully updated back to April 23 and will account for any changes in acute coding caused by clinical coding team backlogs)	New model of front door support has been tested over winter to support admission prevention. Early days but positive first steps	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.0%	92.0%	92.0%	91.1%	91.3%	On track to meet target	23/24 plan to achieve 92.0% each quarter (overall average for 22/23) Overall performance remains consistent with first 6 months of 23/24 at 91.2% slightly below the desired target, ICS focus remains to support various programmes to enable the effective and timely discharge of patients as soon medical safe.	Investment in P1 capacity is supporting more people to return home from hospital and there is an increased focus on blending/flexing care across the different P1 offers to meet demand. P1 capacity is also supporting onward flow and shorter LOS from reablement beds as part of phased step-down discharge to home plans .	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,401.2	424.5	432.5	On track to meet target	Maintain 22/23 outturn. Q1 figures are inline with trend over the last 2 years, rate of 424.5 is below (-2.3%) the comparable rate for Q1 22/23, this has continued in Q2 with rate of 432.5, slightly higher (+1.8%) than comparable Q2 last year. Figrue now based on national data	As indicated within the Local Plan submssion, we expect Year 2 will deliver the full ambitions.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				371	2022-23 ASCOF outcome: 467.9		Not on track to meet target	**Please note the population data continues to be incorrect *** 23/24 Target is 429 not 371. 2022-23 ASCOF based on ONS MYE population for DC area 113,053. Using this population the rate of permanent admissions for Q3 rolling year is 507.73. Close monitoring of metric continues as reported for Q2 - no support required at present.	Q3 performance, using amended population figures, is 508, reduced from 511 in Qtr 2, so small, but improving position. As previosuly reported we have invested BCF Funding into initiatives in both Pathway 1 and Community long term care, which has greatly reduced / if not eliminated the need to use residential care as alternative to homecare which was adding pressure to this metric in 23/24.	Yes

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	84.9%	2022-23 ASCOF outcome: 81.4%	Not on track to meet target	Q3 rolling year indicative proportion of people still at home - 76.61%. Advances in Discharge to Assess model is enabling more people to be discharged earlier in their recovery, which is leading to greater complexity of care and support needs to be supported via Reablement. We continue to work collaboratively with ICS Partners to enhance our Reablement offer so that greater acuity can be supported, which will enable more people to remain at home. Dorset ICS has been offered BCF Support for D2A, which is in the process of being scoped. But as previously stated; Re Support - if other areas have successfully implemented a therapy led approach into Reablement we would be keen to reach out to understand and learn from their approach.	Our Reablement Services are funded via BCF. As part of our Core Home First / D2A offer, we have reduced restrictions on access to Reablement, which is enabling more people to be supported home. This is providing more equality of access, and swifter opportunity to get home (or avoid admission) for more Dorset residents.	Yes

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6. Spend and activity

Selected Health and Wellbeing Board: Dorset

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	Strong and sustainable care markets	Residential Placements	Care home	iBCF	£4,251,898	£3,188,924	68	136	Number of beds/placements	No	Please note, for all our LA led outputs, since our initial submission Dorset Council has implemented enhancements in our data capture, monitoring and reporting, which is now providing greater integrity in our data. We have also enhanced alignment between finance and performance data to meet the requirements of this report.
3	Strong and sustainable care markets	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£1,241,282	£856,485	55	63	Hours of care (Unless short-term in which case it is packages)	No	
9	Maintaining Independence	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£4,152,450	£3,169,750	1,150	599	Number of adaptations funded/people supported	No	Error in initial plan: Planned output should read 850, so output v planned is accurate. Planned outputs for schemes 9 and 11 incorrectly entered.
10	Maintaining Independence	Residential Placements	Nursing home	Minimum NHS Contribution	£2,525,252	£1,868,686	42	42	Number of beds/placements	No	
11	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£637,277	£477,957	850	1101	Number of beneficiaries	No	Error in initial plan: Planned output should read 1150, so output v planned is accurate. Planned outputs for schemes 9 and 11 incorrectly entered.
17	Carers	Carers Services	Respite Services	Minimum NHS Contribution	£116,099	£110,325	300	346	Beneficiaries	No	
18	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£268,891	£167,840	73	155	Beneficiaries	No	
19	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£117,667	£78,770	60	295	Beneficiaries	No	
20	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£7,769	£8,614	1,120	65	Beneficiaries	No	Error in initial plan: Planned output should read 60, so output v planned is accurate. Planned outputs for schemes 20 and 23 incorrectly entered.
21	Carers	Carers Services	Respite Services	Minimum NHS Contribution	£478,196	£256,282	350	208	Beneficiaries	No	
22	Carers	Carers Services	Other	Minimum NHS Contribution	£8,391	£7,455	86	74	Beneficiaries	No	
23	Carers	Carers Services	Other	Minimum NHS Contribution	£115,928	£131,255	60	1774	Beneficiaries	No	Error in initial plan: 20 and 23 the numbers were incorrectly input, Planned output should be 1120.
24	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£1,144,700	£867,401	1,439	2957	Number of beneficiaries	No	Expanded access of these resources, particularly via the D2A approach has allowed more beneficairies than forecast.
25	Strong and sustainable care markets	Residential Placements	Care home	Additional LA Contribution	£55,058,800	£43,540,437	884	469	Number of beds/placements	No	Error in initial plan - planned outputs should be 664 (entry error)
27	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,829,022	£2,733,471	3,620	3500	Number of beneficiaries	No	
32	Maintaining Independence	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	£574,000	£361,174	683	953	Number of beneficiaries	No	
38	Strong and Sustainable Market	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£1,400,000	£1,400,000	62	217	Hours of care (Unless short-term in which case it is packages)	No	We have seen far better performance than planned; this is due to focussed training this year with specific providers delivering this scheme; more focus on regaining and maintaining independence, use of tech and equipment to reduce longer term care hours. This has led to more people receiving support via less hours of care.