

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, 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, NHS England (NHSE), Local Government Association (LGA), working with the Association of

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the
- 4) To enable the use of this information for national partners to inform future direction and for local areas to

BCF reporting is likely to be used by local areas, alongside any other information to help inform 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 ICB's, local authorities and service

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

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 grey background, as below:

Data needs inputting in the cell

Pre-populated cells

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 between 90% - 100%. Most drop downs are also available to view as lists within the The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that 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'

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

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

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 update
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contains the BCF sign off and the HWB sign off
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
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

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the <https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board 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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and This section captures a confidence assessment on achieving the plans 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 that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any
 - In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information.
- Please also reflect on the metric performance trend when compared to the quarter from the previous year -

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

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the
- Please provide any comments that may be useful for local context for the reported actual income in 2022-

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration'

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model)
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model)

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

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2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be 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 BCE) 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.

Health and Wellbeing Board:	Dorset	
Completed by:	Sarah Sewell	
E-mail:	sarah.sewell@dorsetcouncil.gov.uk	
Contact number:	(01305) 221256	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 21/06/2023	<< Please enter using the format, DD/MM/YYYY

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3. National Conditions

Selected Health and Wellbeing Board:

Dorset

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
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? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	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 utilise 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 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	596.0	On track to meet target	The national data for 2022/23 has been reported as 544.9 achieving this target as planned.	Whilst we have had immense challenges this year, we have further developed our models of the urgent community response service and anticipatory care, Dorset wide but also at a PCN/neighbourhood level
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.1%	On track to meet target	Dorset has maintained its focus on ensuring people are able to be discharged to their normal place of residence.	2022/23 overall achieved discharge to normal place of residence of 92.1%, exceeding our plan. Dorset ICS continue to focus on numerous Patient Flow initiatives to support effective and timely patient
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	333	On track to meet target	*please note* Due to error in population projection within the template Dorset's annual rate is incorrect: 113,053 is the 65+ population (ONS MYE 2021) and 112,275 is the 65+ population	The 2022/23 actual rate was 471.2
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%	On track to meet target	During this reporting period we have transferred our Reablement offer to a new Local Authority Company. The transition period has caused some difficulties in gathering data, which has led to reporting	The 2022/23 actual is 78.7%.

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Dorset

Income

2022-23			
Disabled Facilities Grant	£4,152,450		
Improved Better Care Fund	£12,450,566		
NHS Minimum Fund	£31,390,646		
Minimum Sub Total		£47,993,662	
	Planned		
NHS Additional Funding	£33,182,134		
LA Additional Funding	£57,990,500		
Additional Sub Total		£91,172,634	
		Actual	
Do you wish to change your additional actual NHS funding?		No	
Do you wish to change your additional actual LA funding?		No	
Additional Sub Total			£91,172,634
		Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£139,166,296	£139,166,296	

ASC Discharge Fund			
		Planned	
LA Plan Spend	£1,422,296		
ICB Plan Spend	£3,176,817		
ASC Discharge Fund Total		£4,599,113	
		Actual	
Do you wish to change your additional actual LA funding?		No	
Do you wish to change your additional actual ICB funding?		No	
ASC Discharge Fund Total			£4,599,113
		Planned 22-23	Actual 22-23
BCF + Discharge Fund	£143,765,409	£143,765,409	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Expenditure

	2022-23
Plan	£139,166,296

Do you wish to change your actual BCF expenditure? No

Actual	£139,166,296
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	ASC Discharge Fund
Plan	£4,599,113

Do you wish to change your actual BCF expenditure? Yes

Actual	£4,599,717
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

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6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.

There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Dorset

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	An example is our joint planning for new areas of investment for 2023-25
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	Investment has been made to Plan.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	BCF funding is invested directly into intergrated teams at locality level.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Building from last year, joint working continues to be a shared ambition and we have further strneghtened the approached this year. We do this via health and social care professionals working together through Cluster based, locality focussed, working arrangements. We have also continued to improve partnership working with local private and voluntary sector providers is in place thorough regular Multi Disciplinary meetings. Home First Programme is enabling improvement in Hospital Pathways and local investment is enabling development of our
Success 2	8. Pooled or aligned resources	We continue to perform well against the the current level of ambition set within the pooled budget, however as we progress with better integration we will want to revisit return on investment, and risk and gain share.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	As per 20/21, during much of 2021/22, in Dorset we have continued to struggle with market sufficiency, particularly home care and for more complex care and support needs in care homes. However, during 2021/22 we have seen much local use of overseas recruitment opportunities, which by the end of qtr 4 we are beginning to see the benefits of, with improving capacity in some areas. We are working closely with the market to monitor improvements, and plan how we best deploy resources. Whilst the additional national investment via the Adult Social Care Discharge Fund was a great enabler to better outcomes,
Challenge 2	6. Good quality and sustainable provider market that can meet demand	In Dorset we have gaps in resources in the Care Homes market to support more complex and challenging care, support and health needs, including advancing dementia. In some cases, this is leading to prolonged hospital stays for some individuals. We are however, working across ICB to improve core pathways to make access to support more equitable and we have plans in place for development of Dementia support for people at all stages of their dementia journey. This will include joint working across Health and Social care to ensure Dementia support is adequately support and training investment made into

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
N/A - mandatory line	
The funding added additional capacity into the team who allocate pre-commissioned resources for people waiting to leave hospital. This also enabled individuals ready to leave schemes to be moved	Need to balance resources looking at discharge from hospital with discharge from
More individuals benefitted from support from AT & Equipment.	None to report
Provided additional opportunities to support discharge	None to report
Enabled swifter movement through short term home care services and into long term care provision where it was appropriate for the individual. As pre-commissioned, these	Confirmed expected benefits re freeing up of short term services more quickly.
This funding was used to fund interim solutions to enable people with larger, more complex packages of care to be discharged, whilst longer term care package could be developed (ie	None to report
Enabled discharges more swiftly than if individual spot placements had been required.	None to report
Enabled swift discharge, as pre-commissioned resources can be referred to more quickly. These contracts also include Trusted Assessment, which enables the individuals, when they are	We are enhancing and amending the TA approach with providers to further
We enabled people who were unable to get home immediately to leave an acute setting, and continue their recovery in a care home setting, rather than waiting in hospital for home care to be	None to report
Additional resources to the TA team enabled more discharges to be supported.	None to report
We enabled people who were unable to get home immediately to leave an acute setting, and continue their recovery in a residential setting, rather than waiting in hospital for home care	Building flexibility into referral processes to reduce delays