

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

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 and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

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 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 can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

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 spend 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.
3. 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 latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:

- 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 Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 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 from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2023-24 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 ADF via LA and ICB if this has changed.
 - The template will automatically pre populate the planned expenditure in 2023-24 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 amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.
- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. 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 year-end.

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 K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N.** Enter the number of outputs delivered to date. 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 P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commissioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: <https://future.nhs.uk/bettercareexchange/view?objectID=202784293>

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their P0 capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

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. These are set out below.

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 select one of the following responses:

- 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 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

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' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

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. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.

[SCIE - Integrated care Logic Model](#)

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Dorset

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		
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 year:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

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				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	152.0	125.7	133.8	118.3	Not on track to meet target	Seen increased activity in both Q2 and Q3 compared to both 23/24 plan and level in comparable period in 22/23. Related to ongoing challenges with increasing demand across the UEC system.	Investment in P1 and P2 capacity has provided additional step-up options for people requiring intermediate care support but there is opportunity to use these to greater scale and impact
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%	On track to meet target	Levels continue to be consistently in 91-92% range and inline with 23/24 plan.	BCF investment in Pathway 1 continues to provide capacity to support more people to home for their ongoing recovery from hospital
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,401.2	On track to meet target	Increase in activity level over the first 9 months of 23/24 (Apr-Dec23) 16.7% (256) increase in admissions recorded as linked to fall in 65+ cohort over this period.	Targeted response services in place with intention to prevent avoidable admissions will have contributed to this delivery.

Checklist Complete:
Yes
Yes
Yes

Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	371	Not on track to meet target	<p>** As per previous returns the population data in this template is incorrect *** (denominator should be 115,068 , ONS MYE 2022) Plan for 2023/24 is 429.****This has been raised with BCF Manager on several occasions.</p> <p>End of Year performance is 501. With the change to statutory reporting Dorset's method for reporting this indicator will change to mirror the DHSC calculation from April 2024. As previously reported, this is an area that the Local Authority have been closely analysing as despite an improving availability of homecare, admissions are higher than we have planned / expected. Since the last quarterly report, we have remained stable, with the rate of admissions appearing to have slowed from the strong trajectory seen over the 18 months prior. Despite the increased rate of permanent admissions and suggestion that there is an increased need for Care Home beds, the DC funded care population has remained stable. There is an increased rate of turnover (death in care increase) which is offsetting the increased rate of admissions. Care Home occupancy (from Capacity Tracker) is around</p>	BCF investment in Pathway 1 continues to provide capacity to support more people home wherever appropriate. Therefore, the need to use residential placements as a temporary alternative to getting a person home , which often leads to a permanent placement, is greatly reduced.
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%	Not on track to meet target	<p>Year End Performance is 74.17 %</p> <p>High levels of acuity on discharge and availability of therapy support continues to challenge our ambitions for Reablement in Dorset. Collaborative work across the System is ongoing, with proposals in train in order to attract therapists that can be dedicated to support implementation of therapy led Reablement. The BCF Support Team have live work in train in Dorset so we look forward to understanding the recommendations and how they may support us address the challenges in this pathway.</p>	Dorset continues to develop the Discharge to Assess Model, reducing the number of restrictions within the admission criteria. This is enabling people to be supported home via our Core Offer, which includes Reablement. This is providing more equality of access, and swifter opportunity to get home (or avoid admission) for more Dorset residents. We are planning to further develop the core offer to understand where there are further opprotunities to better align our Reablement offer to Partner Clinical oversight in the community that may improve performance and outcomes agianst this metric.

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

Dorset

Income

2023-24			
Disabled Facilities Grant	£4,514,793		
Improved Better Care Fund	£12,450,566		
NHS Minimum Fund	£33,167,357		
Minimum Sub Total		£50,132,716	
	Planned		
NHS Additional Funding	£39,139,399		
LA Additional Funding	£58,299,500		
Additional Sub Total		£97,438,899	
			£97,438,899
Total BCF Pooled Fund	Planned 23-24	Actual 23-24	
	£147,571,615	£147,571,615	

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	

Additional Discharge Fund			
	Planned		
LA Plan Spend	£1,745,550		
ICB Plan Spend	£2,834,000		
Additional Discharge Fund Total		£4,579,550	
			£4,579,550
BCF + Discharge Fund	Planned 23-24	Actual 23-24	
	£152,151,165	£152,151,165	

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£151,788,822

Do you wish to change your actual BCF expenditure? No

Actual	£151,788,822
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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 2023-24

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

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	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	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	£4,251,898	68	136	154	Number of beds/placements	No	Please note, as reported in Q3 return, 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	£1,241,282	55	63	80	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	£4,152,450	1,150	599	810	Number of adaptations funded/people supported	No	As reported in Q3 return; Error in initial plan: Planned output should read 850, so output v planned is within reasonable tolerance. 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	£2,525,252	42	42	69	Number of beds/placements	No	Performance here is better than planned, and links to commentary re metric re Residential admissions; we are seeing higher turn over of placements and therefore reduced Length of stay.			
11	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£637,277	£477,957	£637,277	850	1,101	1140	Number of beneficiaries	No	As reported in Q3 return; Error in initial plan: Planned output should read 1150, so output v planned is within reasonable tolerance. Planned outputs for schemes 9 and 11 incorrectly entered.			
17	Carers	Carers Services	Respite Services	Minimum NHS Contribution	£116,099	£110,325	£116,099	300	346	384	Beneficiaries	No				
18	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£268,891	£167,840	£268,891	73	155	181	Beneficiaries	No				
19	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£117,667	£78,770	£117,667	60	295	335	Beneficiaries	No				
20	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£7,769	£8,614	£7,769	1,120	65	94	Beneficiaries	No	Error in initial plan: 20 and 23 the numbers were incorrectly input, Planned output should be 60, so better performance than planned.			
21	Carers	Carers Services	Respite Services	Minimum NHS Contribution	£478,196	£256,282	£478,196	350	208	244	Beneficiaries	No				
22	Carers	Carers Services	Other	Minimum NHS Contribution	£8,391	£7,455	£8,391	86	74	111	Beneficiaries	No				
23	Carers	Carers Services	Other	Minimum NHS Contribution	£115,928	£131,255	£115,928	60	1,774	2206	Beneficiaries	No	Error in initial plan: 20 and 23 the numbers were incorrectly input, Planned output should be 1120., so again far more people supported via this scheme than planned.			

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Dorset

Estimated demand - Hospital Discharge		Prepopulated from plan:							Q2 Refreshed planned demand				
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	148	148	121	138	144	128	151	201	184	228	219	240
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	75	75	85	99	87	87	70	105	139	134	97	137
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	5	15	11	10	15	17	28	36	38	24	36	19

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	130	120	148	149	170	148	168	187	166	162	189	184
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	91	104	120	98	117	127	118	118	115	106	160	150
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	19	16	28	35	34	26	43	41	46	28	65	46

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

Dorset

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	362	421	415	375	372	361	331	427	348	442	328	436
Urgent Community Response	Planned demand. Number of referrals.	240	260	161	174	159	150	151	163	220	224	208	235
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	123	123	123	123	123	131	131	147	147	147	147	147
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	10	15	13	10	12	9	13	6	13	13	10	11
Other short-term social care	Planned demand. Number of referrals.	2	2	2	2	2	3	3	3	3	3	3	2

Actual activity - Community		Actual activity:												
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	Monthly activity. Number of new clients.	177	175	230	224	277	292	376	416	307	381	273	277	
Urgent Community Response	Monthly activity. Number of new clients.	184	200	196	218	184	183	366	596	716	722	622	622	
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	141	139	154	156	150	132	155	159	123	171	147	107	
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	11	13	21	21	23	23	24	26	28	25	25	23	
Other short-term social care	Monthly activity. Number of new clients.	0	0	1	0	0	0	0	0	1	0	0	0	

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Better Care Fund 2023-24 Year End Reporting Template

8. 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	Examples of improved joint working include additional funding into development of Dorset's Intermediate Care Schemes - Home First Accelerator and Recovery and Community Resilience Contracts
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	Investment made to Plan
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Strongly Agree	BCF funding enable joint working in localities via direct schemes (funding of Locality Teams), but also schemes that enable local resources to be deployed; Integrated Equipment Service, Carers supports etc

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 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	6. Good quality and sustainable provider market that can meet demand	This links to our Success 1 last year around integrated workforce and training / upskilling. This year we have reaped the benefits, within our local Home Care Market, of our Home First Accelerator Programme; Reablement beds, and optimised, sustainable domiciliary care rounds have led to availability of care when needed, removing waiting lists. Long term care requirements following hospital discharge are being reduced via the enhanced offer via Reablement services, both from bedded provision but also via Recovery & Community Resilience (RCR) schemes, which is leading to greater independence for individuals. As reported last year, joint working at locality (CLuster) level has improved working approaches, amongst Health and Social Care partners, which has been extended to Providers in these Schemes. As a System we have invested in development of enhanced skills in RCR provision and improved workflow between providers and System Partners to make more efficient use of our collective resources, for example joint discussion in MDTs. There is still more to do, but we are proud of what we have achieved this year , particularly within Pathway 1 of D2A.

Success 2	8. Pooled or aligned resources	For 2023-25 BCF Plan, we added annual investment lines to the BCF totalling £ 8m. These lines have performance well and we have further plans in train to enhance further. We have one truly pooled budget, Integrated Community Equipment Service, which has supported more people than forecast this year. We now need to review current level of ambition set within the pooled budget to reflect contract operation and better integration, and 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 2023-24	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)	Whilst we have made great strides in our D2A approach in Dorset this year, rising acuity and our ability to support complexity in the community continues to challenge us. Whilst, as a local system, we have invested additional funding into initiatives to address this in the longer term, such as Home First Accelerator, and made good use of additional national funding such as Sustainability funding, the lack of long term funding is challenging our ability to fully plan the longer term approach.
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 supported and training investment made into developing the workforce skillset. At the time of writing we are out to tender for Care Home Services for Over 65s that we hope will improve how we commission services, and be the ground work for a programme of service development to grow the higher acuity services needed.

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