

Better Care Fund 2024-25 Quarter 1 Reporting Template

1. Guidance for Q1

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), Ministry of Housing, Communities and Local Government (MHCLG), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The addendum to the Policy Framework and Planning Requirements published in March 2024 provides further information on the reporting requirements for 24-25.

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 against BCF plans, actual outputs against planned, and progress against metrics
- 3) To identify areas of challenge and good practice to inform national conversations around support requirements
- 4) To enable the use of this information for national partners to inform future planning frameworks and for local areas to inform improvements

The information submitted within reports should be used by ICBs, local authorities, HWBs and service providers to understand and improve both planning processes and the integration of health, social care and housing.

Q1 reporting will only focus on the Discharge Fund.

Requirement

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. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs for Q1 for schemes against planned values and scheme types.

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 24-25 BCF plans.

You should complete the remaining fields (**highlighted yellow**) with incurred expenditure and actual numbers of outputs delivered in Q1.

- Actual expenditure to date in column J. Enter the amount of spend to date on the scheme.

- Outputs delivered to date in column L. If a unit is shown in column L for a scheme, enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. If no unit is attached, enter NA.

For reporting of outputs, the collection only relates to scheme types that include outputs. These are shown below:

Scheme Type

Assistive technologies and equipment
Home care and domiciliary care
Bed based intermediate care services
Home based intermediate care services
DFG related schemes
Residential Placements
Workforce recruitment and retention
Carers services

Units

Number of beneficiaries
Hours of care (unless short-term in which case packages)
Number of placements
Packages
Number of adaptations funded/people supported
Number of beds/placements
Whole Time Equivalents gained/retained
Number of Beneficiaries

- **Implementation issues in columns N and O** - 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.

3. Spend and activity (new schemes)

At the top of tab 3, in cell I3, there is a hyperlink leading you to the "add new schemes" section.

For any additional Discharge Fund schemes that have been introduced in Q1, please fill in the details of these schemes in the "add new schemes" section.

If no new schemes have been introduced since the 24-25 plan then this can be left blank.



HM Government



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2. Cover

Version 1.0

Please Note:

- The BCF quarterly 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 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.

Table with 2 columns: Field Name and Value. Fields include Health and Wellbeing Board, Completed by, E-mail, Contact number, and signed off status.

Checklist table with 6 rows, all marked 'Yes' under the 'Complete:' header.

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.



Table with 2 columns: Item and Complete status. Items include 2. Cover, 3. Spend and activity, and 3. Spend and activity (new schemes).

<< Link to the Guidance sheet

^^ Link back to top

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3. Spend and activity (Discharge Fund only)

Selected Health and Wellbeing Board:

Dorset

Checklist

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding
38	Strong and Sustainable Market	Home care capacity investment	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding
39	High Impact Changes/ Implementation	RCR domiciliary care supporting people out of hospital	Community Based Schemes	Low level support for simple hospital discharges	Local Authority Discharge Funding
44	Maintaining Independence	Recovery Focussed (RCR) enhanced home care	Community Based Schemes	Low level support for simple hospital discharges	ICB Discharge Funding
45	Strong and sustainable care markets	Trusted Assessors	High Impact Change Model for Managing Transfer of Care	Trusted Assessment	ICB Discharge Funding
46	Maintaining Independence	Home First Accelerator Programme	Community Based Schemes	Other	ICB Discharge Funding

[Add new schemes](#)

[existing schemes](#)

Yes

Yes

Yes

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?
£2,563,700	£640,925	300	170	Hours of care (Unless short-term in which case it is packages)	No
£345,550	£136,923	-	71		No
£1,750,000	£693,434	-	373		No
£420,000	£50,000	-	191		No
£1,330,773	£332,693	-	29		No

Yes

If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.

Unit of measure is the number of people. Planned output (column K) was for full year, so performance is tracking at better than expected at end Q1. Close monitoring of the outputs will continue.

Unit of measure is the number of people

Unit of measure is the number of people

Unit of measure is the number of people supported by the TA service to leave hospital

Unit of measure is the number of people supported via the bedded Reablement Service