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

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

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

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 row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require

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'

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





2. Cover

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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.

Health and Wellbeing Board:	West Berkshire			
Completed by:	Maria Shepherd			
E-mail:	maria.shepherd@westberks.gov.uk			
Contact number:	01635 519782			
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes			
If no, please indicate when the report is expected to be signed off:				

<u>Checklist</u>							
Complete:							
Yes							
Yes							
Yes							
Yes							
Yes							
Yes							

Question Completion - 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'. This does not apply to the ASC Discharge Fund tab.

	Complete	
	Complete:	
2. Cover	Yes	
3. National Conditions	Yes	
4. Metrics	Yes	
5. Spend and activity	Yes	

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3. National Conditions

Selected Health and Wellbeing Board:	West Berkshire	
		1
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	
If it has not been signed off, please provide the date the section 75	29/02/2024	
agreement is expected to be signed off		
Confirmation of National Conditions		
		If the answer is "No" please provide an explanation as to why the condition was not met in the
National Conditions	Confirmation	quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay	Yes	
well, safe and independent at home for longer		
3) Implementing BCF Policy Objective 2: Providing the right care in	Yes	
the right place at the right time		
4) Maintaining NHS's contribution to adult social care and	Yes	
investment in NHS commissioned out of hospital services		

<u>Checklist</u> Complete:
Yes
Yes
Yes
Yes
Yes
Yes

4. Metrics

Selected Health and Wellbeing Board:

West Berkshire

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	on - Your pl s reported			For information - actual performance for Q1		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.	
		Q1	Q2	Q3	Q4			the reporting period			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	130.3	127.5	132.4	129.0	130.2	137.8		We now appear to have a discrepancy in local data. Locally our Q1 data is showing actual performance in Q1 of 135.7 and in Q2 140.6. This was escalated to the data team within ICB on 12th January 2024 to look into.	presented data on admissions to hospital.	
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.4%	91.6%	91.1%	91.0%	92.0%	92.7%	On track to meet target	We still have a discrepancy in local data - this was escalated again to the ICB on 12th January 2024.	We are on track according to national data.	
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,686.0	374.8	366.8	On track to meet target		We are performing well in this area and if we continue on this trajectory we will be on track to meet our target.	
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				616	2022-23 ASCO 663			· ·	We are working in partnership with Trust to enforce the home first approach. In December we had 7 new admissions to Care Homes compared to 18 in December 2022 and an average of 17 across previous 7	
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				85.0%	2022-23 ASCC 88.7		On track to meet target	n/a	At the end of December we are at 89%.	

<u>Checklist</u> Complete:						
Yes						
Yes						
Yes						
Yes						
165						
Yes						

6. Spend and activity

Selected Health and Wellbeing Board: West Berkshire

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)		· ·	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
	Under 65 LD residential and supported living	Residential Placements	Care home	Minimum NHS Contribution	£1,580,091	£1,185,068	24	16.1	Number of beds/placements		We are experiencing ongoing issues with a handful of providers requesting above inflation increases. We have a limited supply of providers in the LD market. This has been highlighted in our Market Position Statement as an area of need/concern. It has also been recorded in the ASC's risk register.
3	Reablement	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£454,734	£341,051	11,131		Hours of care (Unless short-term in which case it is packages)	No	
31	Reablement	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£307,300	£230,475	7,522		Hours of care (Unless short-term in which case it is packages)	No	
42	Memory and cognition over 65	Residential Placements	Nursing home	Minimum NHS Contribution	£49,138	£36,854	1	0.9	Number of beds/placements	No	
53	Physical Support over 65	Residential Placements	Nursing home	Minimum NHS Contribution	£65,213	£48,910	1	1.3	Number of beds/placements	No	
54	Physical Support over 65	Residential Placements	Care home	Minimum NHS Contribution	£16,835	£12,626	0		Number of beds/placements	No	
6		Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£113,070	£113,070	4,916		Hours of care (Unless short-term in which case it is packages)	Yes	As of the end of December the LA has spent an additional 619K to support Hospital Discharge
62		Home-based intermediate care services	Reablement at home (to support discharge)		£773,000	£773,000	164		Packages		As of the end of December the LA has spent an additional 619K to support Hospital Discharge. The 773K has been used to fund 21,273 hours of home care and 39 packages.
	Under 65 LD residential and supported living	Residential Placements	Care home	Minimum NHS Contribution	£946,922	£710,192	14	9.7	Number of beds/placements	No	
7	Over 65's Care Homes	Residential Placements	Care home	Minimum NHS Contribution	£125,746	£94,310	24		Number of beds/placements	No	
71	Over 65's Care Homes	Residential Placements	Supported housing	Minimum NHS Contribution	£254,344	£190,758	3		Number of beds/placements	No	
8	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£187,489	£140,617	8,151		Hours of care (Unless short-term in which case it is packages)	No	
81	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		£264,931	£198,698	11,518		Hours of care (Unless short-term in which case it is packages)	No	
82	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	iBCF	£217,199	£162,899	9,443		Hours of care (Unless short-term in which case it is packages)	No	
83	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		£220,600	£165,450	9,591		Hours of care (Unless short-term in which case it is packages)	No	
84	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		£548,658	£411,494	23,854		Hours of care (Unless short-term in which case it is packages)	No	
9	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		£2,065,205	£759,000	325		Number of adaptations funded/people supported	No	
17	BHFT Contract	Home Care or Domiciliary Care	Domiciliary care to	Minimum NHS Contribution	£1,022,682	£767,012	888	0	Hours of care (Unless short-term in which case it is packages)	Yes	Data on outputs not readily available
	Out of Hospital Services - Intermediate Care - Discharge Services	· ·	Domiciliary care to support hospital discharge		£616,231	£462,173	108	0	Hours of care (Unless short-term in which case it is packages)	Yes	Data on outputs not readily available
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Home-based intermediate care services			£852,235	£639,176	181		Packages	Yes	Data on outputs not readily available
		Workforce recruitment and retention		Additional LA Contribution	£96,145	£72,109		1.5	WTE's gained	Yes	Due to issues with permanent recruitment we are using agency staff which cost more

43	Workforce recruitment and retention	Minimum NHS Contribution	£117,401	£88,051	1.4	WTE's gained	Yes	Due to issues with permanent recruitment we are using agency staff which cost more
48	Workforce recruitment and retention	Additional NHS Contribution	£84,707	£63,530	1	WTE's gained	Yes	Due to issues with permanent recruitment we are using agency staff which cost more