

## 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 will be subject to your own governance arrangements which may include a delegated authority
2. 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
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

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

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



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](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

## Better Care Fund 2022-23 End of Year Template

### 3. National Conditions

Selected Health and Wellbeing Board:

West Berkshire

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:
<b>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?</b> (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
<b>2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?</b>	Yes	
<b>3) Agreement to invest in NHS commissioned out of hospital services?</b>	Yes	
<b>4) Plan for improving outcomes for people being discharged from hospital</b>	Yes	

**Challenges and Support Needs Achievements**

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

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)	539.0	On track to meet target	n/a	We continue to perform well in this area. Our forecasted year end position is 521.4
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.0%	On track to meet target	The SUS Data on the Better Exchange Fund states that Q1 was 91.4%, Q2 was 91.6%, Q3 was 91.1% and Q4 is forecast to finish at 91%. However, we have been reporting lower than this locally. A deep dive into the	According to SUS data we have achieved the target.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	612	Not on track to meet target	Our final outturn against plan of 612 was 645. We had a huge spike in May 2022, which we believe was caused by the use of Covid funding. During the year 87 new clients were admitted into	n/a
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.3%	On track to meet target	n/a	We performed exceptionally well. December 90%, January 90%, February 89% and March 88%.



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### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

West Berkshire

#### Income

2022-23		
Disabled Facilities Grant	£2,065,205	
Improved Better Care Fund	£806,499	
NHS Minimum Fund	£11,157,227	
<b>Minimum Sub Total</b>		<b>£14,028,931</b>
	Planned	
NHS Additional Funding	£0	
LA Additional Funding	£538,510	
<b>Additional Sub Total</b>		<b>£538,510</b>
	Planned 22-23	Actual 22-23
<b>Total BCF Pooled Fund</b>	£14,567,441	£14,752,489

Actual		
Do you wish to change your additional actual NHS funding?	Yes	£185,048
Do you wish to change your additional actual LA funding?	No	
		<b>£723,558</b>

ASC Discharge Fund		
	Planned	
LA Plan Spend	£417,415	
ICB Plan Spend	£767,000	
<b>ASC Discharge Fund Total</b>		<b>£1,184,415</b>
	Planned 22-23	Actual 22-23
<b>BCF + Discharge Fund</b>	£15,751,856	£15,936,904

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
		<b>£1,184,415</b>

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

£66,000 contingency, £34,035 CHS project, £17,090.78 SCAS, £67,921.78 PMO

## Expenditure

	2022-23
Plan	£14,567,441

Do you wish to change your actual BCF expenditure?

Yes

Actual	£14,412,285
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	ASC Discharge Fund
Plan	£1,184,415

Do you wish to change your actual BCF expenditure?

No

Actual	£1,184,415
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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

Plan of £14,567,441 was increased by £185,048 to £14,752,490 in year. We have an underspend of £340,205 against £14,752,490 which will be carried forward into 23/24.

## Better Care Fund 2022-23 End of Year Template

### 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:

West Berkshire

#### 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	Agree	Monthly highlight reports, including spend, progress on priorities and metrics are reported to Locality Integration board and HWB via the Health & Wellbeing Steering Group. Group agreed to support a number of additional scheme during the year to support joint working between health and social care. The additional schemes were Infection Control, Be Well
2. Our BCF schemes were implemented as planned in 2022-23	Neither agree nor disagree	Limited progress was made against our MDT scheme - this was put on hold whilst waiting for ancitipatory care Model. Limited progress was made on the Service User Experience - this required more buy in from partners to progress further. Some progress was made on the risk stratification scheme, a tool exists within the Connected Care Programme used
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	Agree	We have positive working relationships in West Berkshire, which are enabled through the BCF.

#### 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	2. Strong, system-wide governance and systems leadership	In order to ensure our system was as robust as possible during the winter, our locality integration board supported the "Be Well this Winter" campaign. This campaign ran from December 2022 - March 2023 and enhanced the key messages of our urgent care centre, financial support, mental health, self care and winter wellbeing tips to avoid unnecessary hospital admissions during the winter months. The scheme was supported by the LA's cost of living hub and the BOB ICS's Health on the Move Van. The scheme delivered 18 hosted sessions, 13 health on the move events, 375 residents

Success 2	6. Good quality and sustainable provider market that can meet demand	We sustained our provider market during increased activity from all of the hospital we support : 3 Acute, 1 Community and 1 Mental Health. We used some of our ASC Discharge Funding to offer Domiciliary Care Providers an incentive of £450 for every patient that was discharged from hospital on pathway 1 within 1-2 days of appearing on the Medically fit to go list. In doing this we were able to support partners by avoiding any unnecessary delays in hospital
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)	Our admissions into residential and nursing homes remains high. Data from March 2023 suggests that 71 new clients were admitted into a residential/nursing home through the hospital route. Further work needs to take place to understand why these numbers are so high, benchmark with other Local Authorities.
Challenge 2	Other	Reporting on the ASC Discharge Fund has been particularly challenging for both the Local Authority's data and finance teams due to pressures with the new Client Level Data and year end returns.

**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

**Better Care Fund 2022-23 End of Year Template**

**ASC Discharge Fund**

Selected Health and Wellbeing Board:

West Berkshire

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

8

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible and any learning	Do you have any learning from this scheme?
Admin	Administration	<Please Select>	£11,844	£11,844	0	N/A	No		Yes	Yes. This supported the production and analysis of reports on activity and spend in order to populate reporting template as required by DHSC.	
Contingency	Contingency	(blank)	£59,334	£0	0	N/A	Yes	This pot of money was intended for the VCS. However, following a meeting in early December 2022 with our Volunteer Centre they felt there was very little they could do to support given the	No		The VCS sector felt more time was required to plan and a commitment of
Domiciliary care	Home Care or Domiciliary Care	(blank)	£99,747	£52,650	117	N/A	Yes	We offered Domiciliary Care providers a one off incentive of £450 for every patient on Pathway 1 that were on the medically fit for discharge list and were discharged within 1-3 days. A total	Yes	We had little or no delays for those being discharged on pathway 1 between January - March 2023.	Additional staff within the Hospital Discharge Team were required to keep up
Domiciliary care	Home Care or Domiciliary Care	Domiciliary care packages	£767,253	£466,678	18,794	Hours of care	Yes	Purchase of packages of care to expedite hospital discharge on Pathway 1. Remainder of the money was used to support those on pathway 3 into a residential or nursing placement.	Yes	We were able to expedite hospital discharges into the community	
one off payment to families	Home Care or Domiciliary Care	Other	£9,000	£0	0	Hours of care	Yes	This was not required.	No	Capacity within the care market was good so this was not required.	
Recruitment	Improve retention of existing workforce	Retention bonuses for existing care staff	£150,000	£90,829	94	N/A	Yes	All staff supporting Hospital Discharge were offered a retention payment. A total of 94 staff were paid a retention payment.	Yes	We retained all staff supporting Hospital Discharge.	
Staffing	Additional or redeployed capacity from current care workers	Costs of agency staff	£23,058	£60,935	1,274	hours worked	Yes	Additional staff had to be put in to keep up with the speed of hospital discharges on pathway 1, support the flow in and out of the D2A beds and hospital discharges on pathway 3.	Yes	We were able to put in additional staff to keep up with the speed and volume of discharges.	
Staffing	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£23,058	£23,058	922	hours worked	No	We were able to support self funders and their families across all Hospital locations with information on suitable homes with vacancies in order to expedite Hospital Discharge.	Yes	Appropriate information and signposting was given to families. However in some cases families don't always appreciate the pressure the hospitals are under and do take their time in	
Staffing	Local recruitment initiatives	(blank)	£23,343	£23,343	1	N/A	No	One additional member of staff was recruited to support with commissioning activities.	Yes	This provided additional capacity within the team.	
Staffing	Local recruitment initiatives	Redeploy other local authority staff	£17,778	£17,778	1	N/A	No	One additional member of staff was recruited to support mental health discharges into the community.	Yes	No reported concerns and we were able to facilitate hospital discharges in a timely manner.	
				£437,300	59		Yes	This was not included in our original plan but this scheme supported individuals to be discharged on pathway 3 into a residential or nursing home. This provided 409.14 weeks.	Yes	We were also able to expedite hospital discharges on Pathway 3.	