

## 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 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) 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
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

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 providers) for the purposes noted above.

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 due course.

#### 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 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.

#### 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 template can then be later resubmitted with the remaining sections completed.

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.

If there are any new scheme types not previously entered, please enter these in the bottom section 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 change to 'Template Complete'.
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, contacts and 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

(please also copy in your respective Better Care Manager)

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 when they are no longer needed.

### 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 delivery of your plan. Please confirm as at the time of completion.

<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 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: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

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 at local authority level.

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 available proxy data.
- 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 - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

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

### 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 from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

#### 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 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 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

#### 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 include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

### 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

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 2022-23
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

#### **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 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

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 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



**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**

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

[<< Link to the Guidance sheet](#)

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

### 3. National Conditions

Selected Health and Wellbeing Board:

Stockport

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? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	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	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

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

### 4. Metrics

Selected Health and Wellbeing Board:

Stockport

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)	892.0	On track to meet target	Continue to see an increase in ED attendances. Work required on the step-up model of care available to our population.	Our respiratory hub continues to be well utilised on a daily basis.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.4%	On track to meet target	System wide collaborative focus required to increase the patient flow on the P1 pathway of care. Data validation to support patient needs and pathway status required. Ability to further investigate the 24/7 service for P3	Transfer of Care hub is now an integral part of the system, good outcomes on the pilot of the 24/7 service for P3 patients. Increase system wide collaborative working.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	584	On track to meet target	The service is challenged to ensure that clients access the most suitable longer term care provision aligned to reviews following hospital discharge	This is being managed aligned to a timely assessment of a clients care needs and having services commissioned which meet their Care Act eligible outcomes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.3%	Not on track to meet target	The service has experienced significant recruitment challenges within its REaCH service to continue to meet demands for pathway 1 provision	The REaCH Service has recently had it's CQC rating improved to Good.

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

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### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Stockport

#### Income

2022-23			
Disabled Facilities Grant	£2,885,856		
Improved Better Care Fund	£9,711,282		
NHS Minimum Fund	£24,684,549		
<b>Minimum Sub Total</b>		£37,281,687	
Planned		Actual	
NHS Additional Funding	£0	Do you wish to change your additional actual NHS funding?	No
LA Additional Funding	£0	Do you wish to change your additional actual LA funding?	No
<b>Additional Sub Total</b>			£0
<b>Total BCF Pooled Fund</b>	Planned 22-23 £37,281,687	Actual 22-23 £37,281,687	

ASC Discharge Fund				
	Planned		Actual	
LA Plan Spend	£1,069,346		Do you wish to change your additional actual LA funding?	No
ICB Plan Spend	£1,873,444		Do you wish to change your additional actual ICB funding?	No
<b>ASC Discharge Fund Total</b>		£2,942,790		£2,942,790
<b>BCF + Discharge Fund</b>	Planned 22-23 £40,224,477	Actual 22-23 £40,224,477		

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

#### Checklist Complete:

Yes

Yes

Yes

Yes

Yes

#### Expenditure



	2022-23
Plan	£37,281,687

Do you wish to change your actual BCF expenditure? Yes

Actual	£36,597,800
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	ASC Discharge Fund
Plan	£2,942,790

Do you wish to change your actual BCF expenditure? No

Actual	£2,942,790
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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	£0.161m overspend on Learning Disability Tenancies, due to the staffing provision required to continue to support individuals with complex needs. £0.845m underspend on Disabled Facilities Grant, due to in year commitments, balance to support an ASC capital programme.
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Yes

Yes

Yes

Yes

Yes

## 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:

Stockport

#### 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	There has been continued collaboration between Health and Social Care partners within Stockport to deliver on the key objectives of the BCF plan
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	The Health and Social Care system continues to benefit from the BCF and the BCF Review which reinforced the need for a renewed focus on our approach for out of hospital care, with particular emphasis of home first principles
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	The BCF Review that was undertaken within the locality provided assurance on the delivery of the current plan whilst also creating opportunities for a continued focus on an integrated approach to most effectively meeting individuals outcomes.

#### 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	9. Joint commissioning of health and social care	The locality jointly commissioned pathway 1 and pathway 2 Discharge to Assess provision to support patient flow out of the hospital and to ensure outcomes were being met in the most appropriate community setting, both from a short term and longer term commissioning perspective.
Success 2	2. Strong, system-wide governance and systems leadership	The locality wide review of the Better Care Fund has reinforced positive integrated working relationships across the Health and Social Care system. The locality continues to meet the challenges of the changing statutory framework of Health and Social Care within Greater Manchester, with relationships being maintained and developed, with the focus on benefits to patients and service users. We have built on positive working relationships and have capitalised on the establishment of our local ICB. We have also seen positive appointments to our full time post of Deputy Place Lead and Director of Adult Social
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	6. Good quality and sustainable provider market that can meet demand	There has been a continued challenge aligned to quality within our residential care market, predominantly aligned to Nursing Care provision. The locality also had reduced nursing care capacity. We are seeking to address the challenges in quality across the care home sector through prioritising an increase in fees to increase sustainability. At the same time, there is cross system collaboration to drive the quality of provision within the care homes, building on strong working relationships with the sector.

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	There are significant workforce challenges within the provision of nursing care, as part of residential care settings. This is recognised locally, regionally and nationally. Alongside this are workforce challenges in recruitment and retention of wider social care job roles, in part due to opportunities in other economic sectors. There is a cross system working group seeking to develop sustainable recruitment for both nurses and care staff, working as a system to highlight the career development and specialisation opportunities rather than competing for staff across the system. Alongside this the fee setting of adult social
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Yes

**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










Planned Expenditure	£2,942,790
Actual Expenditure	£2,942,790
Actual Expenditure ICB	£1,873,444
Actual Expenditure LA	£1,069,346