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'
- 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 capacity and demand 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.
- 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 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 https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-

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

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 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

4. Metrics

The BCF plan includes the following metrics:

- 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 nrovy 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 Hackney (due to a data

5. 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 the end of the third quarter (1 April to 31 December).

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 Mumber of adaptations funded/people

supported

Residential 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:

-Pactual expenditure to date in column I. Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.

-POutputs delivered to date in column K. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will prepopulate 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

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care

Exchange.





2. Cover

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:	Stockport					
Completed by: Jon Wilkie						
E-mail:	Jon Wilkie@stockport.gov.uk					
Contact number:	7970318461					
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No					
		<< Please enter using the format,				
If no, please indicate when the report is expected to be signed off:	Wed 06/03/2024	DD/MM/YYYY				

Checklist

Complete:

Yes

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:	٦
2. Cover	Yes	
3. National Conditions	Yes	
4. Metrics	Yes	
5. Spend and activity	Yes	

^^ Link back to top

3. National Conditions

Selected Health and Wellbeing Board:	Stockport		Checklist
Has the section 75 agreement for your BCF plan been finalised and		7	Complete:
signed off?	Yes		Yes
If it has not been signed off, please provide the date the section 75			
agreement is expected to be signed off			Yes
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		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

4. Metrics

Selected Health and Wellbeing Board: Stockport

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 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

Support Needs
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For informatio	n - Your pl s reported			For information - actual performance for Q1	For information - actual Assessment of progress performance for Q2 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					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	227.1	206.0	239.1	204.0	242.6	255.3	progress	There has been a high level of pressure through the Acute Trust through Q3 and as anticipated this measure is likely to be higher than other quarters and outside of our planned performance.	Frailty continues to be a focus across the system in Stockport and the programme to implement a model of care for those living with frailty is on track to be in place for March 2024.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.6%	92.6%	92.6%	92.6%	92.3%	92.1%	progress	The system in Stockport has been under a high level of pressure through Q3 but continues to support people to return to their usual place of residence in line with the planned performance.	N/A
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,322.4	628.9	617.8	Data not available to assess progress	There appears to be an issue with the actuals on this indicator appearing to under report the number of emergency admissions due to falls which we understand is broader than Stockport	N/A
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				556	2022-23 ASCOF outcome: 597.3		On track to meet target	indicative data for Q3 suggests that the rate of permanent admissions is lower than the planned performance at a rate of 434 per 100,000 population.	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				88.8%	2022-23 ASCOF outcome: 88.7%			indicative data for Q3 suggests that the proportion of people aged 65 still at home 91 days after discharge is above the planned performance for Q3 at 96.5%	The indicative improvement to the rate on this metric reflects the ongoing work to drive Home First within Stockport

Checklist

Complete:

6. Spend and activity

Selected Health and Wellbeing Board: Stockport

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)		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	Reablement	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£1,225,552	£918,750	196	265	Packages	No	
3	Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£699,635	£463,750	3,788	2,841	Number of beneficiaries	No	
5	Carers Services	Carers Services	Other	Minimum NHS Contribution	£743,190	£548,000	848	648	Beneficiaries	No	
6	LD Tenancy - Stockport Road Apartments	Residential Placements	Supported housing	Minimum NHS Contribution	£668,574	£666,000	5	5	Number of beds/placements	No	
9	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£93,000	£69,750	736	736	Number of beneficiaries	No	
11	Disabled Facilities Grant (CAPITAL) (Housing)	DFG Related Schemes		DFG	£2,885,856	£1,168,000	271	203	Number of adaptations funded/people supported	No	
12	ASC Discharge Funding	Home-based intermediate care services	Joint reablement	Discharge Funding	£460,169	£853,547	180	0	Packages	Yes	This was a collective investment into Pathway 1 and Pathway 2 support. A change in spend profile between in House and externally commissioned Pathway 1 support meant a revised in year spend. This resulted in an increase in capacity for pathway 1 which gave an increased impact in terms of numbers of clients supported and aligned to our home first approach. All discharge funding now spent aligned to the
12	ASC Discharge Funding	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£901,338	£507,960	173	127	Number of placements	Yes	As above. The change in spend profile meant a revised spend plan for pathway 2 provision. This investment was in conjunction with other locality funding for D2A provision. All discharge funding now spent aligned to the discharge submissions.
13	Carers	Carers Services	Respite services	Minimum NHS Contribution	£316,281	£237,000	158	146	Beneficiaries	No	
14	Saffron Ward MH - Step Up / Step Down beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation		£989,753	£742,500	126	75	Number of placements	No	
18	Continuing Health Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,436,289	£1,309,804	282	105	Number of placements	Yes	There have been longer length of stays in these beds than anticipated and the costs have increased which has resulted in the outputs to date being lower than anticipated.
19	Bluebell Ward - New Model of care for ward	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation		£2,547,442	£1,910,250	326	182	Number of placements	No	
24	Commissioning of D2A Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care	ICB Discharge Funding	£1,232,927	£1,233,000	216	190	Number of placements	No	