Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

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), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

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, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

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. 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 time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

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 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: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
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 hospital services

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:
- 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 proxy 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 Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 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 Additional Discharge Fund.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2023-24 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 ADF via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe 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 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.

- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. 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 year-end.

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	Number of adaptations funded/people supported
Residential Placements	Number of beds/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:
- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N**. Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate 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 were being funded at the start of the year.

- **Implementation issues in columns P and Q.** 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.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commisioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: https://future.nhs.uk/bettercareexchange/view?objectID=202784293

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their P0 capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 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 2023-24
3. The delivery of our BCF plan in 2023-24 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 Institue 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 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

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. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.

SCIE - Integrated care Logic Model

Better Care Fund 2023-24 Year End Reporting Template

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.

			Checklist
			Complete:
Health and Wellbeing Board:	Stockport		Yes
Completed by:	Jon Wilkie		Yes
E-mail:	Jon.Wilkie@stockport.gov.uk		Yes
Contact number:	0161 4744357		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Wed 12/06/2024	<< Please enter using the format, DD/MM/YYYY	Yes

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'.

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

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3. National Conditions

Selected Health and Wellbeing Board: Stockport

			Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and 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			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the year:**	
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

Better Care Fund 2023-24 Year End Reporting Template

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 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 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		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	On track to meet target	The total of 895.9 for the year on this metric reflects a significant reduction in numbers for Q4, compared to previous quarters and planned performance.	the improvement in numbers of ACSC admissions in Q4 against plan will be due in part to the increased national focus on ED 4hr performance, particularly through March '24. Improvements in flow into and through SDEC were noted as part of the performance monitoring in month, and this will have had a direct positive impact in reducing the numbers of avoidable ACSC admissions. In the last quarter there has been additional grip and control through daily discharge review meetings, a Multi Agency Discharge Event (MADE) over the easter period, a number of time limited initiatives during the same 2 weeks, and a number of patients who may have been dealt with using 24 hour step up care as opposed to admission which will all have made a positive impactinto Q4 metrics.	Yes
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%	On track to meet target	The metric of 91.1% for 23/24 is slightly below target but in line with the planned performance.	There is a renewed drive to ensure that people have every opportunity to return home from hospital with greater flexibility in the domiciliary and therapy support available in the community locally.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,322.4	On track to meet target	The overall figure of 2074.7 represents a better than planned performance outcome.	Focused work across the health and social care system has taken place, in a specific locality in Stockport to drive down admissions into hospital from care homes in particular. This focus on frailty and prevention is part of the success on this target and further investment is required to continue and develop the positive outcomes.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				556	On track to meet target	indicative data suggests that the rate of permanent admissions is lower than the planned performance at a rate of 503 per 100,000 population.	This has been a focus area for the system as part of the embedded Home First Ethos and we are continuing to drive flexibility in supporting people in their own home, especially at the point of discharge from hospital.	Yes
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%	On track to meet target	indicative data suggests that the proportion of people aged 65 still at home 91 days after discharge is above the planned performance at 96.3%.	The outcome on this measure is positive compared to planned performance and Stockport will continue to analyse the data and outcomes for individuals to ensure that performance on this metric represents the optimum for the locality	Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: Stockport

Income

	2023-24	
Disabled Facilities Grant	£3,137,676	
Improved Better Care Fund	£9,711,282	
NHS Minimum Fund	£26,081,695	
Minimum Sub Total		£38,930,653

	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		
Additional Sub Total		£0				£0

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£38,930,653	£38,930,653

Additional Discharge Fund

	Planned		Actual			
LA Plan Spend	£1,361,507		Do you wish to change your additional actual LA funding?	No		
ICB Plan Spend	£1,232,927		Do you wish to change your additional actual ICB funding?	No		
Additional Discharge Fund Total		£2,594,434				£2,594,434

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£41,525,086	£41,525,086

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	

Expenditure

	2023-24
Plan	£41,273,267

Do you wish to change your actual BCF expenditure?	Yes
Actual	£42,151,267

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	£0.323m overspend on Learning Disability Tenancies, due to the staffing provision required to continue to support individuals with complex needs. £0.002m overspend on Dementia services due to inflationary uplift. £0.688m overspend on discharge to assess spot purchasing to support patient flow through the acute hospital. £0.387m underspend on Disabled Faciliites Grant allocation, balance earmarked for ASC capital programme in 2024.25.

Checklist
Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

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	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	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	£1,225,552	196	265	353	Packages	No	
3	Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£699,635	£463,750	£699,635	3,788	2,841	4286	Number of beneficiaries	No	
5	Carers Services	Carers Services	Other	Minimum NHS Contribution	£743,190	£548,000	£758,190	848	648	875	Beneficiaries	No	
6	LD Tenancy - Stockport Road Apartments	Residential Placements	Supported housing	Minimum NHS Contribution	£668,574	£666,000	£991,574	5	5	5	Number of beds/placements	No	
9	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£93,000	£69,750	£93,000	736	736	1176	Number of beneficiaries	No	
11	Disabled Facilities Grant (CAPITAL) (Housing)	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,885,856	£1,168,000	£2,750,856	271	203	244	Number of adaptations funded/people supported	No	
12	ASC Discharge Funding	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)	Local Authority Discharge Funding	£460,169	£853,547	£853,547	180	-	337	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 discharge submissions.
12	ASC Discharge Funding	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)	Local Authority Discharge Funding	£901,338	£507,960	£507,960	173	127	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	£316,281	158	146	183	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	Minimum NHS Contribution	£989,753	£742,500	£989,753	126	75	100	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	£2,124,289	282	105	168	Number of placements	Yes	Increased complexity of patients has resulted in the need to spot purchase placements at a high cost. Length of stay has increased due to dispersed bed base.
19	Bluebell Ward - New Model of care for ward	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£2,547,442	£1,910,250	£2,547,442	326	182	312	Number of placements	No	
24	Commissioning of D2A Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£1,232,927	£1,233,000	£1,233,000	216	190	190	Number of placements	Yes	Commissioned beds underutilised due to complexity of patients resulting in an increase in the cost of spot purchased beds.

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: Stockport

Estimated demand - Hospital Discharge

Service Area	Metric	Prepopulated from plan: Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Q2 Refreshed planned demand: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	19	18	17	18	19	17	20	24	26	27	22	26
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	287	293	274	291	277	285	297	297	288	306	267	297
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	119	125	114	120	109	117	118	113	141	134	147	142
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	54	56	57	67	63	65	32	66	67	48	45	52

Actual activity - Hospital Discharge

Actual activity (not spot purchase):

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist: Complete:
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	19	18	17	18	36	49	48	49	67	71	56	55	Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	175	183	181	153	171	179	183	183	165	177	155	152	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	165	165	134	124	119	155	134	140	101	124	94	119	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	35	36	37	44	41	42	21	43	38	32	30	32	Yes

Actual activity - Hospital Discharge

Actual activity in spot purchasing:

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	8	40	43	33	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	4	17	16	15	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: Stockport

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	599	550	557	485	450	501	546	652	427	578	690	838
Urgent Community Response	Planned demand. Number of referrals.	16	16	12	21	14	14	16	30	33	17	12	19
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	26	16	15	25	17	17	26	36	27	18	16	15
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	3	4	3	4	3	3	4	4	4	4	4	4
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.	0	615	567	560	615	609	625	677	645	708	660	817
Urgent Community Response	Monthly activity. Number of new clients.	14	13	8	15	16	14	11	12	6	20	14	11
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	30	22	19	30	32	28	27	21	11	44	28	19
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	3	4	3	3	2	3	3	3	2	3	3	3
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

8. 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	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	In 2023 Stockport Locality undertook a review of its existing BCF plans and strategy. This stock take provided the appropriate check and challenge against previous and current system pressures alongside developing further transparency and understanding of the Schemes, pressures and strategy.	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Agree	Our BCF schemes have continued in their implementation and have been a key driver in addressing our system pressures. Promisingly our associated metrics are all on target and have provide assurance on the effectiveness of our schemes.	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	In discussions with partners and through the review undertaken it was acknowledged that the partnership has been further strengthened over time and has benefitted the previously agreed BCF plan with further opportunities remaining. Principally improving performance against national targets and further development of the home first ethos.	Yes

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 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	At the integrated discharge hub located within the local acute trust, there have been developments to further integrate health and social care staff. People are working collaboratively to agree on the best possible outcomes for individuals, challenging each other on pathways and approaches. The recent (January 2024) ECIST report complemented the integration approach, with the consultants visiting the department being unable to distinguish which stakeholder organisation individuals worked for, such was the collaborative approach.	Yes
Success 2	9. Joint commissioning of health and social care	The BCF system stakeholders have developed an integrated governance process to ensure transparency and challenge around commissioning approaches and arrangements and this has increasingly given system leaders grip and control in respect of the flow through different hospital discharge pathways. This has enabled the system to develop a renewed more responsive approach to pathway 1 discharges, in collaboration with external providers. An approach using intensive support packages and community therapy for individuals who would otherwise have moved into permanent care have been developed. Alongside this, the system is now able to discharge people on P1 on the same day, increasing flow and supporting pressure across acute services.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Integration of electronic records to enable system partners to see individuals' journeys and use of services across health and social care remains a challenge in Stockport. There has been substantial work on the visibility of data between system partners and this has benefitted integration and facilitated planning and prioritsation but Sockport is not at a stage where integrated records are available that would enable full system risk stratification and iterative strategic development.	Yes
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Stockport is challenged by reducing numbers of nursing beds in the locality and in the surrounding areas which is related to recruitment and retention challenges in respect of nursing staff. These staff are in high demand across the system so competition has an impact in terms of nursing home providers' ability to recruit, alongside increasing complexity of individuals requiring support in nursing provision. The system is actively working on recruitment for nurses (ONE Stockport Workforce Group) and engaging with providers to consider different approaches to providing nursing support to people in our communities (for example, blended roles).	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