

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

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2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be 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 BCE) 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:	North East Lincolnshire
Completed by:	Emma Overton
E-mail:	emmaoverton@nhs.net
Contact number:	07506 368 346
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	Mon 10/07/2023

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

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

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

[^^ Link back to top](#)

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3. National Conditions

Selected Health and Wellbeing Board:

North East Lincolnshire

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

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4. Metrics

Selected Health and Wellbeing Board:

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)	881.9	Not on track to meet target	2022/23 official figure not available as yet and due to complexity of official calculation method we are unable to replicate this locally. However local data suggests we are not on track to meet the target as it is higher	Further work ongoing
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.9%	Not on track to meet target	Current performance April - February is 92.2%. The main challenge we come across is with individuals and in particular family members who for whatever reason, are resistant to returning home/ the patient	The hospital discharge work over the last year has seen therapists, social workers, mental health practitioners, nurses, care staff, VCSE and commissioners learning new ways of working through the MADE events
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	723	On track to meet target	Current performance April - February is 627 with projected year end figure of 685 against target of 723 (target numerator was 248, Apr - Feb numerator is 215)	The work undertaken to promote 'home first' and the thorough oversight of those in short stay placements has helped to ensure this target has been met.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	84.0%	On track to meet target	We monitor the performance on this measure on a monthly basis throughout the year and current performance up to Q3 is 87.1%, however the official measure only measures those discharged in Oct - Dec and	We have worked hard to increase the utilisation of our bed based intermediate care provision and launched our additional enhanced recovery beds. This has improved the number of patients accessing reablement

Checklist Complete:
Yes
Yes
Yes
Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

North East Lincolnshire

Income

		2022-23	
Disabled Facilities Grant	£3,220,832		
Improved Better Care Fund	£8,058,576		
NHS Minimum Fund	£13,994,082		
Minimum Sub Total		£25,273,490	
		Planned	Actual
NHS Additional Funding	£0		
LA Additional Funding	£0		
Additional Sub Total		£0	£748,000
		Planned 22-23	Actual 22-23
Total BCF Pooled Fund		£25,273,490	£26,021,490

		Actual	
Do you wish to change your additional actual NHS funding?	No		
Do you wish to change your additional actual LA funding?	Yes	£748,000	

		ASC Discharge Fund	
		Planned	Actual
LA Plan Spend	£649,758		
ICB Plan Spend	£1,191,605		
ASC Discharge Fund Total		£1,841,363	£1,841,363
		Planned 22-23	Actual 22-23
BCF + Discharge Fund		£27,114,853	£27,862,853

		Actual	
Do you wish to change your additional actual LA funding?	No		
Do you wish to change your additional actual ICB funding?	No		

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

In year revised planned spend of DFG carry forward, £748k.

Expenditure

		2022-23	
Plan	£25,273,490		
Do you wish to change your actual BCF expenditure?		Yes	
Actual	£26,021,490		
		Planned	Actual
		ASC Discharge Fund	
Plan	£1,841,363		
Do you wish to change your actual BCF expenditure?		No	
Actual	£1,841,363		

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

No difference on overall discharge spend, however some changes to individual elements - see tab 7

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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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:

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	Neither agree nor disagree	BCF is part of North East Lincolnshire's existing direction of travel and not specifically related to BCF
2. Our BCF schemes were implemented as planned in 2022-23	Disagree	We have had some difficulties in securing staff to deliver on objectives. We have had some on-going difficulties in driving forward our ECH plans in a timely way (as described in previous returns)
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	Neither agree nor disagree	BCF is part of North East Lincolnshire's existing direction of travel and not specifically related to 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	8. Pooled or aligned resources	The whole of adult social care and health benefits from pooled and aligned resources
Success 2	9. Joint commissioning of health and social care	Commissioning from adult social care and health is an integrated function
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	5. Integrated workforce: joint approach to training and upskilling of workforce	Access to a suitably qualified workforce remains one of our biggest ongoing challenges
Challenge 2	7. Joined-up regulatory approach	The differing legislative and financial frameworks for health and social care, combined with a fractured provider marketplace, remains challenging. There is also significant ongoing change to be managed across the sector such as the move to an ICB/ ICS and implementation of adult social care reform

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
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

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ASC Discharge Fund

Selected Health and Wellbeing Board:

North East Lincolnshire

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 fur 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 w

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 w 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.

■ 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
Additional reablement at home capacity	Reablement in a Person's Own Home	Reablement service accepting community and discharge	£18,000	£18,000	
Additional residential capacity	Residential Placements	Care home	£170,358	£143,853	9

Additional SAH Capacity	Home Care or Domiciliary Care	Domiciliary care packages	£255,500	£255,500	15,355
Additional Staff to support discharge	Additional or redeployed capacity from current care workers		£381,360	£284,089	5,165
Additional VCSE support	Other		£40,000	£59,275	
Administration Support	Administration		£18,413	£18,414	
Bed based reablement additional capacity	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£434,400	£538,366	14
SAH discharge support teams and enhanced support at home	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£203,832	£199,902	12,013
SAH retention of workforce	Improve retention of existing workforce	Bringing forward planned pay increases	£210,000	£221,370	
Telehealth /additional Telecare	Assistive Technologies and Equipment	Telecare	£77,000	£27,300	
Workforce recruitment	Local recruitment initiatives		£32,500	£36,554	11

Schemes added since Plan

Planned Expenditure	£1,841,363
Actual Expenditure	£1,841,363
Actual Expenditure ICB	£1,191,605
Actual Expenditure LA	£649,758

rd was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this

will align with metrics reported in fortnightly returns for scheme types.

weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed

Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?
Hours of care	No		Yes
Number of beds	Yes	Spend is lower than anticipated but activity met need.	Yes

Hours of care	No		Yes
hours worked	Yes	We didn't manage to recruit the full compliment of social workers or therapists in the required timeframes.	Yes
N/A	Yes	As we progressed through the programme, the additional value of using VCSE was clear and therefore additional monies were spent in relation to the project.	Yes
N/A	No		
Number of beds	Yes	Managed to increase our intermediate care services beyond anticipated capacity.	Yes
Hours of care	No		Yes
number of staff	No		
Number of beneficiaries	Yes	Delays in project lead time.	Yes
number of additional staff	Yes	Modest adjustment only due to lead in time.	Yes



If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
Where individuals have required reablement in their own homes, they have received the support. This has been facilitated by the additional capacity provided at known times of capacity issues -	
The securing of some block booked and spot purchase placements has meant that there have been no delays due to capacity issues in our residential care market. This has achieved	

Additional capacity in support at home has significantly improved our achievement of home first - no individual who could have returned to their own homes discharged on pathway	
The proactive discharge coordinators have made a significant difference in ensuring that we plan for discharge from the point of admission, making same or next day discharges achievable.	Having dedicated staff not involved in ward based or hospital discharge team
Additional VCSE support to discharge has been invaluable. We have seen a 400% increase in the number of carers identified in hospital since we had the dedicated carers' worker in the acute	Investing in VCSE support is extremely cost effective and significantly supports the
Additional capacity has meant that all those who have needed bed based reablement have had access to it. This has supported the reduction on LoFS in step down provision and improved user	
A dedicated support at home system pressures team has meant that when the lead provider is unable to pick up, the system pressures team comes in to support in the interim, meaning that	Having additional capacity which is dedicated to bridging the gap between
Yes, we saw more people go home on pathway 0 and 1 as they had a life line unit that gave them peace of mind that in an emergency/ crisis they would have access to 24/7 support and	
We have recruited some staff and others are shadowing existing staff with a view to taking employment. We believe momentum with this project will continue past the initial inception phase.	



