

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

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 improvements

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 the purposes noted above.

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 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 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 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 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 Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

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	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 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.

- **Outputs 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 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 M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

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

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2. Cover

Version 2.0

Please Note:

- The BCF quarterly 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 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:	Sheffield
Completed by:	Martin Smith
E-mail:	martin.smith8@nhs.net
Contact number:	n/a
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:	

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

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

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3. National Conditions

Selected Health and Wellbeing Board:

Sheffield

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

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 quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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Selected Health and Wellbeing Board: Sheffield

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				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress 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)	257.0	236.0	290.6	230.2	279.0	287.4	Not on track to meet target	Due to a delay in data during target setting we now know our 23/24 plan is likely to be far too ambitious and so we're unlikely to meet this target.	Although the city is not hitting this target the numbers have been consistent with Q3 and Q4 in 2023/24. Progress has been through the ageing well programme and highlights include: - Creating a city-wide multi-agency approach that supports an individual's anticipatory care needs via holistic assessment of needs and care coordination, leading to creation of a jointly shared action plan with the patient wishes at the centre. - Identified individuals in Sheffield at higher risk; with an aim of reducing risk of escalation and involvement from statutory services, reduce duplication, improve outcomes, and advocate for right care at the right time - Embedded a urgent community response pathway to support people in crisis in the community - Expanded City-Wide Care Alarms offer to enable pick up of the immediately fallen and referral to UCR available 24hrs a day - Creation of a service offer for UCR support in care homes - Established a 'Push' model from 999 to Urgent
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	97.8%	97.8%	97.8%	97.8%	98.0%	98.3%	On track to meet target	None	Sheffield is focused on making discharge personal and the home first where appropriate model, with limited use of beds for assessment when an alternative cannot be found. A recent report (31st Jan 24) on discharge progress can be found here - https://democracy.sheffield.gov.uk/documents/s65721/Appendix%202%20-%20Hospital%20Discharge%20Update.pdf
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,023.5	514.0	506.8	On track to meet target	We have challenges replicating the measure locally as validation, however based upon national data received Sheffield HWB is on track to meet this target.	Joint work on the reduction of falls continues and the key progress areas include: - Development of a Sheffield Falls screening tool embedded in "What Matters to Me" shared across services; voluntary, council and health. - Development of a self-assessment falls tool that can be used by clients and staff. - Training of staff in the voluntary sector on Falls risk awareness and self-assessment. - Training of staff across the pathway to enable delivery of falls strength and balance programmes. - Mapping of the current pathway for falls Rehabilitation in the city. - Engagement with staff and residents in council housing to describing the anticipatory care needs of over 60s to prevent falls - The Falls team have written a 'Team Sheffield' Falls plan - Interventions to reduce unnecessary hospital admissions – expansion of falls pick up – Joint initiative between SCC/ICB & YAS
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				683		2022-23 ASCOF outcome: 715.9	On track to meet target	None	As an existing metric which retains the same calculation methodology we are confident with this target. The target is annually assessed and as a snapshot comparison Sheffield is reporting 678 against a target of 683. Historically the number of admissions
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				82.0%		2022-23 ASCOF outcome: 85%	On track to meet target	from paper?	Short Term Intervention Team (STIT) are the Sheffield Council in-house reablement provider, supporting people to return home after a period in hospital, to regain independence. The Service supports on average up to 270 people at any one time and accept referrals seven days a week. The team has been maximising its capacity by reducing duplication, streamlining existing processes and working to the Intermediate Care Framework. The team are performing well against this indicator with a Q3 performance of 85%. This is also against a backdrop of a reduced number of people occupying an acute bed once medically fit for over 7 days and a decreasing number of people readmitted.

Checklist Complete:
Yes
Yes
Yes
Yes

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6. Spend and activity

Selected Health and Wellbeing Board:

Sheffield

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)	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.
1	People Keeping Well Carer Support	Carers Services	Carer advice and support related to Care Act duties	Additional LA Contribution	£588,200	£416,634	13,740	9977	Beneficiaries	No	
17	Active Support and Recovery Bed Based Teams	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Additional NHS Contribution	£25,265,625	£18,114,643	1,536	1152	Number of placements	No	
20	Independent Living Solutions Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,902,984	£2,527,905	14,783	19589	Number of beneficiaries	No	
21	Independent Living Solutions Community Equipment	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£1,223,400	£1,339,335	7,615	9795	Number of beneficiaries	No	
23	Independent Living Solutions Community Equipment Team	Assistive Technologies and Equipment	Community based equipment	iBCF	£55,268	£41,451	40	30	Number of beneficiaries	No	
25	On Going CareContinuing Healthcare and Funded Nursing Care	Residential Placements	Care home	Minimum NHS Contribution	£12,327,793	£15,943,951	1,686	2231	Number of beds/placements	No	
26	On Going CareContinuing Healthcare and Funded Nursing Care	Residential Placements	Learning disability	Minimum NHS Contribution	£2,194,422	£1,645,817	106	80	Number of beds/placements	No	
27	On Going CareContinuing Healthcare and Funded Nursing Care	Residential Placements	Learning disability	Additional NHS Contribution	£14,038,939	£8,596,650	675	462	Number of beds/placements	No	
28	On Going CareContinuing Healthcare and Funded Nursing Care	Home Care or Domiciliary Care	Domiciliary care packages	Additional NHS Contribution	£20,370,231	£13,361,541	970,000	474957	Hours of care (Unless short-term in which case it is packages)	No	
30	On Going CareContinuing Healthcare and Funded Nursing Care	Carers Services	Respite services	Additional NHS Contribution	£299,624	£148,334	359	540	Beneficiaries	No	
31	On Going CareContinuing Healthcare Uplifts to support Care Home Market	Residential Placements	Care home	iBCF	£13,857,734	£10,393,301	1,221	908	Number of beds/placements	No	
32	On Going CareLD home care packages	Home Care or Domiciliary Care	Domiciliary care packages	Additional LA Contribution	£26,963,000	£25,239,055	1,985,258	1647720	Hours of care (Unless short-term in which case it is packages)	No	
33	On Going CareContinuing Healthcare LD clients	Residential Placements	Learning disability	Additional LA Contribution	£8,395,666	£3,736,662	688	326	Number of beds/placements	No	
34	On Going CareContinuing Healthcare LD clients	Residential Placements	Learning disability	iBCF	£4,196,300	£3,241,798	228	291	Number of beds/placements	No	
36	On Going CareContinuing Healthcare and Funded Nursing Care	Residential Placements	Care home	Additional LA Contribution	£51,348,796	£37,091,841	4,522	3683	Number of beds/placements	No	
37	On Going CareSupported Living	Residential Placements	Supported housing	iBCF	£336,400	£212,995	89	67	Number of beds/placements	No	

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