# Better Care Fund 2021-22 Year-end Template

**1. Guidance**

**Overview**

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, 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, Hosusing 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 quarterly 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 clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

**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 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 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. 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.bettercaresupport@nhs.net
(please also copy in your respective Better Care Manager)
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 Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (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-2021-22/

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 within the quarter 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 CCG 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 hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, 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 Long length of stay (14 and 21 days) and Dischaege to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metris 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 published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one 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 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

**Income section:**

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 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 CCG or LA contributions in 2021-22 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 20121-22.

**Expenditure section:**

- Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and expanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

## 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 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 9 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 2021-22
3. The delivery of our BCF plan in 2021-22 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:
8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

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 rurual 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

## 7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

# Better Care Fund 2021-22 Year-end Template

**2. Cover**

**Version 2.0**

*Please Note:*

*- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative 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, including that provided on local authority fee rates, 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:** | Sefton | Yes |
| **Completed by:** | Integrated Social Care and Health Manager | Yes |
| **E-mail:** | Eleanor.Moulton@Sefton.gov.uk | Yes |
| **Contact number:** | 779162882 | Yes |
| **Has this report been signed off by (or on behalf of) the HWB at the time of submission?** | Yes | Yes |
| **If no, please indicate when the report is expected to be signed off:** | | Yes |

**Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):**

| | | |
|---|---|---|
| **Job Title:** | Chair of the Health and Wellbeing Board | Yes |
| **Name:** | Ian Moncur | 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'**

| Complete | |
|---|---|
| | **Complete:** |
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Metrics | Yes |
| 5. Income and Expenditure actual | Yes |
| 6. Year-End Feedback | Yes |
| 7. ASC fee rates | Yes |


<< Link to the Guidance sheet

^^ Link back to top

# Better Care Fund 2021-22 Year-end Template

**3. National Conditions**

Selected Health and Wellbeing Board: Sefton

| 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 2021-22:** | **Checklist** Complete: |
| **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?** (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas) | Yes | | Yes |
| **2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?** | Yes | | Yes |
| **3) Agreement to invest in NHS commissioned out of hospital services?** | Yes | | Yes |
| **4) Plan for improving outcomes for people being discharged from hospital** | Yes | | Yes |

# Better Care Fund 2021-22 Year-end Template

**4. Metrics**

Selected Health and Wellbeing Board: Sefton

National data may like 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 2021-22 planning | | | | Assessment of progress against the metric plan for the reporting period | Challenges and any Support Needs | Achievements | Checklist Complete: |
|---|---|---|---|---|---|---|---|---|---|
| **Avoidable admissions** | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i) | | | | 3,417.0 | On track to meet target | New commission of hospital avoidance services in place (see achievements) some of these services are already well established and are an extension and some are new and will require time to recruit and embed. Data | Local data used to establish progress indicating sustained lower levels since the beginning of the pandemic. 2hr UCR, falls pick up service, NWAS Sefton Emergency response vehicle roll out and an | Yes |
| **Length of Stay** | Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more | **14 days or more (Q3)** | **14 days or more (Q4)** | **21 days or more (Q3)** | **21 days or more (Q4)** | Not on track to meet target | No worsening of performance but levels of longer lengths of stay remain. Biggest challenges are lack of availability in domicillary care packages and reablement. Non C2R numbers are monitored daily and | 14+ and 21+ LoS higher levels remain but whereas nationally performance has worsended, locally performance has remained steady at current levels. Based on Q1&2 2021/22 compared to Oct-21 to Feb- | Yes |
| | | 12.7% | 12.3% | 7.0% | 6.8% | | | | |
| **Discharge to normal place of residence** | Percentage of people who are discharged from acute hospital to their normal place of residence | | | | 92.4% | Not on track to meet target | Short falls in domicilliary care packages and reablement has resulted in the need to open more community beds to support flow and pressures out of the acute trusts. Work ongoing to develop workforce initiaives to | Improvements made in the latter parts of 2021 when comparing against Q1-Q2 21/22 and 2020/21. Current levels for Oct-21 to Feb-22 are now at 92.2% on average, slightly shy of the planned 92.4% target. | Yes |
| **Res Admissions*** | Rate of permanent admissions to residential care per 100,000 population (65+) | | | | 594 | On track to meet target | No significant issues due to high number of care home beds in Sefton, coupled with increased number of vacancies in such homes due to changes in demand resulting from the pandemic. However, issues have | Implementation of Trusted Assessor model to support timely Hospital Discharges. | Yes |
| **Reablement** | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | | | | 90.2% | On track to meet target | Main challenge has been capacity within the Reablement service to meet 'demand' and support the strategic objectives of supporting more people in their own homes. | Agreement to expand the Reablement service and expansion of bed-based facilities to support strategic aim of more people receiving Reablement / Rehabilitiation service in the first instance and reduction in | Yes |

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

# Better Care Fund 2021-22 Year-end Template

**5. Income and Expenditure actual**

Selected Health and Wellbeing Board: Sefton

## Income

| | 2021-22 | |
|---|---|---|
| Disabled Facilities Grant | £4,823,370 | |
| Improved Better Care Fund | £15,263,520 | |
| CCG Minimum Fund | £25,019,257 | |
| **Minimum Sub Total** | | £45,106,147 |

| | Planned | |
|---|---|---|
| CCG Additional Funding | £3,834,819 | |
| LA Additional Funding | £252,100 | |
| **Additional Sub Total** | | £4,086,919 |

| Actual | | | |
|---|---|---|---|
| Do you wish to change your additional actual CCG funding? | No | | |
| Do you wish to change your additional actual LA funding? | No | | |
| | | | £4,086,919 |

| | Planned 21-22 | Actual 21-22 |
|---|---|---|
| **Total BCF Pooled Fund** | £49,193,066 | £49,193,066 |

| | |
|---|---|
| Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22 | |

## Expenditure

| | 2021-22 |
|---|---|
| Plan | £49,193,066 |

| | |
|---|---|
| Do you wish to change your actual BCF expenditure? | Yes |

| | |
|---|---|
| Actual | £48,227,329 |

| | |
|---|---|
| Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22 | Surplus from DFG £866k, which will be carried forward to be used future years as paet of 3 year Capital programming . Additional surplus from Integration and Transformaton posts £99k due to delay in recruitment to part year posts, to be reserved & utilised in 22/23 asagreed by Health & Wellbeing Board 10 March 22 . |

**Checklist**

Complete:

| |
|---|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

# Better Care Fund 2021-22 Year-end Template

**6. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Sefton

## 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 | Strongly Agree | The BCF Governance and integrated working groups have helped lay strong foundations to be built on in order to establish a thriving finacial framework model in readiness for the implementation of the Health and Care Bill | Yes |
| 2. Our BCF schemes were implemented as planned in 2021-22 | Agree | The vast majority of schemes delivered as expected aside from the need to carry forward fundign for joint posts that were failed to be recruited to. | Yes |
| 3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality | Strongly Agree | Seftons succesful track record of integrated devlievy through the BCF has allowed the development at pace pof place based arrangements that have see a joint appointment of place dirctor designate, one of only 3 from 9 places in the Cheshire and Mersey ICS | 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 2021-22 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest successes | |
|---|---|---|---|
| Success 1 | 2. Strong, system-wide governance and systems leadership | More integrated working has occurred to deliver on the BCF but also to lay the foundations for future ICS / place-based integrated working. For example Integrated Posts and governance arrangements. | Yes |
| Success 2 | 8. Pooled or aligned resources | Not just as part of BCF, but significant progression on this in order to jointly deliver on shared strategic priorities and to also lay the foundations for future expansion of BCF and joint commissioning. | Yes |

| 5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest challenges | |
|---|---|---|---|
| Challenge 1 | 6. Good quality and sustainable provider market that can meet demand | Impact of COVID pandemic has had significant impact on markets, such as with respect to:<br>1. Additional financial pressures - for example due to increased number of vacancies withincare homes<br>2. Workforce Challenges - Providers experiencing issues with recruitment, retention, staff absences - which in turn impact on ability to put services in place for people and have tiomely Hospital discharges. Linked to these issues are financial pressures for Commissioners in terms of additional expenditure required to pay Providers fee rates that support with recuitment and | Yes |

| | | | |
|---|---|---|---|
| Challenge 2 | 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) | Linked to Challenge 1, ongoing financial pressures remain a challenge as well as the demograhpics of Sefton which has anageing population and therefore resulting pressures on demand for services. | 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

# Better Care Fund 2021-22 Year-end Template

**7. ASC fee rates**

Selected Health and Wellbeing Board: Sefton

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

**These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients.** The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges),** reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

**Specifically the averages SHOULD therefore:**

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.

2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).

3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.

4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

| For information - your 2020-21 fee as reported in 2020-21 end of year reporting * | Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value | What was your actual average fee rate per actual user for 2021/22? | Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates |
|---|---|---|---|

**Checklist**

Complete:

| | | | | | |
|---|---|---|---|---|---|
| **1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis.** (£ per contact hour, following the exclusions as in the instructions above) | £16.04 | £16.04 | £16.68 | 4.0% | Yes |
| **2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis.** (£ per client per week, following the exclusions as in the instructions above) | £546.82 | £546.82 | £557.92 | 2.0% | Yes |
| **3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis.** (£ per client per week, following the exclusions in the instructions above) | £551.45 | £551.45 | £568.32 | 3.1% | Yes |
| **4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.** | | | | | Yes |

**Footnotes:**

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.