

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 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 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 commissioned 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 PO 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 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 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](#)

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

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

[^^ Link back to top](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Sefton

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	01/06/2024

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	
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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4. Metrics

Selected Health and Wellbeing Board:

Sefton

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.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	213.2	176.4	204.2	198.6	On track to meet target	Despite meeting the target, we've seen a significant increase in utilisation of same day emergency care (SDEC) services, which add to admission activity. However, does reduce length of stay and improves patient experience and outcomes for patients.	We've seen improved processes in both acute hospitals to redirect to admission avoidance services and back into the community as opposed to admitted patients. Therefore, Sefton BCF commissioned services are utilised more effectively.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.4%	92.8%	92.4%	91.6%	On track to meet target	Despite increases in patients accessing reablement and rehab services, workforce remains an ongoing challenge and we continue to explore innovative ways to attract and retain workforce.	The Transfer of Care Hub that has been established since October 2023 is supporting patients accessing the appropriate level of care such as reablement, IC beds or other supportive services via BCF resource.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1,924.4				On track to meet target	We continue to see average length of stay grow within our acute hospitals resulting in deconditioning and increased risk of falls when discharged. Despite rapid access to falls pick up services and other rapid response services, this will have a negative impact on falls in the future.	The falls pick up service remains well utilised and reduces ambulance conveyence and risk of admissions due to falls. Pathways remain open for 111/999, paramedics, care homes and community teams.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	606				Not on track to meet target	Note from BI: Sefton missed the target in March 24 with 634 admissions per 100,000, however, we were on target in February 24 with 607 admissions per 100,000.	we have seen a slight reduction balanced by a domiciliary care market which has seen an improved position supported by increased block bookings.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.0%				On track to meet target	Note from BI: just under 91% of people were still at home 91 days after reablement.	Although we have seen an increase in Reablement through the offer from the councils wholly owned company there is still further work to develop the Reablement offer to fully meet demand

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

Sefton

Income

2023-24			
Disabled Facilities Grant	£5,244,257		
Improved Better Care Fund	£15,725,903		
NHS Minimum Fund	£27,931,587		
Minimum Sub Total		£48,901,747	
	Planned		
NHS Additional Funding	£3,872,380		
LA Additional Funding	£497,100		
Additional Sub Total		£4,369,480	
			Actual
Do you wish to change your additional actual NHS funding?	Yes	£3,792,933	
Do you wish to change your additional actual LA funding?	No		
			£4,290,033
	Planned 23-24	Actual 23-24	
Total BCF Pooled Fund	£53,271,227	£53,191,780	

Additional Discharge Fund			
	Planned		
LA Plan Spend	£2,204,747		
ICB Plan Spend	£1,998,225		
Additional Discharge Fund Total		£4,202,972	
			Actual
Do you wish to change your additional actual LA funding?	No		
Do you wish to change your additional actual ICB funding?	No		
			£4,202,972
	Planned 23-24	Actual 23-24	
BCF + Discharge Fund	£57,474,200	£57,394,753	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	NHS Funded BCF schemes - Underspend on ICB Discharge Fund (£225) Net underspend on Additional funding re Ageing Well which was offset by overspend on additional BCF min due to NHS pay award
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Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£57,053,312

Do you wish to change your actual BCF expenditure? Yes

Actual	£58,327,835
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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

NHS Funded BCF schemes -
Underspend on ICB Discharge Fund (£225)
Overspend on BCF Min (£82,308) additional NHS pay award
Underspend on Additional NHS BCF Ageing Well offset by overspend on additional NHS pay award (£161,529 net)
DFG – additional spend £1,353,969 to plan using prior years surplus & increase DFG allocation in 23/24

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Sefton

Checklist

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure
20	Carers Breaks & Respite	Carers Services	Respite services	Minimum NHS Contribution	£781,817
21	Carers Card Initiative	Carers Services	Other	Minimum NHS Contribution	£20,000
23	Intermediate Care (LH)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,158,081
25	Intermediate Care Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,309,260
28	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£913,015
29	Community Equipment Additional	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£353,794

30	Home from Hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£192,321
31	Early Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£241,259
32	Intermediate Care - Chase Heys	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	£242,270
33	Intermediate Care Worker	Workforce recruitment and retention		Minimum NHS Contribution	£19,339
34	Intermediate Care Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Additional NHS Contribution	£424,680
37	Community Stores Equipment and Adaptations	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£391,000
39	Telecare to Support People at Home	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£150,000
40	Equipment and Telecare	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£73,000
41	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£4,823,370
45	Contribution to Placements & Packages	Residential Placements	Supported housing	iBCF	£927,590

45	Contribution to Placements & Packages	Residential Placements	Learning disability	iBCF	£3,906,340
45	Contribution to Placements & Packages	Residential Placements	Care home	iBCF	£4,003,883
45	Contribution to Placements & Packages	Residential Placements	Nursing home	iBCF	£2,280,050
45	Contribution to Placements & Packages	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£2,571,250
46	NHS Transfer to Social Care	Residential Placements	Learning disability	Minimum NHS Contribution	£2,246,354
46	NHS Transfer to Social Care	Residential Placements	Care home	Minimum NHS Contribution	£2,302,438
46	NHS Transfer to Social Care	Residential Placements	Nursing home	Minimum NHS Contribution	£1,311,145
46	NHS Transfer to Social Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£1,478,615
46	NHS Transfer to Social Care	Residential Placements	Supported housing	Minimum NHS Contribution	£533,417
49	Sefton LA Discharge	Home Care or Domiciliary Care	Other	Local Authority Discharge Funding	£1,448,000



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	Yes		Yes		Yes
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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?
£586,363	£781,817	560	420	560	Beneficiaries	No
£17,064	£20,000	560	420	560	Beneficiaries	No
£868,560	£1,166,187	30	30	40	Number of placements	Yes
£981,945	£1,309,260	35	35	35	Number of placements	No
£684,761	£919,406	12,500	9,375	12,500	Number of beneficiaries	Yes
£265,346	£356,270	12,500	9,375	12,500	Number of beneficiaries	Yes

£144,241	£192,321	8,900	6,675	8900	Hours of care (Unless short-term in which case it is packages)	No
£180,944	£241,259	11,100	8,325	11100	Hours of care (Unless short-term in which case it is packages)	No
£181,703	£242,270	14	14	14	Number of placements	No
£14,505	£19,339		-	0.5	WTE's gained	No
£318,510	£424,680	11	8	11	Number of placements	No
£327,385	£391,000	12,500	9,375	12500	Number of beneficiaries	No
£83,647	£150,000	4,000	3,000	4000	Number of beneficiaries	No
£61,447	£73,000	4,000	3,000	4000	Number of beneficiaries	No
£3,996,286	£6,177,339	623	467	623	Number of adaptations funded/people supported	Yes
£695,693	£927,590	14	11	14	Number of beds/placements	No

£2,929,755	£3,906,340	115	86	115	Number of beds/placements	No
£3,002,912	£4,003,883	119	89	119	Number of beds/placements	No
£1,710,038	£2,280,050	66	50	66	Number of beds/placements	No
£1,928,438	£2,571,250	119,200	89,400	119200	Hours of care (Unless short-term in which case it is packages)	No
£1,670,511	£2,246,354	66	50	66	Number of beds/placements	No
£1,726,829	£2,302,438	68	51	68	Number of beds/placements	No
£983,359	£1,311,145	38	29	38	Number of beds/placements	No
£1,108,961	£1,478,615	68,550	51,413	68550	Hours of care (Unless short-term in which case it is packages)	No
£400,063	£533,417	8	6	8	Number of beds/placements	No
£1,018,489	£1,448,000	67,150	14,441	67150	Hours of care (Unless short-term in which case it is packages)	No

Yes

If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.

Demand has remained higher than in expected and therefore we have worked with the market to utilise a higher number of beds than orginally anticipated.

The costs of equipment have risen to a greater extent than orginally planned and may need to be redressed in our furture planning model.

As above

This is another area where market forces have resulted in a higher cost than originally anticipated. The increased allocation for 2024/25 will mitigate this in the 2024/25 adjusted plan.

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Sefton

Estimated demand - Hospital Discharge		Prepopulated from plan:								Q2 Refreshed planned demand				
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	226	229	231	196	236	218	198	74	74	84	86	108	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	18	16	22	18	20	20	18	26	18	16	18	26	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	135	137	136	174	99	121	110	24	40	32	26	34	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	60	54	67	61	65	61	46	8	6	4	8	6	

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
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	1	2	4	14	11	14	11
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	4	0	0	1	0	0	0	2	4	5	3	2

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.	102	89	77	98	97	90	78	65	83	89	77	95
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	13	12	18	20	15	33	25	15	13	12	16	19
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	5	9	9	11	6	12	24	34	31	15	17	7

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

Sefton

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand					
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Social support (including VCS)	Planned demand. Number of referrals.	407	421	407	421	421	407	421	407	421	421	380	421	
Urgent Community Response	Planned demand. Number of referrals.	340	316	350	251	255	261	312	285	340	350	190	231	
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	183	202	234	217	181	200	204	121	96	123	121	132	
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	80	75	77	83	69	81	72	33	32	26	36	32	
Other short-term social care	Planned demand. Number of referrals.	23	19	30	29	30	26	29	50	43	36	37	48	

Actual activity - Community		Actual activity:												
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Social support (including VCS)	Monthly activity. Number of new clients.													
Urgent Community Response	Monthly activity. Number of new clients.													
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	64	74	71	65	72	85	69	99	66	92	62	68	
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.													
Other short-term social care	Monthly activity. Number of new clients.	32	20	29	21	37	25	29	19	28	20	26	21	

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:

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	Strongly Agree	This is particularly evident in the areas of Intermediate Care , discharge funding and pathways and Market management of the Dom. Care Market. For example flexibility to adjust block booking elements with capacity and demand has allowed us to help manage surges and general flow capacity issues throughout the year. This year we have seen the leadership effect
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	We were able to excute the plan as expected.
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	Strongly Agree	In addition to comments made above, the Better Care Fund helps drive joint accountability and decision making in the Sefton System. Its remained a key driver in our system wholst there has been significant change and development around it. This can be illustrated by the establishment of Care Transfer Hubs, delivering a integrated joined up approach to discharge

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	2. Strong, system-wide governance and systems leadership	The Better Care Fund has remained a critical feature of the Sefton Partnership and now the Adult Social Care and Health transformation programme known locally as the Better at Home work programme of which the Better Care Fund is a key enable to support more peole to live well at home for longer. We have seen the Sefton Urgent Care Board become fully established in 2023/24. This is a forum where all system partners come together to discuss urgent system flow issues and blockages.
Success 2	9. Joint commissioning of health and social care	The fund has allowed us to respond well to Winter Pressure throughout 2023/24. It has facilitated significant developments in our intermidiate care offer, namely Chase Heys and James Dixon Court (Discharge to assesses facilities delivered between the market NHS and Local authority). We have also invested in our locality model and our integrated discharge team, we have also invetsed in and implemented discharge to recover and assess services. Both Health and Social Care have committed to investing in our Home First approach.
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	6. Good quality and sustainable provider market that can meet demand	We have seen significant pressure within our A&E departments with a high frequency of 'corridor care' incidences across the year. We continue to see the impact of brexit in work force with teams being redirected to deliver essenstial services. This is compounded by the way the public are aceseing health care meaning that pressures of deman can not be met through traditional routes to Primary and Secondary care resulting in work and transformation not being delievred as planned. There is a subsequent workforce pressure meaning a reliance on agency staff that drives up deficits for the system in both Health and
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	2023/24 has proven Financially incredibly challenging with both parties reporting significant over spends. Services have experineced significant pressure right across our Health and Social Care system, with many providers experiencing business continuity procedures being enacted which means that the pace of transformation needed has not been possible.

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