

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](#)



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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:	Herefordshire, County of	
Completed by:	Marie Gallagher / Adrian Griffiths	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk / adrian.griffiths2@herefordshire.gov.uk	
Contact number:	01432 260345 / 01432 383809	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 10/06/2024	<< Please enter using the format, DD/MM/YYYY

Checklist	
Complete:	
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.



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

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

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board:

Herefordshire, County of

Has the section 75 agreement for your BCF plan been finalised and signed off? If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes
Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the year:
1) Jointly agreed plan	Yes	
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

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Herefordshire, County of

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)	145.0	141.0	154.0	151.0	Not on track to meet target	212 - UEC activity growth has contributed to the increase in unplanned admissions.	Care Home Practitioners Primary Care pilot for care home admission avoidance. High levels of activity are being supported by community teams to reduce these admissions including Urgent Community Response and Long Term Condition services. Care Home admission avoidance pathway has been developed in Q3 to include joint working with primary care.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.8%	91.9%	91.7%	91.4%	On track to meet target	91% - Initial challenge with discharge from D2A pathways but system working has improved this position.	Improvements linked to D2A pathway work has supported the meeting of this target. Specifically ASC Commissioning work to ensure provider market able to support discharge from pathways. This is enabling more patients to be discharged home for reablement support. Process changes in Integrated Discharge Team with support from therapy is contributing to us being able to ensure reablement capacity is available for those who need it and prevents unnecessary transfers to bedded capacity, due to no capacity in Pathway 1.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,372.0	Not on track to meet target	Q4 (592) 1696 full year. UEC activity growth has contributed to the increase in unplanned admissions. Recruitment into therapy posts continues to be difficult; successful recruitment would see a shorter wait time for falls and fall prevention clinics. Plans in place to encourage recruitment.	Falls responder service supports this group of patients and activity remains steady. Further work to do to ensure maximising capacity. Q4 - Community Integrated Response Hub and Urgent Community Response service are now linked with this service to ensure joint working.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				484	Not on track to meet target	Performance remains above targeted level of activity with 521.6 placements per 100,000 population compared with a target of 484 placements per 100,000 population. The Care home market in Herefordshire remains vibrant, with the market significantly geared in relation to self-funders, with the county being a destination for affluent people to move to in later life. This proves challenging in relation to the ability of the council to commission care at or near its standard fee rates resulting in average costs of placements being higher than other Councils in the West Midlands region. The council is also seeing an increase in the number of self-funders requiring support from the council as a result of their funds having depleted. High numbers of people being discharged from hospital into bedded care, in addition to capacity issues in the home care market to support onward move home has also proved challenging in relation to longer term support requirements.	Despite the challenges outlined, activity in 2023/24 at 521.6 has remained fairly static with a 0.77% increase from the previous year. A D2A system wide review during 2023/24, changes to therapy services, increased capacity in the Home care market and improvements in delivery of home based D2A support are starting to evidence improvements in system flow should support more people to return home following a hospital episode.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				80.0%	Not on track to meet target	at 31st March 2024 70.3%. High number of ASC overstay impacted capacity within the service. High levels of sickness impacted on capacity around hospital discharges. Previous rota pattern unsuitable and caused capacity to be limited at times. Non-digital scheduling relied on geographical knowledge. No specific oversight allowed for 91 days to be missed or recorded incorrectly.	Scheduling Coordinator post to oversee discharges, referrals and 91 days reviews implemented. Input of KPI targets for staff to be working towards. New ways of assessing and reviewing to ensure continual progression with clinics. Implementation of digital service (April 24). Overstays have dropped due to new providers on Framework with the council. Adoption of a new rota pattern to suit service delivery needs.

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

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5. Income actual

Selected Health and Wellbeing Board:

Income

		2023-24	
Disabled Facilities Grant	£2,466,616		
Improved Better Care Fund	£6,782,841		
NHS Minimum Fund	£15,988,427		
Minimum Sub Total		£25,237,884	
		Planned	Actual
NHS Additional Funding	£0		£2
LA Additional Funding	£0		£1,975,349
Additional Sub Total		£0	£1,975,351
		Planned 23-24	Actual 23-24
Total BCF Pooled Fund		£25,237,884	£27,213,235

		Actual	
Do you wish to change your additional actual NHS funding?	Yes		£2
Do you wish to change your additional actual LA funding?	Yes		£1,975,349

		Additional Discharge Fund	
		Planned	Actual
LA Plan Spend	£950,944		£1,012,684
ICB Plan Spend	£1,047,772		£1,109,512
Additional Discharge Fund Total		£1,998,716	£2,122,196
		Planned 23-24	Actual 23-24
BCF + Discharge Fund		£27,236,600	£29,335,431

		Actual	
Do you wish to change your additional actual LA funding?	Yes		£1,012,684
Do you wish to change your additional actual ICB funding?	Yes		£1,109,512

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

Considerable additional funding invested in purchasing care home and home care services to facilitate hospital discharge

Expenditure

		2023-24
Plan		£27,038,637
Do you wish to change your actual BCF expenditure?	Yes	
Actual		£29,335,431

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

Considerable additional funding invested in purchasing care home and home care services to facilitate hospital discharge

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Herefordshire, County of

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.	68.76	70.08	58.96	57.36	61.96	66.08	61.64	67	68	45	62	55	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	30.007	25.632	28.74	29.085	29.617	27.24	26.018	28	24	34	37	28	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	17.993	15.368	17.26	17.915	18.383	15.76	14.982	17	15	20	24	17	

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.	19.53	15.75	22.68	13.23	22.68	19.53	17.64	23.94	25.83	23.94	21.42	15.12
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	15	24	15	15	24	18	21	26	11	19	17	18
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	18	33	17	17	25	19	22	27	11	31	28	26

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	8	17	11	19	11	10	16	28	22	20	12	17
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	26	14	19	24	11	13	22	14	26	10	16	17

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:

Herefordshire, County of

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.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	86	67	76	69	63	78	69	86	82	88	89	79
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Planned demand. Number of referrals.	22	28	29	33	31	30	24	26	38	36	22	38

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.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	378	389	463	360	492	513	525	537	508	718	604	727
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	11.47	9.25	13.32	7.77	13.32	11.47	10.36	14.06	15.17	14.06	12.58	8.88
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	36	30	39	33	41	41	31	32	33	31	45	41

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	Agree	Good working relationships between Health and Social Care are already well-established and continue through the BCF.
2. Our BCF schemes were implemented as planned in 2023-24	Agree	A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	We continue to develop services and work in an integrated way creating opportunities for a continued focus to effectively meet individual outcomes.

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	23/24 saw our system create a Discharge To Assess Board. This board is chaired jointly between health and social care and is a space for system partners to come together to work on a jointly agreed improvement plan. The Board also allows for a monthly update and review of BCF finances and ensures that we are all working together to improve all aspects of our system and ensuring we maximise opportunity for Value For Money
Success 2	8. Pooled or aligned resources	To support Pathway 1, the system agreed to utilise BCF funding to create a bridging team to support the system whilst improvements were made in the commissioning/provider markets. Wye Valley Trust and Herefordshire Council along with our provider, worked together to embed a process where patients could be discharged to their usual place of residence whilst waiting for reablement capacity. This enabled both organisations to ensure that patient needs were being met (including access to therapy and the commencement of reablement care plan) without delay.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	There continue to be challenges with using separate systems across the system but work has continued to remove some of these barriers (including access to each others systems for relevant staff).
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	The reduction of the use of spot purchased beds has been a challenge in 23/24, however by working together to ensure triage at discharge is improved and reducing the need for pathway 2 bedded capacity, we are starting to show signs of improvement. Commissioning have been heavily involved in supporting the development of frameworks to ensure flow out of DZA pathways.

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

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes