

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 1. Guidance for Quarter 2

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

#### 3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

#### 5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

##### 5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

##### 5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

##### 5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update out records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.



HM Government



## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 2. Cover

Version 3.0

#### 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.

#### Checklist

Complete:

Yes  
Yes  
Yes  
Yes  
Yes  
Yes

Health and Wellbeing Board:	Bournemouth, Christchurch and Poole
Completed by:	Nicky Mitchell
E-mail:	<a href="mailto:nicky.mitchell@bcpCouncil.gov.uk">nicky.mitchell@bcpCouncil.gov.uk</a>
Contact number:	01202 128738
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

[england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

#### Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

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

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

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	30/11/2023

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 4. Metrics

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	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				
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	215.0	185.0	229.0	205.0	218.5	On track to meet target	Rationale for ambition (as submitted in Plan) Aim to reduce levels by 1% during 23/24, to pre pandemic levels. Q1 23/24 has shown no change on the comparable	NHS Dorset has commissioned NAPC to support the system with the development of an Out of Hospital Integrated Care Framework that will build on our multi-disciplinary Health and Social Care
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	93.8%	93.8%	93.8%	93.8%	94.53%	On track to meet target	Rationale for ambition (as submitted in Plan) 23/24 plan to achieve 93.8% each quarter. Latest performance at 94.5% is 1.9% higher than the comparable position in Q1	The development of the ambitions as detailed in the Local plan have commenced and is work in progress across the Dorset ICS. We are continuing to develop our recovery-focused
<b>Falls</b>	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,033.9	514.4	On track to meet target	Rationale for ambition (as submitted in Plan) Maintain 22/23 outturn, using local logic based on SUS dataset - to account for data quality and ensuring consistency in	As indicated within the Local Plan submission, we expect Year 2 will deliver the full ambitions. We continue to develop our models of care across Dorset to support those who
<b>Residential Admissions</b>	Rate of permanent admissions to residential care per 100,000 population (65+)				367		On track to meet target	Q1- 55.3 Per 100k. Although there is an increase in the use of interim services to prevent permanent residential care placement, the demand and acuity is still high.	BCF investment in Pathway 1 is providing capacity to support more people home wherever appropriate. Therefore, the need to use residential placements as a temporary alternative to getting a person
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				71.6%		On track to meet target	Q1 performance ie at home in April/May/June was 68.6%. Feedback provided to NHS Dorset and DHUFT re discharge numbers - awaiting feedback.	Dorset continues to develop the Discharge to Assess Model, reducing the number of restrictions within the admission criteria. This is enabling people to be supported home via our Core Offer, which includes



Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

We have used the original figures for proposed hospital discharge demand for the period Nov23-March24 (excluding Social Support P1). These are the latest available figures, updated figures are not available

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand: We have used the original figures for proposed hospital discharge demand for the period Nov23-March24 (excluding Social Support P1). These are the latest available figures, updated figures are not available

Capacity: For Pathway 1 we will review our capacity projections as we are able to provide more than previously predicted. The current provision is flexible and adapts to need providing an efficient P1 offer.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

Using the MSIF we planned interventions to improve capacity for nursing care placements, respite and complex mental health (for community and hospital discharge purposes), but as these have not been implented at time of report, we have not accounted for these. Please see our answer to Q6 where we show that predicted demand can now reduce for P2 due to a more robust service in P1.

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

As per capacity plan produced in September, we have capacity challenges with sourcing nursing care placements and respite care at affordable rates. In addition, demand for complex mental health client plac

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

We have had to use the original figures for proposed hospital discharge demand and Urgent Community Response for the period Nov23-March24. These are the latest available figures, updated figures are no

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

We are aware of demand for nursing care placements, respite and complex needs, as per the capacity plan and have planned interventions in progress. We are reviewing Pathway 2 predicted demand as we are more successful at Pathway 1. Because of this we have been able to decommission approx 60 interim beds, which has effected our predicted demand although this hasnt been reflected yet in the figures in Tab 5.2 as demand figures have not been updated, hopefully this should be refreshed by the next quarterly reporting return.

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refrresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot purchasing)				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Capacity - Demand (positive is Surplus)															
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	61	88	71	67	51	59	81	68	63	39	59	81	68	63	39
Short term domiciliary care (pathway 1)	-19	-12	-18	-19	-26	11	18	12	11	4	11	18	12	11	4
Reablement & Rehabilitation in a bedded setting (pathway 2)	34	18	0	17	20	-27	-43	-61	-44	-41	-27	-43	-61	-44	-41
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	1	0	-2	-1	-1	-2	0	-2	-1	-1	-2

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity)					Capacity that you expect to secure through spot purchasing				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	38	38	38	38	38	42	42	42	42	42	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	203	208	204	205	213	201	201	201	201	201	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	27	27	27	27	27	57	57	57	57	57	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	135	135	135	135	135	74	74	74	74	74	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	13	15	14	14	16	13	13	13	13	13	0	0	0	0	0

[illegible]



Better Care Fund 2023-24 Capacity & Demand Refresh	
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## 5. Capacity & Demand

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

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