

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 P0 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](#)



HM Government



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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:	Bournemouth, Christchurch and Poole	
Completed by:	Scott Saffin	
E-mail:	scott.saffin@bcpcouncil.gov.uk	
Contact number:	01202 126204	
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 22/07/2024	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

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

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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

22/07/2024

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

Better Care Fund 2023-24 Year End 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				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)	215.0	185.0	229.0	205.0	Not on track to meet target	Seen increased activity in both Q2 and Q3 compared to both 23/24 plan and level in comparable period in 22/23. Related to ongoing challenges within increasing demand across the UEC system.	Ongoing work on step up beds will see an impact on these metrics in the coming months. The ICB hopes to increase virtual wards as they have had a positive impact to re-admissions.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.8%	93.8%	93.8%	93.8%	On track to meet target	Levels continue to be consistently in 94% range and inline with 23/24 plan. ICB focus over 23/24 to support various programmes supporting the effective and timely discharge of patients as soon as	Success utilising the different patient pathways, such as using a commissioned care providers to deliver high intensity care packages helped mitigate patients being admitted into residential care. ICES
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,033.9	Not on track to meet target	Increase in activity level over the first 10 months of 23/24 (Apr 23-Jan 24) 10.2% (167) increase in admissions recorded as linked to falls in 65+ cohort over this period.	The ICB's Falls Prevention Service has shown success over Q4 in mitigating admissions into hospital linked to falls. A review of patients who are being admitted due to falls is underway to see if there's
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				367	On track to meet target	Challenges in obtaining higher complexity care packages has led to discharge delays in patients being admitted into residential care.	Our focus on Home First has helped to provide alternative care packages within intermediate care to give patients more independence and given them the choice to continue their recovery at home or
Reablement	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	We are working with the BCF support team to review the services we currently commission. While we do this self-assessment work with the BCF Support Team, we only expect marginal gains	The BCF Support team has undertaken a 18 week programme that will review our reablement and rehabilitation services. They are seeking to encourage necessary improvements and, following their

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Income

	2023-24	
Disabled Facilities Grant	£3,825,320	
Improved Better Care Fund	£13,438,749	
NHS Minimum Fund	£34,405,085	
Minimum Sub Total		£51,669,154
	Planned	
NHS Additional Funding	£12,818,959	
LA Additional Funding	£2,182,000	
Additional Sub Total		£15,000,959
	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£66,670,113	£66,670,113

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£15,000,959

	Additional Discharge Fund	
	Planned	
LA Plan Spend	£1,884,092	
ICB Plan Spend	£2,835,080	
Additional Discharge Fund Total		£4,719,172
	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£71,389,285	£71,389,285

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
		£4,719,172

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

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£71,082,277

Do you wish to change your actual BCF expenditure? Yes

Actual	£71,389,285
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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	Additional DFG uplift mid-year.
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Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Checklist							Yes				Yes			Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	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?		
6	Maintaining Independence	Residential Placements	Learning disability	Minimum NHS Contribution	£580,000	£435,000	£580,000	3	3	3	Number of beds/placements	No		
7	Maintaining Independence	Residential Placements	Care home	Minimum NHS Contribution	£2,390,026	£1,792,520	£2,390,026	38	38	38	Number of beds/placements	No		
8	Maintaining Independence	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£1,517,000	£1,137,750	£1,517,000	64,250	64,250	64,250	Hours of care (Unless short-term in which case it is packages)	No		
11	Early supported hospital discharge	Residential Placements	Care home	Minimum NHS Contribution	£1,982,000	£1,636,500	£1,982,000	32	35	35	Number of beds/placements	No		
15	Early supported hospital discharge	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£932,000	£699,000	£932,000	115	115	115	Packages	No		
16	Early supported hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£1,100,000	£825,000	£1,100,000	10	10	10	Number of placements	No		
17	Early supported hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£51,000	£38,250	£51,000	1	1	1	Number of placements	No		
20	Carers	Carers Services	Other	Minimum NHS Contribution	£215,000	£161,250	£215,000	6,500	6,500	6876	Beneficiaries	No		
21	Carers	Carers Services	Other	Minimum NHS Contribution	£970,000	£577,500	£970,000	6,500	6,500	6876	Beneficiaries	No		
28	Maintaining Independence	DFG Related Schemes	Discretionary use of DFG	DFG	£1,544,312	£1,158,234	£2,277,500	9,110	6,737	9194	Number of adaptations funded/people supported	No		
29	Maintaining Independence	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,974,000	£1,616,322	£1,547,800		142	154	Number of adaptations funded/people supported	No		
32	Maintaining Independence	Residential Placements	Care home	IBCF	£4,143,749	£3,107,812	£4,143,749	67	67	67	Number of beds/placements	No		
33	Maintaining Independence	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£6,049,000	£4,536,750	£6,049,000	256,200	192,150	256200	Hours of care (Unless short-term in which case it is packages)	No		
39	Early supported hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	IBCF	£550,000	£412,500	£550,000	10	10	10	Number of placements	No		

		rehabilitation, wider short-	with reablement									
40	Early supported hospital discharge	Home-based intermediate care services	Reablement at home (to support discharge)	iBCF	£210,000	£157,500	£210,000	26	26	26	Packages	No
41	Early supported hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	iBCF	£21,000	£21,000	£21,000	0	-	1	Number of placements	No
47	Early supported hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Local Authority Discharge Funding	£336,000	£252,000	£280,154	5	5	5	Number of placements	No
49	Early supported hospital discharge	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£622,000	£211,500	£282,000	77	358	35	Packages	Yes
52	Early supported hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£1,882,080	£1,411,560	£1,882,080	18	18	20	Number of placements	No

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Estimated demand - Hospital Discharge		Prepopulated from plan:							Q2 Refreshed planned demand				
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)	Planned demand. Number of referrals.	144	145	126	140	120	120	124	142	120	133	138	162
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	47	48	41	46	39	39	40	46	39	45	46	53
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	102	116	97	78	80	78	102	101	117	135	118	115
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	19	8	12	12	16	4	10	13	15	14	14	15

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.	160	165	161	129	151	153	154	155	141	167	159	175
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	50	55	54	43	51	51	52	52	47	56	53	59
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	104	109	85	93	92	89	88	78	65	90	91	92
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	21	19	24	18	12	12	22	16	7	19	20	20

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.	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.	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.	0	0	0	0	0	0	0	0	0	0	1	1

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:

Bournemouth, Christchurch and Poole

[illegible][illegible]

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: Bournemouth, Christchurch and Poole

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	The implementation of the Better Care Fund in the BCP Council and NHS Dorset for the 23/24 plan has demonstrated the impact of collaborative efforts in health and social care. The integration of services, bolstered by the strong partnership between the involved parties, has led to enhanced communication, sharing of resources, and a
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	There were no issues implementing the services we planned for 23/24.
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	Strongly Agree	The performance for "Discharged to Usual Place of Residence" and "Residential Admissions" metrics reflect the positive impact of the BCF 23/24 plan on the joint up approach of health and social care within the Bournemouth, Christchurch, and Poole locality. These indicators highlight our commitment to "Enable people to stay well, safe

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.

Checklist

Complete:

Yes

Yes

Yes

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	9. Joint commissioning of health and social care	Our joint commissioned schemes have produced numerous successes within the Bournemouth, Christchurch, and Poole locality. The Integrated Equipment for Living Service (ICES) and the initiative for transitioning from hospital to home are some highlights. The 2023-2024 period marked the commencement of a renewed 5-year contract with NRS Healthcare, the service provider for ICES, which has been instrumental in providing service users with equipment to maintain their independence at home. This has been key in advancing our Discharge to Assess (D2A) strategy,
Success 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Two Trusted Assessors have also been employed working across hospitals in the Bournemouth, Christchurch, and Poole locality who are assisting patients and care providers during their stay in hospital to make arrangements that will help patients be discharged to the right place with the right package of care. The Trusted Assessors also help with pre-admissions, and are showing early success, helping patients by using alternative offers to mitigate avoidable hospital admissions. Our Reablement provider, Tricuro have employed 4 Occupational Therapists and 3 Occupational

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	Over the past year, BCP Council and NHS Dorset have faced challenges in addressing the complex care needs within local Care Homes, particularly for patients who require specialist, and higher complexity care. This has occasionally resulted in extended hospitalisations. The continuous and collaborative efforts in expanding alternative pathways have helped mitigate some of the demands seen. Initiatives are being developed to bolster Dementia care across all stages, which will involve coordinated efforts between Health and Social care sectors to ensure sufficient support and
Challenge 2	8. Pooled or aligned resources	In 2023/24, BCP Council and NHS Dorset faced challenges as reflected in the admissions for chronic conditions and falls, not meeting our expectations as we had planned. The latter part of the winter 23/24 season had unexpected pressures which had a impact on the above mentioned metrics and to the local health system as a whole, demonstrated by the Demand & Capacity data. Both partners have been working closely in our shared goal of reducing avoidable admission rates and improving patient outcomes by providing a range of preventative schemes

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

Yes

Yes

Yes

Yes