HM Government

NHS England

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

		Checklist
		Complete:
Health and Wellbeing Board:	Rotherham	Yes
Completed by:	Karen Smith	Yes
E-mail:	karen-nas.smith@rotherham.gov.uk	Yes
Contact number:	01709 254870	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

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

^^ Link back to top

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

Selected Health and Wellbeing Board: | Rotherham

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions

National Conditions	Confirmation
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

If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: | Rotherham

National data may be unavailable at the time of reporting. As such, please use data that may only

Challenges and Support Needs	Please describe any challenges faced in meeting the planned target, and	
Achievements	Please describe any achievements, impact observed or lessons learnt wh	

Metric	Definition	For inform
		Q1
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	255.8
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	

be available system-wide and other local intelligence.

please highlight any support that may facilitate or ease the achievements of metric plans

en considering improvements being pursued for the respective metrics

ation - 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
Q2	Q3	Q4		
255.8	250.9	242.0	298.4	Not on track to meet target
94.0%	93.5%	94.0%	94.41%	On track to meet target
		1,770.4	503.7	Not on track to meet target
		572		On track to meet target
		75.4%		Data not available to assess progress

Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
Performance is off plan but plan was challenging to set out as last year's performance was significantly impacted by a range of pressures.	Areas of work linked to this plan to stabilise and support an improved position such as anticipatory care development, growing the use of the virtual ward and increasing the volume of urgent community response
Performance has been above target.	On track supported by continued partnership working.
Slightly higher than expected number of falls seen Apr - Jul, based on nationally published data (327 compared to 5 months of the annual plan 304).	Review of falls services being undertaken in 2023/24. Linked to a wider piece of work currently being scoped for frailty
Overall admissions are currently tracking below the cumulative target however there has been an increase in the last two months. Proposals to reduce residential admission rates are being explored.	Currently on track to meet target.
Annual measure, no data currently available.	Annual measure, no data currently available.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

5. Capacity & Demand

Selected Health and Wellbeing Board:

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan s

We reviewed the original submission against the outcomes of the capacity and

2. Please outline assumptions used to arrive at refreshed projections (includin in demand for the next 6 months (e.g how have you accounted for demand ov

Demand:

Seasonal adjustments have been included over the winter period.

Capacity:

The VCS figures have been amended to reflect commissioning changes. Age UK

3. What impact have your planned interventions to improve capacity and dem

The reablement figures have been refreshed to reflect investment in staffing

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

CHC is a responsive service therefore capacity reflects demand. The barrier to t

5. Please outline any issues you encountered with data quality (including unav

Work is ongoing to improve data quality and availability, supported by the deve

6. Where projected demand exceeds capacity for a service type, what is your a

Data only shows small variation between demand and capacity due to seasonali

Guidance on completing this sheet is set out below, but should be read in conj

The assumptions box has been updated and is now a set of specific narrative qu

You should reflect changes to understanding of demand and available capacity f

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or followi
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the dem
calculating new refreshed figures as you complete the template below. **Negativ**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed ex

Data from the previous capacity and demand plans will be auto-populated, split
table may include some extra rows to allow for areas who are recording deman

This section in the previous template asked for expected demand for rehabilitat
these service types have been combined into one row. Please enter your refres

Virtual wards should not be included in intermediate care capacity because they
list.

From the capacity and demand plans collected in June 2023, it emerged that so
support provide outside of formal rehabilitation and reablement or domiciliary
Pathway 0 that require some level of commissioned low-level support and not a
discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support p
service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-tern

The recently published Intermediate Care Framework sets out guidance on impr

As with the 2023-24 template, please consider the below factors in determining
stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to pe

Please consider using median or mode for Length of Stay where there are signifi

Peak Occupancy (percentage) - What was the highest levels of occupancy expre
then this would need to take into account how many people, on average, that c

The template now asks for the amount of capacity you expect to secure through
figure should not be included in the commissioned capacity figure). This figure s
outcomes and is unlikely to be best value for money and local areas will be wor

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care se
not collected by source, and you should input an overall estimate each month fc
care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning F

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-popul

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services.
data entered in the assured BCF plan template has been prepopulated for refere
cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on w
consider the below factors in determining the capacity calculation. Typically this

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to pe

Please consider using median or mode for Length of Stay where there are signifi

"Peak Occupancy (percentage) - What was the highest levels of occupancy expr
home then this would need to take into account how many people, on average,

city & Demand Refresh

Rotherham

demand tool that has built for Rotherham place to triangulate the forecasts and provide a more ac

g to optimise length of stay in intermediate care and to reduce overprescription of care). Please a
er winter?)

are no longer carrying out routine safety netting pathway 0 calls as analysis showed very little bene

and management for 2023-24 had on your refreshed figures? Has this impact been accounted for

e winter ahead?

his is funding. Additional monies from the fund have been allocated for winter pressures.

vailable, missing, unreliable data).

lopment of the Place level demand and capacity (based on staffing) tool. The average referral rate

approach to ensuring that people are supported to avoid admission to hospital or to enable discha
ity.

unction with the separate guidance and question & answer document

estions. Please answer all questions in relation to both hospital discharge and community sections

or admissions avoidance and hospital discharge since the completion of the original BCF plans, incl

ing the Market Sustainability and Improvement Fund announcement

 the profile of discharge pathways.

---

and and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populate
e figures show insufficient capacity and positive figures show that capacity exceeds demand.

---

pectations of monthly demand for supported discharge by discharge pathway.

 by trust referral source. You will be able to enter your refreshed number of expected discharges fr
d from a larger number of referral sources. If this does not apply to your area, please ignore the ext

ion and reablement as two separate figures. It was found that, by and large, this did not work well
hed expectations for rehabilitation and reablement as one total figure as well.

 represent acute, rather than intermediate, care. Where recording a virtual ward as a referral sour

me areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By soc
care. This is often provided by the voluntary and community sector. Demand estimates for this serv
ll discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 ra

eople being discharged from acute hospital. You should input the expected available capacity to su

n care home placement (pathway 3)

roving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF

; the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentag

ople, or average length of stay in a bedded facility.

icant outliers.

ssed as a percentage? This will usually apply to residential units, rather than care in a person's own
an be provided with services.

spot purchasing. This should be capacity that is additional to the main estimate of commissioned/
hould represent capacity that your local area is confident it can spot-purchase and is affordable, re
king to reduce this area of spend in the longer term.

rvices from community sources, such as multi-disciplinary teams, single points of access or 111. As
or the number of people requiring intermediate care or short term care (non-discharge) each mont

Requirements.

ated into this section.

You should input the expected available capacity across health and social care for different service
ence. You should include expected available capacity across these service types for eligible referrals

template is split into these types of service:

hy the capacity and demand estimates for rehabilitation and reablement services is now being coll
s will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt

ople, or average length of stay in a bedded facility.

icant outliers.

essed as a percentage? This will usually apply to residential units, rather than care in a person's ow
that can be provided with services."

shed projections?

curate predictive model . As the defir

also set out your rationale for trends

efit. This is now managed on a risk ba

r in your refreshed plan?

has currently been used to estimate c

arge?

of the capacity and demand template.

uding

d from the previous template as well as

om each trust alongside these. The first
tra lines.

for areas so the prepopulated figures for

ce, please select the relevant trust from the

ial support, we are referring to lower level
ice type should only include discharges on
ther than defaulting to all Pathway 0

pport discharge across these different

Capacity and Demand plans.

e)/average duration of service or length of

home. For services in a person's own home

contracted capacity (i.e. the spot purchased
cognising that it may impact on people's

with the previous template, referrals are
h, split by different type of intermediate

types. As with the hospital discharge sheet,
; from community sources. This should

ected as one combined figure. Please
:h of stay.

n home. For services in a person's own

Complete:

5. Capacity & Demand

Selected Health and Wellbeing Board:

Capacity - Hospital Discharge

Service Area

Social support (including VCS) (pathway 0)

Reablement & Rehabilitation at home (pathway 1)

Short term domiciliary care (pathway 1)

Reablement & Rehabilitation in a bedded setting (pathway 2)

Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Demand - Hospital Discharge

Pathway

Social support (including VCS) (pathway 0)

Reablement & Rehabilitation at home (pathway 1)

Short term domiciliary care (pathway 1)

Reablement & Rehabilitation in a bedded setting (pathway 2)

Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

apacity & Demand Refrresh

Rotherham

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan		
	Nov-23	Dec-23	Jan-24
Social support (including VCS) (pathway 0)	-164	-88	-175
Reablement & Rehabilitation at home (pathway 1)	16	16	16
Short term domiciliary care (pathway 1)	27	27	17
Reablement & Rehabilitation in a bedded setting (pathway 2)	-8	12	1
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	1	2	0

Metric	Prepopulated from plan:		
	Nov-23	Dec-23	Jan-24
Monthly capacity. Number of new clients.	497	497	497
Monthly capacity. Number of new clients.	140	140	142
Monthly capacity. Number of new clients.	253	261	251
Monthly capacity. Number of new clients.	77	67	75
Monthly capacity. Number of new clients.	3	4	4

Trust Referral Source	Prepopulated from plan:		
	Nov-23	Dec-23	Jan-24
Total	661	585	672
THE ROTHERHAM NHS FOUNDATION TRUST	661	585	672

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Total	**124**	**124**	**126**
THE ROTHERHAM NHS FOUNDATION TRUST	124	124	126
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Total	**226**	**234**	**234**
THE ROTHERHAM NHS FOUNDATION TRUST	226	234	234
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Total	**85**	**55**	**74**
THE ROTHERHAM NHS FOUNDATION TRUST	85	55	74
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Total	**2**	**2**	**4**
THE ROTHERHAM NHS FOUNDATION TRUST	2	2	4
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		Refreshed capacity surplus. Not including spot purchasing					Refreshed cap
Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23
-105	-242	0	0	0	0	0	0
18	17	0	-1	0	3	0	0
27	27	0	7	-10	4	-1	0
2	6	-9	8	-6	-4	3	-8
1	-1	-2	0	-1	-2	-2	0

		Refreshed planned capacity (not including spot purchased capacity					Capacity that
Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23
497	497	40	40	40	40	40	0
142	147	136	135	138	140	143	0
220	261	226	233	224	197	233	0
76	65	63	60	61	63	60	1
4	4	0	0	0	0	0	2

		Please enter refreshed expected no. of referrals:				
Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
602	739	40	40	40	40	40
602	739	40	40	40	40	40

124	**130**	**136**	**136**	**138**	**137**	**143**
124	130	136	136	138	137	143

193	**234**	**226**	**226**	**234**	**193**	**234**
193	234	226	226	234	193	234
74	**59**	**72**	**52**	**67**	**67**	**57**
74	59	72	52	67	67	57

3	5	2	0	1	2	2
3	5	2	0	1	2	2

pacity surplus (including spot puchasing)

Dec-23	Jan-24	Feb-24	Mar-24
0	0	0	0
-1	0	3	0
7	-10	4	-1
12	1	2	6
0	0	0	0

you expect to secure through spot purchasing

Dec-23	Jan-24	Feb-24	Mar-24
0	0	0	0
0	0	0	0
0	0	0	0
4	7	6	3
0	1	2	2

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes

Yes

Yes
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Yes
Yes
Yes
Yes
Yes
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5. Capacity & Demand

Selected Health and Wellbeing Board:

Capacity - Community
Service Area
Social support (including VCS)
Urgent Community Response
Reablement & Rehabilitation at home
Reablement & Rehabilitation in a bedded setting
Other short-term social care

Capacity & Demand Refresh

Rotherham

Community	Previous plan		
Capacity - Demand (positive is Surplus)	**Nov-23**	**Dec-23**	**Jan-24**
Social support (including VCS)	3	3	3
Urgent Community Response	-5	-5	-6
Reablement & Rehabilitation at home	-71	-73	-73
Reablement & Rehabilitation in a bedded setting	0	0	0
Other short-term social care	0	0	0

	Prepopulated from plan:		
Metric	**Nov-23**	**Dec-23**	**Jan-24**
Monthly capacity. Number of new clients.	3	3	3
Monthly capacity. Number of new clients.	492	509	508
Monthly capacity. Number of new clients.	510	528	529
Monthly capacity. Number of new clients.	9	4	10
Monthly capacity. Number of new clients.	0	0	0

Demand - Community	Prepopulated from plan:		
Service Type	**Nov-23**	**Dec-23**	**Jan-24**
Social support (including VCS)	0	0	0
Urgent Community Response	497	514	514
Reablement & Rehabilitation at home	581	601	602
Reablement & Rehabilitation in a bedded setting	9	4	10
Other short-term social care	0	0	0

Refreshed capacity surplus:

Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
2	2	3	3	3	2	2
9	-5	0	1	0	14	1
-73	-73	1	1	2	-7	1
0	0	0	0	0	0	0
0	0	0	0	0	0	0

Please enter refreshed expected capacity:

Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
3	3	3	3	3	3	3
473	509	497	515	514	478	515
493	545	586	606	608	568	627
14	11	9	4	10	14	11
0	0	0	0	0	0	0

Please enter refreshed expected no. of referrals:

Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1	1	0	0	0	1	1
464	514	497	514	514	464	514
566	618	585	605	606	575	626
14	11	9	4	10	14	11
0	0	0	0	0	0	0

Checklist
Complete:

Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes