

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

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

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

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

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

Checklist (2. Cover)

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

2. Cover

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

3. National Conditions

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

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

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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

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

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

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

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:

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

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

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

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

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

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

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

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

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

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

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.

- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.

- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.

- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.

- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to year-end.

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.

- **Outputs delivered to date in column N.** Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term

services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.

- **Implementation issues in columns P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commissioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: <https://future.nhs.uk/bettercareexchange/view?objectID=202784293>

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their PO capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.

[SCIE - Integrated care Logic Model](#)

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



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

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

[^^ Link back to top](#)

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3. National Conditions

Selected Health and Wellbeing Board:

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

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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4. Metrics

Selected Health and Wellbeing Board:

Rotherham

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)	255.8	255.8	250.9	242.0	Not on track to meet target	Performance in 2023/24 has remained challenged, potentially linked to system pressures and industrial action.	We have seen increased use of the virtual ward and urgent community response pathways remain above target. Plans for 2024/25 include continued prioritisation of virtual ward and community service capacity.	
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%	94.0%	93.5%	94.0%	On track to meet target	Performance has been strong throughout 2023/24	On track supported by continued partnership working.	
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.					1,770.4	Not on track to meet target	Slightly higher than expected number of falls seen based on nationally published data (976 actual, planned level expected would be closer to 900).	Continued partnership working on falls in 2023/24 and frailty and falls identified as one of the Place's high priority areas for 2024-25.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					572	On track to meet target	The Council continues to closely monitor the rates of admission with a focus on home first and residential care being only considered where there are no other appropriate alternatives to meeting needs.	The total number of admissions at 301 equates to a population rate of 542.85, 5.05% below target (571.71).
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services					75.4%	On track to meet target	All services have seen an increase in the number of people still at home 91 days following discharge from hospital.	The output for 2023-24 is 6% above target at 81.4%, and 8.9% higher than the 2022-23 figure of 72.5%.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

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5. Income actual

Selected Health and Wellbeing Board:

Rotherham

Income			
2023-24			
Disabled Facilities Grant	£3,331,077		
Improved Better Care Fund	£14,480,543		
NHS Minimum Fund	£24,187,917		
Minimum Sub Total		£41,999,537	
Planned			
NHS Additional Funding	£0		
LA Additional Funding	£5,393,038		
Additional Sub Total		£5,393,038	
Actual			
Do you wish to change your additional actual NHS funding?	No		
Do you wish to change your additional actual LA funding?	Yes	£5,399,038	
		£5,399,038	
Planned 23-24		Actual 23-24	
Total BCF Pooled Fund	£47,392,575	£47,398,575	
Additional Discharge Fund			
Planned			
LA Plan Spend	£2,030,150		
ICB Plan Spend	£1,525,000		
Additional Discharge Fund Total		£3,555,150	
Actual			
Do you wish to change your additional actual LA funding?	No		
Do you wish to change your additional actual ICB funding?	No		
		£3,555,150	
Planned 23-24		Actual 23-24	
BCF + Discharge Fund	£50,947,725	£50,953,725	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	Minor change in actual income due to roundings in additional LA funding contributions		

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£50,680,383

Do you wish to change your actual BCF expenditure? Yes

Actual	£49,014,383
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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	The original planned expenditure figure of £50.680m excludes the additional allocation of Disabled Facilities grant allocated later in the financial year (£267k). The overall underspend mainly relates to slippage on use of the Disabled Facilities grant funding carried forward from 2022/23 plus delays on implementing a small number of schemes within the LA additional contributions.
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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:

Rotherham

Checklist

													Yes				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?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.												
3	Reablement	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£1,087,000	£815,000	£1,087,000	838	648	838	Packages	No													
3	Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£758,000	£574,000	£796,000	34,022	34,734	35727	Hours of care (Unless short-term in which case it is packages)	No													
10	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,193,735	£1,496,814	£2,048,481	201	170	194	Number of adaptations funded/people supported	No													
10	Disabled Facilities Grant	Assistive Technologies and Equipment	Community based equipment	DFG	£870,000	£829,330	£1,138,663	2,134	1,338	1877	Number of beneficiaries	No													
10	Additional Disabled Facilities Grant schemes	DFG Related Schemes	Other	Additional LA Contribution	£1,496,000	£0	£289,104	201	-	29	Number of adaptations funded/people supported	Yes	The Council's new Aids and Adaptations Policy will increase the number of adaptations provided from 2024/25												
13	Intermediate Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Additional LA Contribution	£1,779,038	£1,406,000	£1,788,000	530	405	512	Number of placements	No													
13	Intermediate Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,039,000	£821,000	£1,044,000	374	276	383	Number of placements	No													
13	Intermediate Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,467,000	£1,100,250	£1,467,000	288	141	288	Number of placements	No													
13	Intermediate Care - Home first	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£862,000	£646,500	£862,000	374	276	383	Packages	No													
13	Intermediate Care - Therapy	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	£528,000	£396,000	£533,000	374	276	383	Number of placements	No													
13	Intermediate Care - Therapy	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	£97,000	£72,750	£98,000	374	276	383	Number of placements	No													
13	Intermediate Care - GP Cover	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	£36,000	£27,000	£35,000	374	276	383	Number of placements	No													
13	Intermediate Care	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£367,000	£275,250	£367,000	374	276	383	Packages	No													
14	Supported Living	Residential Placements	Supported housing	Minimum NHS Contribution	£410,000	£353,000	£463,000	8	8	9	Number of beds/placements	No													
16	Mental Health rehabilitation services	Residential Placements	Care home	Minimum NHS Contribution	£209,000	£169,000	£230,000	3	2	2	Number of beds/placements	No													
17	Learning Disabilities independent sector residential care/transitional	Residential Placements	Learning disability	Minimum NHS Contribution	£984,000	£781,000	£1,008,000	11	10	11	Number of beds/placements	No													
17	Learning Disabilities Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£37,000	£37,000	£45,000	1,661	1,661	2020	Hours of care (Unless short-term in which case it is packages)	No													
18	Free Nursing Care	Residential Placements	Nursing home	Minimum NHS Contribution	£520,000	£390,000	£520,000	98	117	125	Number of beds/placements	No													
25	Carers Support Services	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£237,000	£145,000	£237,000	30,000	426	697	Beneficiaries	No													
25	Carers Support Services	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£23,000	£19,000	£23,000	30	14	21	Beneficiaries	No													
25	Carers Support Services	Carers Services	Respite services	Minimum NHS Contribution	£301,000	£193,000	£303,000	50	32	50	Beneficiaries	No													
33	Social Care Sustainability	Residential Placements	Care home	IBCF	£2,779,000	£2,084,000	£2,779,000	79	59	79	Number of beds/placements	No													

33	Social Care Sustainability	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£1,527,000	£1,145,000	£1,527,000	68,537	51,403	68537	Hours of care (Unless short-term in which case it is packages)	No	
33	Social Care Sustainability	Residential Placements	Learning disability	IBCF	£2,238,000	£1,679,000	£2,238,000	25	19	25	Number of beds/placements	No	
34	Care Market Capacity and sustainability	Residential Placements	Other	IBCF	£4,225,543	£3,169,000	£4,225,543	889	667	889	Number of beds/placements	No	
35	Care Market Capacity and sustainability	Residential Placements	Supported housing	IBCF	£753,000	£565,000	£753,000	13	10	13	Number of beds/placements	No	
39	Reablement - Additional staffing	Workforce recruitment and retention		IBCF	£87,000	£65,000	£87,000		2	2	WTE's gained	No	
40	Spot purchase Reablement beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	IBCF	£107,000	£80,000	£107,000	150	113	150	Number of placements	No	
48	Digital Champion	Assistive Technologies and Equipment	Digital participation services	Additional LA Contribution	£78,000	£51,845	£93,109	5,000	5,000	5000	Number of beneficiaries	No	
49	Additional Social work Capacity	Workforce recruitment and retention		Additional LA Contribution	£250,000	£57,034	£103,134		4	4	WTE's gained	No	
50	PCN Social Work Practitioners	Workforce recruitment and retention		Additional LA Contribution	£120,000	£0	£0		-	0	WTE's gained	Yes	Slippage on recruitment, funding carried forward to 2024/25
56	Integrated Brokerage Support Service	Workforce recruitment and retention		Additional LA Contribution	£100,000	£40,126	£63,723		2	2	WTE's gained	No	
60	Carers Support Services	Carers Services	Other	Additional LA Contribution	£230,000	£0	£0	30,000	-	0	Beneficiaries	Yes	Funding to be used in 2024/25 to support unpaid carers following completion of Carers Strategy Manager engagement activity
61	Home Care/Care Home sustainability	Workforce recruitment and retention	Improve retention of existing workforce	ICB Discharge Funding	£1,011,600	£1,319,284	£1,117,116	1,313	985	1313	WTE's gained	No	
63	Community Equipment	Assistive Technologies and Equipment	Community based equipment	ICB Discharge Funding	£150,000	£101,813	£150,000	173	130	173	Number of beneficiaries	No	
64	Alternative to Admission	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	ICB Discharge Funding	£150,000	£21,405	£21,405	2	1	2	Number of placements	No	
65	Hospice - Clinical Nurse Specialist	Workforce recruitment and retention		ICB Discharge Funding	£65,000	£50,614	£111,478		1	1	WTE's gained	No	
69	Reablement expansion	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£200,000	£200,000	£200,000	84	20	78	Packages	No	
70	Davies Court Intermediate Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£500,000	£415,393	£549,406	190	145	192	Number of placements	No	
75	Intermediate Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£93,000	£45,000	£61,000	288	141	288	Number of placements	No	
76	Incentive payment - Fees for Nursing EMI Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£138,000	£0	£99,038	56	-	59	Number of placements	Yes	Funding has been used to spot purchase additional intermediate care and surge beds during the winter period.
80	Home Care	Home Care or Domiciliary Care	Short term domiciliary care (without	Local Authority Discharge Funding	£379,150	£381,000	£381,000	49	53	53	Hours of care (Unless short-term in which case it is packages)	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Rotherham

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.	114	122	106	122	116	106	115	136	136	138	137	143	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	234	234	226	234	234	226	226	226	226	234	193	234	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	100	112	130	98	108	81	73	72	52	67	67	57	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	0	1	10	3	3	6	6	2	0	1	2	2	

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.	333	323	323	336	326	327	331	314	304	328	317	338
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	17	19	26	23	22
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	74	63	59	53	53	56	56	62	42	44	40	46
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	1	1	1	1	0	3	0	1	0

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.	820	820	820	820	820	820	820	820	820	820	820	820
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	1	18	17	23
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	0	0

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:

Rotherham

Demand - Community		Prepopulated from plan:							Q2 refreshed expected 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
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	1	3	1	0	0	0	1	1
Urgent Community Response	Planned demand. Number of referrals.	514	514	497	514	514	497	514	497	514	514	464	514
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	601	604	583	602	596	584	594	585	605	606	575	626
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	3	8	4	5	8	11	14	9	4	10	14	11
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
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
Social support (including VCS)	Monthly activity. Number of new clients.	32	32	49	59	34	78	31	36	26	44	38	35
Urgent Community Response	Monthly activity. Number of new clients.	300	300	300	300	300	300	300	300	300	300	300	300
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	532	547	554	549	547	547	556	548	542	558	572	552
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	9	9	9	11	7	13	20	15	9	11	21	17
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

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:

Rotherham

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	Place partners continue to work closely together to support a system wide approach. The Integrated Health and Social Care Place Plan and BCF Plan is closely aligned with shared key priorities including prevention and admission avoidance, discharge and whole system flow, all with the ambition of improving the patient experience / outcomes and meeting the 4
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	Our BCF Operational and Executive Groups oversaw the allocation of monies according to health and social care priorities and monitoring throughout the year. Where there were delays in expenditure, for example due to the inability to recruit to some roles, monies were re-prioritised to other areas. Our BCF schemes were, therefore, implemented according to
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	BCF monies have been used to support integrated working across Place partners in physical health, mental health primary and secondary services, social care and the voluntary and community sector. Priority areas for 2023-24 have included support for urgent and emergency care transformation and system flow, the development of our Transfer of Care

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	9. Joint commissioning of health and social care	Rotherham has developed an integrated health and social care Transfer of Care hub with nursing, therapy, social workers, wellbeing officers and hybrid support workers co-locate to triage, refer and assess people to either remain at home, avoiding an unnecessary admission or support discharge to the correct pathway. Assessment now takes place in the community with 400 therapy assessments conducted at home this year and over 2,000 patients supported on the virtual ward. The hub also receives referrals from YAS for category 3 and 4 patients who have had a fall with a minor injury, avoiding unnecessary
Success 2	3. Integrated electronic records and sharing across the system with service users	The fund has been used to develop our Place community escalation wheel, which together with the Trust's escalation wheel provides a whole system view of pressure points, mapped to the Opel escalation framework and action cards, from ambulances arriving through to all the discharge pathways. This enables real time operational decisions to be made to reduce pressure points and informs strategic planning. In addition, new dashboards have been developed to monitor performance, providing a single version of the truth and reducing duplication. The Trust dashboard can be drilled into
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

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Adult Social Care faces an increase in demand for services with an ageing population. Data from Census 2021 shows that the number of people aged over 80 years has increased by 16%. 25.8% of people are aged 60 years and over, an increase of 11.5% in the last 10 years. 23.2% confirmed they are disabled, 8% of people confirmed they are in bad or very bad health, 13.3% of older people are living on their own and 13% of people are providing unpaid care. We are seeing people with higher levels of acuity, dependency and complexity and more people are presenting at A&E than ever before. People are
Challenge 2	6. Good quality and sustainable provider market that can meet demand	The Adult Social Care Discharge Fund has provided additional funding to support discharge home through a hospital at home model of provision. A local cost of care exercise has been carried out in 2023/24 to provide a sustainable market. Nursing and Nursing EMI fee rates have been uplifted by 15% and 7.78% for other adult social care providers. The Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers is now well embedded. This

Yes
Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other