

Appendix 3

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](#)



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 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:	Southwark	
Completed by:	Adrian Ward	
E-mail:	adrian.ward@selondonics.nhs.uk	
Contact number:	0208 176 5349	
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:	Thu 18/07/2024	<< 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

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

[^^ Link back to top](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Southwark

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:

Southwark

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)	222.0	187.0	225.0	195.0	Data not available to assess progress	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Analysis of underlying data has improved understanding of the conditions leading to Q1 & Q2 growth and helped inform an action plan for reducing avoidable respiratory admissions.	
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.8%	96.8%	96.8%	96.8%	Data not available to assess progress	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Evaluation of impact of Additional Discharge Fund schemes undertaken as part of 2024/25 planning has confirmed that investment is providing improved capacity in step down services.	
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.					1,843.0	Data not available to assess progress	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE.	Partnership Southwark development of Age Well Frailty programme compliments the established falls prevention work and incorporates a Proactive Care approach.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					540	On track to meet target	Target achieved: rate of 492 per 100,000 over 65s (154 admissions compared to target maximum of 169)	In this area Southwark has demonstrated an improved position on planned performance. It is considered that the reduction of permanent admissions is due to the addition of the D2A and Reablement beds at the Avon Unit from July 2023 leading to an increased number of residents returning to the community.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services					90.0%	On track to meet target	Q3 and Q4 data currently unavailable due to issues with implementation of EPIC system across KCH and GSTT Foundation Trusts. Issue has been discussed with NHSE. 89% is an estimate.	Our estimated figure is close to our target and in line with on-going high performance. The slight dip is based on increased dependency of residents

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

Southwark

Income

		2023-24			
Disabled Facilities Grant	£1,833,277				
Improved Better Care Fund	£17,847,349				
NHS Minimum Fund	£28,095,959				
Minimum Sub Total			£47,776,585		
		Planned		Actual	
NHS Additional Funding	£1,200,520			Do you wish to change your additional actual NHS funding?	No
LA Additional Funding	£1,287,225			Do you wish to change your additional actual LA funding?	No
Additional Sub Total			£2,487,745		£2,487,745
		Planned 23-24	Actual 23-24		
Total BCF Pooled Fund		£50,264,330	£50,264,330		

Additional Discharge Fund

		Planned		Actual	
LA Plan Spend	£2,502,171			Do you wish to change your additional actual LA funding?	No
ICB Plan Spend	£1,599,000			Do you wish to change your additional actual ICB funding?	No
Additional Discharge Fund Total			£4,101,171		£4,101,171
		Planned 23-24	Actual 23-24		
BCF + Discharge Fund		£54,365,501	£54,365,501		

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

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£54,218,368
Do you wish to change your actual BCF expenditure?	Yes
Actual	£54,365,501

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

Adjustment relates to the mid-year uplift in DFG. Note there was also significant overspend for BCF schemes relating to equipment, nursing home and residential care home expenditure and home care reflecting high levels of pressure on resources. However these overspends are funded from mainstream resources so are not technically accounted for as part of the BCF.

Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Southwark

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.			
2	Admissions avoidance - ERR and @home	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£5,044,499	£3,783,374	£5,044,499	2,100	1,575	2100	Packages	No				
14	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£1,200,520	£1,459,614	£1,200,520	2,862	3,702	4936	Number of beneficiaries	Yes	Problems with new ICES provider being addressed. Note Q3 spend re-allocated to core Equipment budget (scheme 15)			
15	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£296,427	£361,048	£296,427	807	1,044	1392	Number of beneficiaries	Yes	Problems with new ICES provider being addressed			
18	Homecare Quality Improvement	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£2,114,000	£1,668,426	£2,114,000	107,309	86,255	107309	Hours of care (Unless short-term in which case it is packages)	No				
19	Residential & Nursing	Residential Placements	Care home	Minimum NHS Contribution	£2,691,939	£2,151,075	£2,691,939	55	59	78	Number of beds/placements	No				
20	Protect Adult Social Care - Residential Care	Residential Placements	Care home	Minimum NHS Contribution	£2,254,877	£1,729,995	£2,254,877	48	41	48	Number of beds/placements	No				
21	Mobilisation - Intermediate and Nursing Care	Residential Placements	Care home	Minimum NHS Contribution	£100,000	£75,000	£100,000	2	2	2	Number of beds/placements	No				
26	Intermediate Care	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£1,205,817	£904,363	£1,205,817	300	224	300	Packages	No				
27	Night Owls - overnight intensive homecare	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£241,000	£180,750	£241,000	13,000	9,864	13000	Hours of care (Unless short-term in which case it is packages)	No				
28	Reablement Team	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£2,033,575	£1,525,181	£2,033,575	525	393	525	Packages	No				
40	Carers Strategy	Carers Services	Respite services	Minimum NHS Contribution	£450,000	£337,500	£450,000	125	108	125	Beneficiaries	No				
41	Unpaid Carers	Carers Services	Respite services	Minimum NHS Contribution	£100,000	£75,000	£100,000	30	10	30	Beneficiaries	No				
42	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£562,000	£562,607	£562,000	250	736	981	Number of beneficiaries	No				
43	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£623,995	£467,996	£623,995	98	76	98	Number of beneficiaries	No				
46	iBCF funding plans - home care	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£10,327,850	£8,151,018	£10,327,850	523,990	420,493	523990	Hours of care (Unless short-term in which case it is packages)	No				
47	iBCF funding plans - nursing care homes	Residential Placements	Nursing home	iBCF	£4,174,334	£3,604,282	£4,174,334	79	64	79	Number of beds/placements	No				
49	iBCF Reablement and Intermediate bed based care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	iBCF	£999,749	£749,812	£999,479	151	113	151	Number of placements	No				
50	Residential care for older people	Residential Placements	Care home	iBCF	£400,000	£362,175	£400,000	8	9	9	Number of beds/placements	No				
51	Nursing Care for older People	Residential Placements	Nursing home	iBCF	£300,000	£255,453	£300,000	6	5	6	Number of beds/placements	No				
52	Home care for older people	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£870,648	£685,163	£870,648	44,420	32,346	44420	Hours of care (Unless short-term in which case it is packages)	No				
53	Flexicare - Housing Based Scheme	Residential Placements	Extra care	iBCF	£524,768	£393,576	£524,768	22	15	22	Number of beds/placements	No				
54	Disabled Facilities Grants	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,686,144	£1,184,691	£1,833,277	150	98	150	Number of adaptations funded/people supported	No				
55	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£246,850	£442,048	£246,850	250	323	431	Number of beneficiaries	No				
56	Telecare	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	£444,626	£333,470	£444,626	98	54	98	Number of beneficiaries	No				
59	Further investment into Nursing Care	Residential Placements	Nursing home	Local Authority Discharge Funding	£713,000	£535,238	£713,000	22	14	22	Number of beds/placements	No				

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Southwark

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.	154	160	153	141	146	181	165	190	172	170	170	195	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	19	19	19	19	19	18	19	19	18	19	18	19	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	20	22	22	12	15	13	20	20	14	22	17	17	

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	185	187	193	208	160	184	179	164	161	118	190	209
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.	3	2	1	10	10	11	5	4	9	8	5	4
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	20	20	11	14	7	13	15	16	19	16	18	18

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	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:

Southwark

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand					
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	120	120	120	120	120	120	120	120	120	120	120	120	120
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	93	110	110	89	75	71	77	83	76	76	76	66	
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	

Actual activity - Community		Actual activity:											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	39	37	44	45	34	39	37	24	34	48	79	40
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	42	47	45	45	40	52	45	43	41	30	40	44
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	1	0	1	0
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:

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF Planning Group that oversees the pooled budget is an effective integrated forum, and the BCF has prompted discussions at the Health and Wellbeing Board and Partnership Southwark about further alignment of resources and joint development of services to improve outcomes.
2. Our BCF schemes were implemented as planned in 2023-24	Agree	There were areas of overspend and slippage that were managed within the budget in line with the S75 agreement, but in overall terms the plan was implemented as agreed. A number of areas spent significantly more than the BCF budget and the overspend was funded from mainstream sources e.g. ICES, Care Packages
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	The BCF provided funding for areas of integrated working including hospital discharge, reablement, intermediate care and community health, including the integrated Intermediate Care Southwark service.

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Development of LCP governance, including agreement to the new Partnership Southwark place structure with joint ICB Place Executive lead and Council Strategic Director post from June 2024, and joint Director of Commissioning post further strengthening the integrated commissioning team function. The Partnership Southwark Strategic Board and Delivery Executive governance arrangements have matured, overseeing governance arrangements for the development and delivery of the new Health and Care Plan programmes (Start Well, Live Well and Age and Care Well).
Success 2	6. Good quality and sustainable provider market that can meet demand	Commissioning of services using BCF Additional Discharge Fund have helped meet demand for step down services, including significant investment into residential care, nursing care, home care, reablement, discharge to assess, extra care/step down flats. The 16 bed DZA and reablement unit (the Avon Unit) within our re-commissioned main residential care home provider has been a notable success. The Council has also purchased a large local Nursing Home building to ensure its continued use as a care facility. A new Nursing Care Home has also been successfully established in the borough.
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	Despite the successes in commissioning nursing care described above the availability of suitable nursing care placements for high needs patients is still the most significant cause of delayed transfers from hospital, reflecting London-wide market capacity issues and high demand from all boroughs. Similar issue with high needs bedded rehabilitation unit. Problems with the Community Equipment provider during the year were also a major challenge.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	The EPIC patient record system implementation across GSTT and KCH acute and community services has created a significant challenge since October in terms of data availability and full functionality. It is expected that during 2024/25 the system will be fully optimised bringing a range of benefits, boosting the positive work that has been undertaken on data sharing e.g. London Care Record and enabling improved demand and capacity modelling.

Footnotes:

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

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

Other

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes