

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 Type²

Units

Assistive technologies and equipment <input type="checkbox"/>	Number of beneficiaries
Home care and domiciliary care <input type="checkbox"/>	Hours of care (unless short-term in which case packages)
Bed based intermediate care services <input type="checkbox"/>	Number of placements
Home based intermediate care services <input type="checkbox"/>	Packages
DFG related schemes <input type="checkbox"/>	Number of adaptations funded/people supported
Residential Placements <input type="checkbox"/>	Number of beds/placements
Workforce recruitment and retention <input type="checkbox"/>	Whole Time Equivalents gained/retained
Carers services <input type="checkbox"/>	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 be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Checklist

Complete:

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3. National Conditions

Selected Health and Wellbeing Board:

North Yorkshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	30/06/2024

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the year:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

North Yorkshire

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)	137.6	136.4	135.2	134.0	Not on track to meet target	Apr-Feb 5046 Admissions (excl Craven): Est to Mar 24 if revert to plan: 5420 (Plan 4545: +875) Estimate incl Craven: +1016 admissions	The system has seen high acuity and increased demand. Urgent UCR and virtual ward services should mitigate this rise when fully mature.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.0%	92.0%	92.0%	On track to meet target	Apr to Mar est 92%. Estimate incl Craven: 91.9%	Considerable work has been undertaken to strengthen intermediate care hub and pathway 1 capacity which is supporting achievement of this target.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.					Not on track to meet target	Est to Mar 24 including Craven: 2754 admissions/Rate: 1757 (above target of 1700) NB: Target was 1700 (1616.4 refers to the 22-23 estimate)	Increased focus is being placed on supporting people to prevent falls following a falls summit in 2023.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					Not on track to meet target	the local authority's target for admissions in 2023/24 was 642 per 100,000 of population aged 65+. The comparative position at the end of 2023/24 was 713 per 100,000.	Success with funded in reach therapy to a small number of establishments. People returning home from short stay.

Checklist
Complete:

Yes

Yes

Yes

Yes

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	78.1%	Not on track to meet target	The proportion of the council's reablement teams' capacity being redirected to provide domiciliary reduced to 23% in Q4 compared with 32% in Q3. The number of reablement packages started was up 32% year on year (456 extra packages of support).	Steady increase of people receiving a reablement service as opposed to dom care.
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Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

North Yorkshire

Income

		2023-24	
Disabled Facilities Grant	£5,561,251		
Improved Better Care Fund	£17,328,446		
NHS Minimum Fund	£48,759,576		
Minimum Sub Total		£71,649,273	
		Planned	Actual
NHS Additional Funding	£0		No
LA Additional Funding	£0		No
Additional Sub Total		£0	£0
		Planned 23-24	Actual 23-24
Total BCF Pooled Fund		£71,649,273	£71,649,273

		Additional Discharge Fund	
		Planned	Actual
LA Plan Spend	£2,429,421		No
ICB Plan Spend	£3,517,496		No
Additional Discharge Fund Total		£5,946,917	£5,946,917
		Planned 23-24	Actual 23-24
BCF + Discharge Fund		£77,596,190	£77,596,190

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

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£77,149,863

Do you wish to change your actual BCF expenditure? No

Actual	
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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

Yes

Yes

Yes

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6. Spend and activity

Selected Health and Wellbeing Board:

North Yorkshire

Checklist													
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.
7	IBCF - Care & Support Phase 2	Carers Services	Carer advice and support related to Care Act duties	IBCF	£990,000	£990,000	£990,000	25	25	25	Beneficiaries	No	
8	DFG schemes	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£5,114,924	£5,114,924	£5,561,251	726	726	789	Number of adaptations funded/people supported	No	
12	Bed-based intermediate care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£1,016,143	£1,016,143	£1,016,143	22	22	22	Number of placements	No	
13	Flexible Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£275,000	£275,000	£275,000	10,333	10,374	10374	Hours of care (Unless short-term in which case it is packages)	No	
15	VOY - Hospice at Home (extended hours)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£189,857	£189,857	£173,258	6,328	6,328	6238	Hours of care (Unless short-term in which case it is packages)	No	
19	VOY - s256 care home support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£27,430	£27,430	£27,430	914	914	914	Hours of care (Unless short-term in which case it is packages)	No	
20	VOY - s256 carers support	Carers Services	Respite services	Minimum NHS Contribution	£38,058	£38,058	£38,058	2	2	2	Beneficiaries	No	
22	VOY - NYC Social care protection	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£3,742,002	£3,742,002	£3,750,900	124,733	124,733	124733	Hours of care (Unless short-term in which case it is packages)	No	
29	NY carers s256	Carers Services	Other	Minimum NHS Contribution	£224,993	£224,993	£221,082	8	8	8	Beneficiaries	No	
31	NY step up / down	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement	Minimum NHS Contribution	£318,933	£289,179	£312,467	62	55	62	Number of placements	No	
32	NY wheelchairs	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,523,862	£1,625,622	£1,496,918	2,468	2,468	2468	Number of beneficiaries	No	
33	NY Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,565,930	£2,734,930	£2,565,930	26,904	26,904	26904	Number of beneficiaries	No	
40	NY protection of social care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£12,696,635	£12,696,635	£12,696,635	423,221	423,221	423221	Hours of care (Unless short-term in which case it is packages)	No	
45	NY Time to think beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£400,000	£400,000	£436,351	88	88	96	Number of placements	No	
46	NY Fast Track packages	Home Care or Domiciliary Care	Other	ICB Discharge Funding	£1,000,000	£1,000,000	£1,040,031	7,444	204	212	Hours of care (Unless short-term in which case it is packages)	No	
47	NY Additional community domiciliary care EOL	Home Care or Domiciliary Care	Domiciliary care packages	ICB Discharge Funding	£100,000	£100,000	£60,958	470	2,626	2401	Hours of care (Unless short-term in which case it is packages)	No	
48	NY Equipment management	Assistive Technologies and Equipment	Community based equipment	ICB Discharge Funding	£109,000	£109,000	£109,000	115	1,413	1413	Number of beneficiaries	Yes	Based on average cost per individual accessing service
54	NY Home from hospital capacity	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	ICB Discharge Funding	£152,000	£152,000	£151,951	5,067	5,067	5067	Hours of care (Unless short-term in which case it is packages)	No	
55	NY Increased complex care capacity	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement	ICB Discharge Funding	£229,000	£229,000	£57,319	26	26	7	Number of placements	Yes	Slippage on scheme - reinvested in alternative BCF schemes
56	NY Additional CHC assessment capacity	Workforce recruitment and retention		ICB Discharge Funding	£250,000	£250,000	£194,630		5	4	WTE's gained	Yes	Slippage on recruitment - reinvested in alternative BCF schemes.
57	NY Additional block booked beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£189,000	£189,000	£314,010	26	26	26	Number of placements	No	
58	L&SC protection of social care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£177,444	£177,444	£177,444	5,915	5,915	5915	Hours of care (Unless short-term in which case it is packages)	No	
59	L&SC Additional community domiciliary care EOL	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£298,359	£198,359	£198,359	9,945	9,945	9945	Hours of care (Unless short-term in which case it is packages)	No	
60	WY Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£290,570	£290,570	£290,570	305	305	305	Number of beneficiaries	No	

63	WY Intermediate Care Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£406,861	£406,861	£406,861	56	56	56	Number of placements	No	
64	WY Carers Support	Carers Services	Other	Minimum NHS Contribution	£48,558	£48,558	£48,558	2	2	2	Beneficiaries	No	
65	WY Carers Support	Carers Services	Other	Minimum NHS Contribution	£20,618	£20,618	£20,618	2	2	2	Beneficiaries	No	
66	WY Intermediate Care Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£113,302	£113,302	£113,302	15	15	15	Number of placements	No	
71	WY Protection of Social Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£1,479,618	£1,479,618	£1,479,618	49,320	49,320	49320	Hours of care (Unless short-term in which case it is packages)	No	
72	WY Other Equipment and technologies	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£22,968	£22,968	£22,968	24	24	24	Number of beneficiaries	No	
73	WY Reablement Services	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£124,000	£124,000	£124,000	4	4	4	Packages	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

North Yorkshire

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.	251.6	269	269.9	255.3	261.1	261.3	246.6	304	299	299	281	316	
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.	129.63	137.11	137.26	132.07	132.27	131.35	125.73	156	155	153	143	164	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	78.41	83.82	84.34	79.65	81.65	81.37	76.53	101	98	97	92	103	

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
		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)	Monthly activity. Number of new clients.	180	205	191	198	195	194	247	241	273	287	265	231
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	45	60	55
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	120	89	79	106	105	101	88	85	99	111	101	110

Checklist

Complete:

Yes

Yes

Yes

Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	8	3	3	1	4	1	1	4	8	10	10	8
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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.	78	84	75	95	80	82	90	88	95	99	89	67
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	54	68	66	54	38	36	51	47	45	59	53	41
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	19	25	21	23	14	14	21	21	17	17	22	10

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

North Yorkshire

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.	228	228	228	228	263	263	263	263	263	263	263	263	263
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	289	289	289	289	289	289	289	289	289	289	289	289	289
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	30	30	30	30	30	30	30	30	30	30	30	30	30
Other short-term social care	Planned demand. Number of referrals.	7	6	6	6	6	6	6	6	6	6	6	6	6

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	0
Urgent Community Response	Monthly activity. Number of new clients.	122	219	232	222	258	285	264	237	210	192	188	165	
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	211	283	263	269	251	289	285	284	278	300	302	279	
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	19	23	19	40	42	30	41	43	39	56	40	50	

Checklist
Complete:

- Yes
- Yes
- Yes
- Yes

Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
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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:

North Yorkshire

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	There has been a real sea change and a common vision established with senior leaders across organisations that will take time to embed operationally. This vision is developed through the North Yorkshire Place Board and also within key joint projects, for example the development of a new intermediate care model. The Joint Commissioning Group between the ICB and LA provides a robust commissioning forum to plan, agree and implement joint schemes.
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	The LA and ICB have worked together to deliver and develop a wide range of jointly commissioned services, for example community equipment, development of intermediate care (hubs, bridging service, bed capacity, home first approach to pathway 1), and a wide range of VSCE-based services. System transformation is ongoing with the majority of BCF schemes continuing into 24/25.
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 delivery of the BCF plan has led to an improved culture of joint working and the delivery of a broader range of schemes and services in partnership. This approach is creating some successes, but also helping us to identify other factors that impact negatively on integration such as culture, environment and technical infrastructure. These issues are barriers to the success of projects like developing a new approach to intermediate care and workshops and other areas of engagement and development are being utilised to bring people together and break down these barriers.

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	Establishment of an Intermediate Care Project Group and Management Board with dedicated project management support. Management Board chaired jointly by NYHICB and NYC and represented by senior leaders across trusts, community and Voluntary partnerships. Designed to feed up to Health and Care Management Board for approval. Workstreams with a local feel to each of the 5 localities of North Yorkshire but with a drive towards a system wide vision for integration. This work has driven improvements to discharge hub culture and ways of working, as well as strengthening the relationship between therapy, social care and reablement workers across pathways 1 and 2.

Checklist

Complete:

Yes

Yes

Yes

Yes

Success 2	6. Good quality and sustainable provider market that can meet demand	<p>New Market Sustainability Policy, the process will support the governance and need to ensure a sustainable market with affordability, ensuring resources targeted where they are most needed.</p> <p>Taking forward Care Market Engagement Plan to ensure more robust engagement with care providers.</p> <p>Scoping models for supporting people with eligible support needs who are in crisis are continuing. Exploring the possibilities of a Specialist Care Commissioning Model.</p> <p>Review and re-fresh the Council's Market Position Statement to ensure that Care Providers have up to date and relevant information to support their development or care services that will remain sustainable and meet the changing needs of people in North Yorkshire.</p>
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Yes

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	3. Integrated electronic records and sharing across the system with service users	Extremely challenging for North Yorkshire Council to work with data bases across 5 different trust sites. Uncertainty around take up of OPTICA (NHS discharge tracking tool) across all sites, huge workforce across the county and there appears to be many bureaucratic and technical barriers that are blockers to accessing shared systems.
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Despite using BCF monies to fund a cross collaborative approach to recruitment with the independent sector recruitment has been a challenge for health and social care across North Yorkshire. Co-location has proved to be challenging with office space a premium, technical infrastructure with IT access and honorary contracts are blockers. There is a cultural shift needed to move away from traditional roles into a more trusting and flexible professional partnership that embraces change and positive risk taking with shared accountability.

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