1. Guidance for Quarter 3

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 (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 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 is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

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 capacity and demand 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.
- 4. 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 BCF plan includes the following metrics:

- 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 Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. 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 the end of the third quarter (1 April to 31 December).

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

Assistive technologies and equipment ②
Home care and domiciliary care③
Bed based intermediate care services②
Home based intermediate care services②
DFG related schemes③
Residential Placements③

Workforce recruitment and retention
Carers services

Units

Number of beneficiaries

Hours of care (unless short-term in which case packages)

Number of placements

Packages

Number of adaptations funded/people supported Number of beds/placements Whole Time Equivalents gained/retained 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:

-BActual expenditure to date in column I. Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.

-**@Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. 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 M and N. If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.





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:	Hammersmith and Fulham		
Completed by:	Rebecca Richardson, Carol Lambe		
E-mail:	rebecca.richardson@lbhf.gov.uk; carol.lambe@nhs.net		
Contact number:	0208 753 4022		
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes		
If no, please indicate when the report is expected to be signed off:			

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete								
	Complete:							
2. Cover	Yes							
3. National Conditions	Yes							
4. Metrics	Yes							
5. Spend and activity	Yes							
or opena and activity								
	<< Link to the Guidance sheet							

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Checklist

3. National Conditions

Selected Health and Wellbeing Board:	Hammersmith and Fulh	am	_	Checklist
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes			Complete: Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off				Yes
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 quarter:		
1) Jointly agreed plan	Yes			Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes			Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes			Yes
 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services 	Yes			Yes

4. Metrics

Selected Health and Wellbeing Board:

Hammersmith and Fulham

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

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

Support Needs Achievements

nts Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information a	on - Your pl s reported			For information - actual performance for Q1		Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	41.3	29.9	39.2	34.2	23.6		Data not available to assess progress	The admission avoidance data provided by NHSE / BCF team appears to have data quality issues/ data anomalies issues making it hard to currently use to predict the Q3 performance reliably.	Locally there are a range of schemes/initiatives in place ensuring patients are not admitted to acute settings unnecessarily including: - HCP Diabetes workstream across primary,
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.3%	96.7%	97.1%	96.7%	95.9%	95.4%	Not on track to meet target	Q3 forecasted performance is 94.8%, slightly below target but still highest performance in North West London	
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,317.7	16.4		Data not available to assess progress	published by the National BCF team appears to not be comparable to the Public Health	Q3 forecasted performance, based on 12 month rolling average, is 176.2. Falls prevention service in place along with a VCSE service providing a 52 week falls prevention programme
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				0	2022-23 ASCO 329	OF outcome:	Not on track to meet target	Rate of permanent admissions to residential care per 100,000 population (65+) Planned 23/24 316.1 001 = 277.5 002 = 408.4	The rise in number of residential placement in Qtrs 2 & 3 was also due to the amending of a large number of interim placements to permanent placement (Data quality issue). This task has now been completed and we
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				0.0%	2022-23 ASCO 92.:	OF outcome:	Data not available to assess progress	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services. Planned 93.5%. old 1 = 92.3%	Q2 achievement is exceeding planned target. Data is not available to submit for Q3 but will be reported on for Q4. Wirk

Checklist
Complete:

Yes

Yes

Yes

Yes

6. Spend and activity

Selected Health and Wellbeing Board: Hammersmith and Fulham

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	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.
009	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,148,100	£979,000	13,568	2,419	Number of beneficiaries	Yes	There was a new contract award to NRS which launched in 23/24. There have been some implementation issues which have been escalated to the Heath & Care Partnership (HCP) executive group - these have been logisitcal, IT and operational. HCP partners are aware of the issues and regular updates are provided as part
012	Intermediate care Beds (Alexandra Ward) – CLCH	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£526,638	£394,979	154	27	Number of placements	No	The number of patients placed is lower than plan as there was an error in the initial plan for the number of placements. Alex unit has an occupacy rate of 89% Apr-Dec . In addition H&F residents are placed in other NWL intermediate care rehab units if local capacity is not immediately available
013	Intermediate care Beds (Athlone Ward) – CLCH	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£779,479	£584,609	154	56	Number of placements	No	The number of patients placed is lower than plan as there was an error in the initial plan for the number of placements. Athlone unit has an occupacy rate of 86% Apr-Dec. In addition H&F residents are placed in other NWL intermediate care rehab units if local capacity is not immediately available
019	Farm Lane PFI	Residential Placements	Nursing home	Additional NHS Contribution	£1,507,590	£1,129,750	18	18	Number of beds/placements	No	
020	St Vincent PFI	Residential Placements	Nursing home	Additional NHS Contribution	£1,726,344	£1,296,369	13	13	Number of beds/placements	No	
024	LD Placement Reviewing Officer Dual Diagnosis Worker	Workforce recruitment and retention		Additional NHS Contribution	£28,407	£36,322		1	WTE's gained	No	These are two separate posts. LD Reviewing Officer and Dual Diagnosis worker are not related functions.
025	Carer's Advice, Info & Support	Workforce recruitment and retention	Carer advice and support related to Care Act duties	Additional NHS Contribution	£44,989	£33,742		1	WTE's gained	No	
032	S256 Recurrent Reablement	Home-based intermediate care services	Reablement at home (to support discharge)	Additional NHS Contribution	£267,755	£175,714	347	268	Packages	No	
38	Contract Beds Older People (Farm Lane)	Residential Placements	Nursing home	Additional LA Contribution	£1,493,728	£1,120,296	18	18	Number of beds/placements	No	
39	Contract Beds Older People (St Vincent)	Residential Placements	Nursing home	Additional LA Contribution	£2,424,086	£1,818,069	17	17	Number of beds/placements	No	
41	Joint Equipment Budget	Equipment	Assistive technologies including telecare	Additional LA Contribution	£793,200	£732,996	6,188	1,612	Number of beneficiaries	Yes	There have been some implementation issues which have be There are a number of issues with the outputs delivered to date figure: it is has been affected by performance issues we have been experiencing with the provider and the fact that the planned outputs figure may have been wrong as it may have been based on
49	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,495,597	£1,121,697	160		Number of adaptations funded/people supported	Yes	There have been a combination of issues that have contributed to the lower than expected number of DFG awards processed. This includes problems with the OT referral channels and frequency, administration and system update changesthat have resulted in a less seamless work flow of assessed applications.