

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, 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, 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) 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
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF reporting is likely to be used by local areas, alongside any other information to help inform 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 ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

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 grey background, as below:

Data needs inputting in the cell

Pre-populated cells

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 between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require 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

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

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

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2. Cover

Version 1.0

Please Note:

- The BCF end of year 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 BCE) 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:	Birmingham	
Completed by:	Sarah Feeley	
E-mail:	sarah.feeley@birmingham.gov.uk	
Contact number:	07704 538632	
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:	Tue 18/07/2023	<< Please enter using the format, DD/MM/YYYY

Checklist	
Complete:	
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>

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.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. 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:

Birmingham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

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4. Metrics

Selected Health and Wellbeing Board:

National data may be unavailable at the time of reporting. As such, please utilise 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 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,155.0	Not on track to meet target	Target will not be achieved across any of the four quarters of 2022/23. Winter months have seen the largest increased in admissions (Oct 22-Feb 23), particularly in COPD and asthma admissions. Increase in	Although progress has been made, there is still a long way to working to achieve this target which will be a priority for the next BCF plan.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.3%	Not on track to meet target	Currently achieving just under 94.3% across the first 11 months, so less than 0.1% below target. December 2022 saw a peak in the number of people discharged to non-usual place of residence (a 3 year peak) at a time	Target achieved for 7 out of the 11 months so far this year.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	464	Not on track to meet target	There was an error in the original return with the figure for the numerator which should have been the target and this will be updated as part of the planning round for 2023-25. Performance has improved with	On track to meet the target for supported residential admissions based on the revised numerator information
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.0%	On track to meet target	This remains challenging in being able to accurately report on this target but data and information sharing have improved to enable better reporting	Achieving the target with 80.8%

Checklist Complete:
Yes
Yes
Yes
Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Birmingham

Income

		2022-23	
Disabled Facilities Grant	£12,943,092		
Improved Better Care Fund	£67,918,344		
NHS Minimum Fund	£97,901,719		
Minimum Sub Total		£178,763,155	
		Planned	Actual
NHS Additional Funding	£3,174,348		Do you wish to change your additional actual NHS funding? Yes £4,124,348
LA Additional Funding	£30,608,926		Do you wish to change your additional actual LA funding? No
Additional Sub Total		£33,783,274	£34,733,274
		Planned 22-23	Actual 22-23
Total BCF Pooled Fund		£212,546,429	£213,496,429

		ASC Discharge Fund	
		Planned	Actual
LA Plan Spend	£4,666,193		Do you wish to change your additional actual LA funding? No
ICB Plan Spend	£4,244,000		Do you wish to change your additional actual ICB funding? No
ASC Discharge Fund Total		£8,910,193	£8,910,193
		Planned 22-23	Actual 22-23
BCF + Discharge Fund		£221,456,622	£222,406,622

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Within Birmingham we have focused on aligning services that support the delivery of the metrics but that also support the wider system development which was the delivery of the Birmingham Integrated Care Partnership. Additional investment in year was a result of aligning additional services into the BCF arrangements.

Expenditure

	2022-23
Plan	£212,546,429

Do you wish to change your actual BCF expenditure? Yes

Actual	£198,905,000
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	ASC Discharge Fund
Plan	£8,910,193

Do you wish to change your actual BCF expenditure? No

Actual	£8,910,913
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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 2022-23

As a system Birmingham has been on a transformation journey to realign and develop the services and areas delivered through the BCF. This has included making significant additional contributions into the BCF. Whilst the total expenditure via the BCF exceeds the minimum requirements, there is an underspend against the plan as a result of the inclusion of a longer-term Transformation Fund within the plan. The underspend identified will be carried forward

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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6. 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	Strongly Agree	Birmingham's joint working has continued to develop and is a local priority to look for opportunities for joint commissioning and areas for collaboration. This is also highlighted through the strong health and social care system governance that's in place.
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	The delivery of the BCF plan was as expected although there are some areas of underspend that have been as a result of other funding streams available throughout the year.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Birmingham continues to strive to improving outcomes for citizens who are supported through the health and social care system.

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 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	The approval and implementation of the Staying Independent at Home Policy in March 2022 has meant that the use of the Disabled Facilities Grant has been widened. This has provided a greater opportunity to provide assistance to citizens especially those who are being discharged from hospital or pathway 2 beds. The redesign of the services to deliver wider support is now complete and a new model has been signed off through the Better Care Fund for implementation in the next financial year.
Success 2	2. Strong, system-wide governance and systems leadership	The creation of BSOL ICS in July 2022 has enabled a strengthening of governance and accountability. Birmingham is one of 2 places in the ICS. We have taken this opportunity to establish a Place Committee that is accountable to the Integrated Care Board. The BCF Commissioning Executive is aligned to the Place Committee and oversees delivery of key place priorities including Integrated Neighbourhood teams and Intermediate Care. We are seeking to further integrate the BCF with Place arrangements.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Recruitment and retention across the system remains a challenge, this is across both health and social care, with pressures highlighted in the care sector. The situation remains that recruitment and retention are a high priority for the system and has prioritised areas through funding to aim to stabilise and maintain the workforce to ensure that citizens are able to receive the care and support they require.
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	A key challenge has been ensuring that all community initiatives embedded create a clear offer, in the context of the system needing to offer both standardised system level, and locality and neighbourhood level responses to meet need. To address this in the year ahead our BCF initiatives will be aligned as much as possible to our new Intermediate Care Programme, so regardless of whether an initiative is at place, locality or neighbourhood level, they all point to the same objectives. Added to this the system will finalise an Urgent and Emergency Care Strategy.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
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

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ASC Discharge Fund

Selected Health and Wellbeing Board:

Birmingham

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

- The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.
- 1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).
 - 2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
 - 3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
 - 4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
 - 5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
 - 6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.
 - 7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further [down](#).

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
BCC Assessment and Coordination Capacity	Improve retention of existing workforce	Retention bonuses for existing care staff	£250,000	£250,000	80	number of staff	No		Yes	Stabilised workforce to ensure that there was sufficient capacity to support hospital discharges. Although the volume of citizens being discharged reached a peak there was still flow out of the	Provided stability within the social care workforce and will remain a priority for
BCC Assessment and Coordination Capacity	Increase hours worked by existing workforce	Overtime for existing staff.	£500,000	£500,000	16,858	hours worked	No		Yes	Stabilised workforce to ensure that there was sufficient capacity to support hospital discharges.	As above
Care Home High Intensity	Bed Based Intermediate Care Services	Other	£300,000	£300,000		Number of beds	Yes	The project was not able to be completed within the given timeframe therefore the funding was mobilised to support other services to facilitate quicker discharges for citizens	Yes	The funding was mobilised to support Home from Hospital, providing food, befriending and discharge support to citizens. Then the remaining funding provided additional rapid access to	Additional funding ensured that capacity was sufficient to meet the system
Care Provider Workforce - Recruitment and Retention	Improve retention of existing workforce	Incentive payments	£6,040,193	£6,040,193	1,173	number of staff	No		Yes	The funding provided ensured that there was a focus on recruitment and retention within the care sector. The funding ensured that an additional 1173 staff members were recruited	This has proven to be an effective way of maintaining and increasing
Contingency	Contingency		£100,000	£100,000	390	N/A	Yes	Contingency utilised to support system delivery, 390 weeks worth of provision based on independent living with support to return home or to find an alternative suitable home.	Yes	The funding provided additional capacity to support discharges for citizens who were homeless with care and support needs, through providing accommodation and support, in place of a	Provision for discharge needs to focus back into the community first with
Discharges outside of existing pathways	Other		£300,000	£300,000	8	N/A	Yes	Linked with the mental health provision, provided provision for citizens who did not fit within a specific pathway or service enabling a swift alternative provision to support discharge.	Yes	Provided alternative opportunities for discharge through spot purchase provision to ensure that the needs of the citizen were met. The balance of this funding provided additional one to	
Mental Health Homeless Pathway	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£200,000	£200,000	20	Number of beds	No		Yes	Provided a suitable discharge location for complex mental health patients who would have previously been kept in hospital.	There continues to be a demand for this type of service and we are
Mental Health Homeless Pathway	Other		£300,000	£300,000	14	N/A	No		Yes	Provided enhanced support to professionals to support discharges of complex mental health citizens back into the community, increasing the opportunity of support,	
Mental Health Step-down provision	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£420,000	£420,000	2,244	Hours of care	Yes	2244 bed days with additional 1:1 support capacity for complex mental health patients, linked to mental health step down and discharge outside existing pathway	Yes	Provided a suitable discharge location for complex mental health patients who would have previously been kept in hospital.	There continues to be a demand for this type of service and we are
P1 Capacity	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£500,000	£500,000	25,489	Hours of care	No		Yes	Provided additional P1 care capacity to support discharges back into the community.	Funding ensured that there was sufficient community capacity in order to meet