

## 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](mailto: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

Assistive technologies and equipment

Home care and domiciliary care

Bed based intermediate care services

Home based intermediate care services

DFG related schemes

Residential Placements

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:

- **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](#)



Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- The ECF 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 ECF 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 ECF information is published, recipients of ECF 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 ECF national partners for the aggregated information.
- All information will be supplied to ECF 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.

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Health and Wellbeing Board:	Surrey
Completed by:	Paul Morgan
E-mail:	<a href="mailto:paul.morgan@surreycc.gov.uk">paul.morgan@surreycc.gov.uk</a>
Contact number:	07805 690402
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:	Wed 19/06/2024

<< 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](mailto: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	No
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:

Surrey

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:

Surrey

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	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	130.0	140.0	155.0	143.0	On track to meet target	Actuals by quarter for 23/24 in Surrey are 137.8 130.8 136.3 135 Average of 142 predicted for 23/24 Average of Actuals of 2023/4 is 135 Still issues related to volumes of	BCF investments are making a difference in this metric as 5% reduction in our forecast v actual for unplanned admissions. Strong partnerships at Place and a service
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	93.6%	86.6%	91.3%	93.6%	On track to meet target	Planned for 2023/24 was 91.3 Actual for 2023/24 was 91.6 This is broadly in line with plans and slightly exceeds them. We continue to have good availability of domiciliary	We work hard as a system to get people back to their usual place of residence. We will continue to work on this, both as a system and at Place. We will continue to embed our Home
<b>Falls</b>	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,124.5	On track to meet target	1914 is the SUS end of year figure. This does not appear to be a complete year as Q4 data seems to be incomplete.	A range of BCF investments contribute to performance relating to falls. These include community equipment, use of technology enabled care, supporting carers and
<b>Residential Admissions</b>	Rate of permanent admissions to residential care per 100,000 population (65+)				698	On track to meet target	Actual figure is 616. We are seeing an improving picture on res admissions but we have also heard that we make more res admissions compared to other comparator LAs which we are	BCF has contributed to this due to investments in both community services and hospital discharge care. There is an overarching joint ethos of admission avoidance to both hospital
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				69.4%	On track to meet target	This metric is being withdrawn. We would like to understand how we measure against other comparator systems for this metric.	Reablement remains a key service offer in Surrey that assists with both admission avoidance and hospital discharge.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

**Better Care Fund 2023-24 Year End Reporting Template**

**5. Income actual**

Selected Health and Wellbeing Board:

Surrey

**Income**

		2023-24	
Disabled Facilities Grant	£11,042,043		
Improved Better Care Fund	£11,408,352		
NHS Minimum Fund	£90,012,843		
<b>Minimum Sub Total</b>		<b>£112,463,238</b>	
		<b>Planned</b>	<b>Actual</b>
NHS Additional Funding	£11,343,869		Do you wish to change your additional actual NHS funding? No
LA Additional Funding	£1,008,564		Do you wish to change your additional actual LA funding? No
<b>Additional Sub Total</b>		<b>£12,352,433</b>	<b>£12,352,433</b>
		<b>Planned 23-24</b>	<b>Actual 23-24</b>
<b>Total BCF Pooled Fund</b>	<b>£124,815,671</b>	<b>£124,815,671</b>	<b>£124,815,671</b>

		Additional Discharge Fund	
		<b>Planned</b>	<b>Actual</b>
LA Plan Spend	£1,599,433		Do you wish to change your additional actual LA funding? No
ICB Plan Spend	£5,509,223		Do you wish to change your additional actual ICB funding? No
<b>Additional Discharge Fund Total</b>		<b>£7,108,656</b>	<b>£7,108,656</b>
		<b>Planned 23-24</b>	<b>Actual 23-24</b>
<b>BCF + Discharge Fund</b>	<b>£131,924,327</b>	<b>£131,924,327</b>	<b>£131,924,327</b>

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

**Expenditure**

	2023-24
Plan	£131,038,131

Do you wish to change your actual BCF expenditure? Yes

Actual	£129,403,545
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24

The BCF funding not used in 2023/24 has been carried forward to 2024/25 to be spend on local community schemes as agreed at Local Joint Commission Groups.

**Checklist Complete:**

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Surrey

Checkli		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)	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.
4	ES 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£380,000	£285,000	£380,000	502	377	502	Beneficiaries	No	
9	ES 7 - Tech to Connect	Assistive Technologies and Equipment	Digital participation services	Minimum NHS Contribution	£67,479	£50,609	£67,479	508	361	508	Number of beneficiaries	No	
13	ES 11 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£120,000	£32,839	£53,791	70	19	£31	Number of beneficiaries	Yes	Should not be £31 in N12 - should be 31. Not implementation issues as such. There was a delay in getting projects started.
18	ES 15 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£570,610	£427,958	£473,167	1,942	1,457	1610	Number of beneficiaries	No	
21	ES 18 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£1,268,237	£1,378,303	£1,378,303	224	112	112	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
22	ES 19 - Improve BCF 23/24	Residential Placements	Other	IBCF	£1,729,975	£1,297,481	£1,729,975	38	29	38	Number of beds/placements	No	
24	Discharge Fund - Surrey Heartlands Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital	ICB Discharge Funding	£760,755	£570,566	£760,755	31,711	23,783	31711	Hours of care (Unless short-term in which case it is packages)	No	
25	ES 22 - D2A contribution	Home Care or Domiciliary Care	Domiciliary care to support hospital	Minimum NHS Contribution	£472,253	£354,190	£472,253	19,685	14,764	19685	Hours of care (Unless short-term in which case it is packages)	No	
29	GW 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£435,000	£326,250	£435,000	575	431	575	Beneficiaries	No	
38	GW 11 - D2A funding	Home Care or Domiciliary Care	Domiciliary care to support hospital	Minimum NHS Contribution	£194,190	£145,643	£194,190	8,095	6,020	8035	Hours of care (Unless short-term in which case it is packages)	No	
45	GW 18 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£107,000	£64,397	£84,808	63	38	50	Number of beneficiaries	Yes	Not implementation issues as such. There was a delay in getting projects started.
50	GW 22 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£675,568	£506,676	£560,201	2,299	1,724	1906	Number of beneficiaries	No	
54	GW 26 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£1,253,448	£1,362,823	£1,362,823	222	149	111	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
55	GW 27 - Improve BCF 23/24	Residential Placements	Other	IBCF	£1,981,153	£1,485,865	£1,981,153	43	32	43	Number of beds/placements	No	
56	Discharge Fund - Surrey Heartlands Pathway 2	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	ICB Discharge Funding	£3,686,198	£2,764,649	£3,686,198	614	460	614	Number of placements	No	

## Better Care Fund 2023-24 Year End Reporting Template

### 6. Spend and activity

Selected Health and Wellbeing Board:

Surrey

#### Checkli

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)	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.
61	SD 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£621,000	£465,750	£621,000	821	616	821	Beneficiaries	No	
70	SD 11 - D2A funding	Home Care or Domiciliary Care	Domiciliary care to support hospital	Minimum NHS Contribution	£790,512	£592,864	£790,512	32,352	24,714	32952	Hours of care (Unless short-term in which case it is packages)	No	
71	SD 12 - Tech to Connect	Assistive Technologies and Equipment	Digital participation services	Minimum NHS Contribution	£62,443	£46,832	£62,443	470	353	470	Number of beneficiaries	No	
76	SD 17 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£225,000	£61,943	£102,154	132	36	60	Number of beneficiaries	Yes	Not implementation issues as such. There was a delay in getting projects started.
81	SD 21 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£968,268	£726,201	£802,916	3,295	2,471	2732	Number of beneficiaries	No	
84	SD 25 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£2,763,648	£3,004,803	£3,004,803	489	328	245	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
85	SD 26 - Improve BCF 23/24	Residential Placements	Other	IBCF	£2,827,262	£2,120,447	£2,827,262	62	47	62	Number of beds/placements	No	
86	Discharge Fund - Surrey Heartlands Pathway 3	Residential Placements	Short-term residential/nursing care for	ICB Discharge Funding	£237,409	£178,057	£237,409		30	40	Number of beds/placements	No	
91	NW 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£747,000	£560,250	£747,000	988	741	988	Beneficiaries	No	
96	NW 7 - D2A funding	Home Care or Domiciliary Care	Domiciliary care to support hospital	Minimum NHS Contribution	£1,035,761	£776,821	£1,155,761	43,175	32,381	48177	Hours of care (Unless short-term in which case it is packages)	No	
101	NW 12 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£210,000	£55,741	£96,608	123	33	57	Number of beneficiaries	Yes	Not implementation issues as such. There was a delay in getting projects started.
106	NW 16 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£934,082	£700,562	£774,567	3,179	2,384	2636	Number of beneficiaries	No	
108	NW 18 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£3,622,770	£3,338,893	£3,338,893	641	321	321	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
109	NW 19 - Improve BCF 23/24	Residential Placements	Other	IBCF	£3,400,298	£2,550,224	£3,400,298	74	56	74	Number of beds/placements	No	
112	Discharge Fund - Heartlands SCC	Home Care or Domiciliary Care	Domiciliary care to support hospital	Local Authority Discharge Funding	£214,643	£160,982	£214,643	8,947	6,710	8947	Hours of care (Unless short-term in which case it is packages)	No	

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Surrey

Checklist	Yes	Yes	Yes	Yes
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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)	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.
113	Discharge Fund - Heartlands SCC	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Local Authority Discharge Funding	£1,040,035	£780,026	£1,040,035	173	130	173	Number of placements	No	
114	Discharge Fund - Heartlands SCC	Residential Placements	Short-term residential/nursing care for	Local Authority Discharge Funding	£66,983	£50,237	£66,983		8	11	Number of beds/placements	No	
116	Discharge Fund - Frimley ICB	Home Care or Domiciliary Care	Domiciliary care to support hospital	ICB Discharge Funding	£335,050	£251,288	£335,050	13,966	10,475	13966	Hours of care (Unless short-term in which case it is packages)	No	
117	Discharge Fund - Frimley ICB	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	ICB Discharge Funding	£171,471	£128,603	£171,471	29	22	29	Number of placements	No	
118	Discharge Fund - Frimley SCC	Home Care or Domiciliary Care	Domiciliary care to support hospital	Local Authority Discharge Funding	£124,327	£93,245	£124,327	5,182	3,887	5182	Hours of care (Unless short-term in which case it is packages)	No	
119	Discharge Fund - Frimley SCC	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Local Authority Discharge Funding	£63,628	£47,721	£63,628	11	8	11	Number of placements	No	
120	G/W 30 - Community Schemes / D2A	Home Care or Domiciliary Care	Domiciliary care to support hospital	Minimum NHS Contribution	£728,068	£427,700	£493,813	30,349	17,828	20834	Hours of care (Unless short-term in which case it is packages)	No	
124	SH 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£204,000	£153,000	£204,000	270	203	270	Beneficiaries	No	
140	SH 18 - Community Schemes - Tech Post	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£45,833	£27,347	£34,296	345	206	258	Number of beneficiaries	No	
141	SH 19 - Health Integration Development Officer	Workforce recruitment and retention		Minimum NHS Contribution	£43,012	£23,739	£31,652		1	1	WTE's gained	No	
145	SH 23 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£55,000	£19,127	£31,849	32	11	£19	Number of beneficiaries	Yes	Should not be £19 in NSO, should be 19. Not implementation issues as such. There was a delay in getting projects started.
150	SH 27 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£362,636	£271,977	£300,708	1,234	926	1023	Number of beneficiaries	No	
152	SH 29 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£882,488	£959,494	£959,494	156	78	78	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
153	SH 30 - Improve BCF 23/24	Residential Placements	Other	iBCF	£927,309	£695,482	£927,309	20	15	20	Number of beds/placements	No	
159	NEHF 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£94,000	£70,500	£94,000	124	91	124	Beneficiaries	No	



Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Surrey

Checkli 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)	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.
167	NEHF 10 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£24,000	£8,044	£13,695	14	5	8	Number of beneficiaries	Yes	Not implementation issues as such. There was a delay in getting projects started.
172	NEHF 14 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£216,817	£162,613	£179,791	738	554	612	Number of beneficiaries	No	
174	NEHF 16 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£282,969	£307,660	£307,660	50	34	25	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
175	NEHF 17 - Improve BCF 22/23	Residential Placements	Short-term residential/nursing care for	iBCF	£428,574	£321,431	£428,574		7	9	Number of beds/placements	No	
181	EB 2 - Carers Funding	Carers Services	Respite services	Minimum NHS Contribution	£25,000	£18,750	£25,000	33	25	33	Beneficiaries	No	
190	EB 11 - TECS	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£8,000	£1,267	£2,219	5	1	1	Number of beneficiaries	Yes	Not implementation issues as such. There was a delay in getting projects started.
195	EB 15 - Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£52,378	£39,284	£43,433	178	134	148	Number of beneficiaries	No	
197	EB 17 - Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£82,287	£89,467	£89,467	15	16	7	Number of adaptations funded/people	Yes	Planned output was calculated at start of year based on feedback from some D&Bs, this has been adjusted at year end. No implementation issue as such, more output from start was overly optimistic.
198	EB 18 - Improve BCF 23/24	Residential Placements	Short-term residential/nursing care for	iBCF	£113,781	£85,336	£113,781		2	3	Number of beds/placements	No	
203	CW 3 - Protection of Carers Service	Carers Services	Respite services	Minimum NHS Contribution	£7,791,119	£4,993,424	£6,260,474	10,302	6,603	8278	Beneficiaries	No	
204	CW 4 - Protection of Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,100,000	£1,575,000	£2,100,000	7,147	5,360	7147	Number of beneficiaries	No	
207	CW 7 - Protection of OP HBC	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£11,121,707	£10,669,453	£13,895,081	463,598	444,748	579203	Hours of care (Unless short-term in which case it is packages)	No	

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Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Surrey

Estimated demand - Hospital Discharge		Prepopulated from plan:							Q2 Refreshed planned demand				
Service Area	Metric	Apr-23	#####	Jun-23	Jul-23	#####	#####	Oct-23	#####	#####	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	51	83	56	70	74	125	127	144	144	99	78	75
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	61	48	49	72	50	47	55	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	313	293	267	288	264	241	263	328	320	301	289	305
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	#####	Jun-23	Jul-23	#####	#####	Oct-23	#####	#####	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	218	219	218	200	191	188	206	208	206	231	220	212
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	75	64	61	74	72	90	73	86	87	102	105	111
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	32	45	38	37	36	41	41	49	43	48	47	43
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

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	#####	Jun-23	Jul-23	#####	#####	Oct-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.	53	50	53	39	51	35	51	44	44	52	46	48
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	27	29	29	20	26	13	18	19	27	23	16	21
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	43	42	52	46	55	62	43	56	63	56	71	52

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:

<b>Demand - Community</b>		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	11	16	18	20	20	26	29	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	136	308	367	448	407	581	614	519	613	432	250	591
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	43	61	71	81	136	163	205	169	203	210	185	181
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	2	3	5	7	1	5	5	150	100	187	104	120
Other short-term social care	Planned demand. Number of referrals.	156	150	132	122	112	113	111	0	0	0	0	0

<b>Actual activity - Community</b>		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.												
Urgent Community Response	Monthly activity. Number of new clients.												
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.												
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.												
Other short-term social care	Monthly activity. Number of new clients.												

**Checklist**  
Complete:

No

No

No

No

No

## 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	Strongly Agree	The BCF remains a key enabler in joint working arrangements between health and social care in Surrey.
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	All 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	Strongly Agree	The BCF has been an effective driver in this regard.

8

#### Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	9. Joint commissioning of health and social care	We have achieved much by the ICB and LA taking a joint approach to this. The ICB and LA have a joint Dynamic Purchasing System (DPS) for Home Based Care and Residential and Nursing Home Care for Older People. This enables shared provider arrangements, with similar expectations within the contract specification. Commissioners engage in market shaping activity and by monitoring placements can respond to gaps in capacity and identify quality issues. A Joint Enhanced Care Protocol has been established to ensure that a consistent approach is taken in supporting care
Success 2	8. Pooled or aligned resources	We have aligned and pooled resources via our BCF and ADF commitments. MISF investments have also had system-wide impact as they have been used to invest in workforce and reduce social care waiting times. Since 2019/20 SH ICS has seen an 8% rise in population and a 7% decrease in unplanned admissions. Over the same period, the length of time that people stay in Acute hospital has reduced by 4%. Shared approaches have been highlighted by North West Surrey Alliance being shortlisted for HSI 2023 "Best Place-base partnership and integrated care award ". East Surrey was a

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	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	We face challenges that are broadly similar to other systems. These include demography, greater acuity and complexity in presenting needs, financial health of ICBs and LAs. We are also challenged by the Place v Scale issue in that the ICB and LA want to see a broadly consistent offer to our residents/patients. Places, however, are more concerned with their local populations. and there is danger of variation in the type and availability of support across Surrey. We would also like to see long term financial commitments being made by BCF to provide clarity and certainty for the local system (and
Challenge 2	9. Joint commissioning of health and social care	This is not a challenge as such, given that we have already recorded it above as a success area. However, it is worth reporting that this is an arena where there is potential for further development, and that there are ongoing joint discussions taking place regarding this.

#### 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