

Neither Care Fund 2022-23 End of Year Template

1. Guidance

Objective
The Neither Care Fund (NCF) reporting requirements are set out in the NCF Planning Requirements document for 2022-23, which supports the aims of the NCF Funding Framework and the NCF programme, plans, led and developed by the national government Department of Health (DH), Department for Health, Housing and Communities, NHS England (NHS), local government associations (LGA), working with the assistance of providers of Adult Social Care (ASC).

The main objective of NCF reporting is to confirm the status of continued compliance against the requirements of the fund (NCF). It is to confirm actual income and expenditure in NCF areas at the end of the financial year.
It is to provide information from local areas on challenges, achievements, and actions needed to improve the delivery of NCF aims.
It is to understand the extent of challenges to current services to which resources are allocated.

NCF reporting is likely to be used by local areas, alongside any other information to help inform NCFs on progress on integration and the NCF. It is also intended to inform NCF steering partners, as well as those responsible for delivering the NCF plans at a local level (including CCGs, local authorities and other providers in the local authority area).
NCF reports submitted by local areas are required to be signed off by NCFs as the accountable governance body for the NCF locally. Aggregated narrative information will be published on the NCF national website in due course.

Note on entering information into this template

This is the live tab in the workbook and must be submitted by 2nd May 2023. It will flow to OAG, it can be submitted with the rest of workbook reports in the NCF areas or complete within the file, as well as for your choice although we are not reporting this to support off by NCF as the rest of the template can then be later resubmitted with the remaining sections completed.

DSG needs reporting in the cell
DSG needs reporting in the cell

Notes on entering the sheets optimally
To save yourself some work at the time, 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 viewer, there is an assistance tab for readability if required.
The row heights and column widths can be adjusted to fit and view more comfortably for the cells that require narrative information.
Please DO NOT directly copy/paste & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must, use a smart object, please use the 'Paste Special' operation and paste values only.

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

DSG Discharge Fund and DSG May

This is the live tab in the workbook and must be submitted by 2nd May 2023. It will flow to OAG, it can be submitted with the rest of workbook reports in the NCF areas or complete within the file, as well as for your choice although we are not reporting this to support off by NCF as the rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a role from the dropdown please check that the planned expenditure for the scheme type submitted in your ACC Discharge Fund plan is the same as the actual expenditure for the scheme type. If not, please enter the actual expenditure in the 'Actual' column.

Please note that the actual expenditure for the scheme type is not the same as the planned expenditure for the scheme type.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a table column for identification which will also allow a breakdown by LA and CCG.

Please also include summary narrative on:

- 1. Scheme types
- 2. Number of the impact the funding delivered and any other 'where relevant to the statement, please include details such as number of packages purchased, number of hours of care, number of events (duration of support), number of individuals supported, unit costs, staff hours purchased and income to plans.
- 3. Any shared service

DSG 1 - Costs

1. The questions below identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to OAG.

2. The 'number' values, which can be based on the individual sheets, systems automatically at questions are completed it will appear 'Not' and contain the word 'Not'. If this information has not been completed, then completed in those sheets will change to 'Complete' and contain the word 'Yes'.

3. The 'Sheet completed' will update when all 'number' values for the sheet are given containing the word 'Yes'.

4. Once the number values contain all words marked 'Yes', the 'Worksheet Completed' cell (shown in the first cell) will change to 'Template Complete'.

DSG 2 - Progression of Discharge from Hospital to Care

1. The sheet should provide essential information on the areas for which the template is being completed, contacts and sign off.

2. All DSG off on the report for the government or providers which they are being completed.

3. Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed this will turn green. If you enter a role in a question should the template be sent to:

England: discharge@nhs.uk
Wales: discharge@nhs.uk

4. Please note that in line with the processing of personal data we request that individuals completing the reporting template in order to complete their own reports and ensure any issues raised during the reporting cycle, we request their address from the completed template when they are completed.

DSG 3 - Health and Wellbeing Board

The Health and Wellbeing Board (HWB) is a statutory committee that oversees the local authority's performance in delivering the Better Care Fund planning. HWB members for 2022-23 link local authority to be met through the delivery of your plan. Please confirm as at the time of completion.

This sheet sets out the four conditions and requires the Health & Wellbeing Board 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 a 'Yes' answer does not mean that the condition is not being met.

In summary the four national conditions are as below:

National condition 1: To improve health and social care services.

National condition 2: To improve the health and social care services.

National condition 3: To improve the health and social care services.

National condition 4: To improve the health and social care services.

The NCF plan includes the following metrics: Urgent hospitalisation for chronic respiratory care sensitive conditions, Proportion of discharges to a person's local place of residence, Hospital Admissions and Readmissions. Please see the metrics over a period of the NCF planning period.

This metric uses a confidence assessment on whether the data for each of the NCF metrics is available.

A confidence assessment is required for each metric against the following table in entering this metric plan, any support needs and actions that the local authority can undertake to improve performance.

The NCF Team publish data from the Secondary Care Service (SCS) dataset for Discharge to local places of residence and available admissions to a local authority. We will continue to update performance at local authority level.

The metrics website has a table of performance on progress against the achievement of NCF metric plans and the related narrative information on the website.

If providing the narrative on Challenges and Support needs, and Achievements, local areas have a sufficiently good performance on these themes and the availability of published metrics for each of the three months of the quarter is not expected to be met, then the local authority should provide the following information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - explaining any improvement or deterioration observed as anticipated and any associated concerns to monitor.

Please note that the metrics breakdown will be published and reported as required in the published national website.

DSG 4 - Funding

The Neither Care Fund 2022-23 comprises residential funding, funding for care and voluntary additional funding from Local Authorities and NHS. The funding framework for the 2022-23 period includes the following metrics: Local Authority and NHS funding for care and voluntary additional funding from Local Authorities and NHS.

Please confirm the total NCF total actual NCF paid income for 2022-23 by reporting any changes to the planned additional contributions by LA and NHS as set out in the NCF planning template.

In addition to NCF funding, please also confirm the total amount received from the ACC charge back to LA and CCG if this has changed. The template will automatically generate the planned expenditure in 2022-23 from NCF plans, including additional contributions.

If the amount of additional funding provided in the year varies from the planned amount, please explain the reasons for this in the 'Additional Funding' section.

Please note that the metrics website has a table of performance on progress against the achievement of NCF metric plans and the related narrative information on the website.

Residential metrics

Please select from the drop down box to indicate whether the actual expenditure in your NCF section 'Yes' is different to the planned amount.

If you select 'Yes', the boxes to record actual spend, and explanatory comments will activate.

You can enter the total, split into actual NCF expenditure for 2022-23 in the table box provided and also enter a short commentary on the reasons for the change.

Please provide actual expenditure from the ACC Discharge Fund.

Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

Survey questions

This section provides an opportunity to provide feedback on delivering the NCF in 2022-23 through a set of survey questions. These questions are not assessed from year to year to avoid a large scale.

The purpose of the survey is to provide an opportunity for local areas to consider the impact of NCF and to provide the NCF national partners a view on the impact across the country. There are a total of 8 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:

- Completely agree
- Agree
- Neither agree nor disagree
- Disagree
- Completely disagree

The questions are:

- 1. The overall delivery of the NCF has improved the relationship between health and social care in our locality.
- 2. Our NCF scheme was implemented as intended in 2022-23.
- 3. The delivery of NCF in 2022-23 had a positive impact on the integration of health and social care in our locality.

Part 2 - Support and Challenges

This part of the survey allows the Local Care Institute for Leadership Integration (LCI) model published on this link below to capture two key challenges and actions related to the 'Support for integration' reported in the local model.

Please confirm:

- 1. The local model identified the challenges for integration reported in the LCI model in 2022-23.
- 2. The local model identified the actions for integration reported in the LCI model in 2022-23.

For each success and challenge, please select the most relevant enabler from the LCI model and provide a narrative describing the issues, and how you have made progress locally.

DSG - residential care (see Model)

Local authority systems in a financial health, funding arrangements, delivery, urban or rural factors)

1. Financial health, funding arrangements, delivery, urban or rural factors)

2. Financial health, funding arrangements, delivery, urban or rural factors)

3. Financial health, funding arrangements, delivery, urban or rural factors)

4. Financial health, funding arrangements, delivery, urban or rural factors)

5. Financial health, funding arrangements, delivery, urban or rural factors)

6. Financial health, funding arrangements, delivery, urban or rural factors)

7. Financial health, funding arrangements, delivery, urban or rural factors)

8. Financial health, funding arrangements, delivery, urban or rural factors)

9. Financial health, funding arrangements, delivery, urban or rural factors)

10. Financial health, funding arrangements, delivery, urban or rural factors)



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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:	Sunderland
Completed by:	Darren Lough
E-mail:	darren.lough@sunderlandcareandsupport.com
Contact number:	07500552087
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:	Sat 20/05/2023

<< Please enter using the format, DD/MM/YYYY

Checklist	
Complete:	Yes
	Yes
	Yes
	Yes
	Yes
	Yes

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

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](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Sunderland

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? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	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)	1,123.0	On track to meet target	Increased demand for urgent care services and the impact of industrial action throughout the healthcare sector. Increased acuity of patients and lack of hospital beds impacting on flow.	Expected performance of 1,056 for the 2022/23 year due to lower than expected number of emergency admissions in Q4 linked to increased use of Same Day Emergency Care and other initiatives to
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.0%	Not on track to meet target	Increased beds in the community to help facilitate flow, impacting on discharges to usual place of residence but aiding system flow. Increased acuity of patients.	Despite the pressures in the system, discharges to usual place of residence was maintained throughout Q4 but lower than plan. Discharging patients from hospital to assess their strengths and identify care and
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	978	Not on track to meet target	The planned performance has not been met for this metric due to a range of challenges including the complexity of customers existing a hospital discharge pathway, the need to support the NHS in facilitating	Supporting providers with recruitment challenges using technology. Implementation of community DP grants Managing demand against a backdrop of workforce challenges.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	79.7%	On track to meet target	The planned performance is expected to be met. We have reinstated reablement@home in the last year and this has supported the improvement in the performance. We continue to face	Reinstatement of reablement @ home and effective use of Therapies in supporting a wider reablement approach.

Checklist Complete:

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:

Sunderland

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

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF arrangements in Sunderland continued to enable us to maintain the strong partnership working in the City and afford us opportunity to build on successes and address challenges collectively.
2. Our BCF schemes were implemented as planned in 2022-23	Neither agree nor disagree	Work was delivered as expected within planned schemes, although these have been adjusted throughout the period along with the finance to support key areas identified as a priority linked to changing demand and the need to support key areas that could support out of hospital discharge including intermediate bed based services, and supporting sustainability in
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	Agree	The BCF plan continues to support our local integration and offers us further opportunity in the coming years, including: the expansion of shared care records with providers; scaling-up of assistive technology across the system building upon a falls prevention strategy and targeted frailty approach.

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	3. Integrated electronic records and sharing across the system with service users	We continue to build upon our success in implementing and using a shared care record across the system. We are now working with providers to support them to implement a digital social care record which will contribute to the expansion of the shared care record, supporting more person-centred and coordinated care and delivering improved patient experience and service effectiveness.
Success 2	2. Strong, system-wide governance and systems leadership	Strong system-wide governance continues in Sunderland, supporting effective use of resource and improved coordination of care. Local governance arrangements include an established surge group which provides senior-leadership support to the system during times of significant pressure, ensuring the best use of local resources and helping to eliminate duplication, reduce delays and improve service user flow.
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	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	We continue to face workforce challenges across the system impacting available resource across the Health and Social Care market which in turn creates challenges in flow. Residents continue to present with more complex needs, now exacerbated by the cost of living crisis and the associated impact on people's ability to keep themselves safe and well.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Whilst the provider market in Sunderland remains high-performing and good quality, the impact of Covid and workforce issues within the provider market has seen challenges in capacity to meet presenting need - particularly in the homecare market within the City. Strong and positive relationships continue with the market to seek innovative ways of addressing these challenges including: development of direct payment/personal health budget grants; support for recruitment; enabling tech developments; increased use of data and reporting; and financial support

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

