Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

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

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

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

Health and Wellbeing Board:	City of London	
Completed by:	Ellie Ward	
E-mail:	ellie.ward@cityoflondon.gov.uk	
Contact number:	020 7332 1535	
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 22/11/2023	<< 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 the ASC Discharge

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: City of London

| Has the section 75 agreement for your BCF plan been finalised and signed off? | No |
| If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off | 30/11/2023 |

Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
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

4. Metrics

Selected Health and Wellbeing Board: | City of London

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

Checklist
Complete:

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	25.8	38.0	38.0	77.0	116.2	Not on track to meet target	Reviewing the actual avoidable admissions performance for Q1 and Q2 (July and August data for Q2),City are at 94% of the planned overall target .Q1 performance was 116.2 above the planned target and Q2 performance was 51.7 above the planned target. Therefore both Q1, Q2 planned targets have been surpassed, with the overall planned target will not be met.The planned targets are significantly lower than the demand seen.	Nothing to add	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.7%	94.2%	94.2%	93.3%	94.12%	On track to meet target	Q1 actual performance is 93.43% above the Q1 planned target and currently at 96.34% above the Q2 planned target. The actual performance average of Q1 and Q2 is 94.7% above the planned Q1 and Q2 average of 93%. On track.	Nothing to add	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				847.7	176.8	On track to meet target	Q1 actual performance is 78.2, which is 9% of the overall target. Despite Q2 data not being available City is still on track to meet the planned overall target.	Nothing to add	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				410		On track to meet target	Q1 permanent admissions to residential care is 1 and Q2 is 2. We have less than 10 admissions every year.	We are able to keep people at home for long periods. People generally enter residential care later and for shorter periods. BCF funding around hospital discharge supports this.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				96.0%		On track to meet target	Our performance on reablement and keeping people out of hospital is excellent.	Reablement is included in BCF plans	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: | City of London

5.1 Assumptions

	Checklist
	Complete:

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

We have added to capacity and demand for UCR and rehab at home. These services are provided jointly across the City of London and the London Borough of Hackney and the total teams capacity was re

Yes

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

Intermediate care packages are always reviewed to reduce overprescription of care. The City have capacity to do care act assessments when required to enable adult social care to pick up packages of care from intermediate care teams.

Yes

Capacity:

Some of the health services are provided jointly across the City of London and the London Borough of Hackney and it is hard to determine exact demand and capacity for the City as the figures are very small.
The capacity stated is 3% of the overall services capacity, although the teams respond to demand and flex as needed regardless of whether it's a City or Hackney resident.

Yes

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

N/A

Yes

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Nothing specific. Given our small numbers, any increases in hospital discharges and need have an impact but we are well equipped to cope with this volatility but it is difficult to predict.

Yes

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

Some of the health services are provided jointly across the City of London and the London Borough of Hackney and it is hard to determine exact demand and capacity for the City as the figures are very small.

Yes

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

N/A

Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refrresh

5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	-8	-9	-9	-7	-5	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	-2.3271842	-5.3602269	-3.2712801	-2.4137882	-1.3482345	1	0	1	0	0	1	0	1	0	0
Short term domiciliary care (pathway 1)	-2	-4	-2	0	1	0	0	0	0	1	0	0	0	0	1
Reablement & Rehabilitation in a bedded setting (pathway 2)	-0.9724147	-1.9660316	-0.9725387	-0.9854770	1.0273976	0	0	1	0	1	0	0	1	0	1
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	1	-3	-2	0.0828122	0.1020891	0	0	0	0	0	1	1	0	1	0

Capacity - Hospital Discharge

Checklist

Complete:

Service Area	Metric	Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing					
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	0.6728158	0.6397730	0.7287198	0.5862117	0.6517654	4	6	5	3	2	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	2	2	2	2	2	4	6	4	2	2	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	1.0275852	1.0339683	1.0274612	1.0145229	1.0273976	2	3	3	2	1	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	1	1	0	0.0828122	0.1020891	0	4	2	0	0	1	1	0	1	0	Yes

Demand - Hospital Discharge

Pathway	Trust Referral Source	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	Total	8	9	9	7	5	0	0	0	0	0	
	BARTS HEALTH NHS TRUST	2	2	2	2	2	0	0	0	0	0	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2	2	2	2	1	0	0	0	0	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	1	0	0	0	0	0	0	0	Yes
	OTHER	2	2	2	2	1	0	0	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRU	2	2	2	1	1	0	0	0	0	0	Yes
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	(blank)										Yes
Reablement & Rehabilitation at home (pathway 1)	**Total**	3	6	4	3	2	3	6	4	3	2	Yes
	BARTS HEALTH NHS TRUST	2	2	2	2	2	2	2	2	2	2	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	1	0	0	0	0	1	0	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	0	0	0	0	1	0	0	0	Yes
	OTHER	0	1	0	0	0	0	1	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRU	1	2	1	1	0	1	2	1	1	0	Yes
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Short term domiciliary care (pathway 1)	**Total**	4	6	4	2	1	4	6	4	2	1	Yes
	BARTS HEALTH NHS TRUST	1	2	1	1	1	1	2	1	1	1	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	1	1	1	0	0	1	1	1	0	0	Yes
	OTHER	0	1	0	0	0	0	1	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2	2	2	1	0	2	2	2	1	0	Yes
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Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	2	3	2	2	0	2	3	2	2	0	Yes
	BARTS HEALTH NHS TRUST	1	1	1	1	0	1	1	1	1	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	0	0	0	0	1	0	0	0	Yes
	OTHER	1	1	1	1	0	1	1	1	1	0	Yes
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	0	4	2	0	0	0	4	2	0	0	Yes
	BARTS HEALTH NHS TRUST	0	1	0	0	0	0	1	0	0	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	1	0	0	0	1	1	0	0	Yes
	OTHER	0	1	0	0	0	0	1	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRU	0	1	1	0	0	0	1	1	0	0	Yes
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Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: | City of London |

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	4	4	4	3	4
Reablement & Rehabilitation at home	1	1	1	1	1	1	1	1	1	1
Reablement & Rehabilitation in a bedded setting	1	1	0	0	0	1	1	0	0	0
Other short-term social care	1	1	1	1	1	1	1	1	1	1

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	**Metric**	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	8	8	8	7	8
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	1	1	1	1	1	2	2	2	2	2
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	0	0	0	1	1	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	4	4	4	4	4
Reablement & Rehabilitation at home	0	0	0	0	0	1	1	1	1	1
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes