



2. Cover

Version	2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	City of London	
Completed by:	Ellie Ward	
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Contact number:	020 7332 1535	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
		<< Please enter using the format,
If no, please indicate when the report is expected to be signed off:	Fri 05/07/2024	DD/MM/YYYY



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'.

	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	Yes
8. Year End Feedback	Yes

<< Link to the Guidance sheet

3. National Conditions

Selected Health and Wellbeing Board:	City of London		Checklist
	0.07 0.0 0.0000		Complete
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes		Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off			Yes
Confirmation of National Conditions			
		If the answer is "No" please provide an explanation as to why the condition was not met in the	
National Conditions	Confirmation	year:	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

4. Metrics

Selected Health and Wellbeing Board:

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

Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Support Needs

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

Metric	Definition					Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		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	Not on track to meet target	The total for the year was 232.5 (18 spells) which is above the plan of 178.8 but below the figures seen in in 2022-23 (rate 271.2/21 spells).	N/A
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%	On track to meet target	N/A	The average across the year was 93.49%, just above the plan average of 93.34%.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				847.7	On track to meet target	N/A	The rate was 665.8 (7 spells). This is a significant decrease in the figures from 2022-23 (rate 1,199.1/14 spells).
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				410	On track to meet target	N/A	There were 11 permanent admissions to residential care in 2023-24. This equates to 128 admissions per 100,000 population
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%	Not on track to meet target	94% - 16/17 people	N/A

<u>Checklist</u> Complete:
Yes

5. Income actual

elected Health and Wellbeing Board:	City	of London					
come							
_						_	
			2023-24				
sabled Facilities Grant	£40,327						
nproved Better Care Fund	£323,659 £893,101						
HS Minimum Fund Iinimum Sub Total	1093,101	£1,257,087					
illilliulii Sub Total	Planned	11,237,087		Actual			
	riailled		Do you wish to change your	Actual			
HS Additional Funding	£0		additional actual NHS funding?	No			
			Do you wish to change your				
A Additional Funding	£0		additional actual LA funding?	No			_
dditional Sub Total		£0				£0	j
_	DI JANA						
etal BCF De alad Fund	Planned 23-24 £1,257,087	Actual 23-24 £1,257,087					
otal BCF Pooled Fund	11,257,087	11,257,087					
			Additional Discharge Fund				
_							
	Planned			Actual			
			Do you wish to change your				
A Plan Spend	£45,376		additional actual LA funding?	No			
			Do you wish to change your				
CB Plan Spend	£4,181		additional actual ICB funding?	No			=1
dditional Discharge Fund Total		£49,557				£49,557	1
	Planned 23-24	Actual 23-24					
CF + Discharge Fund	£1,306,644	£1,306,644					
er i Bischarge rana	11,500,044	11,500,044					
lease provide any comments that may be usef	ul for local context						1
here there is a difference between planned ar	nd actual income for						4
023-24							4
							4
xpenditure							
	2022.24						
lan	2023-24 £1,303,408						
idil	11,303,408						
o you wish to change your actual BCF expendi	ture?	Y	es				
Actual	£1,259,845						
							-
ease provide any comments that may be usef		DFG allocation plus I	DFG uplift (total £43,563) was unspe	nt. This will be car	ried over to 2024/2	5 BCF.	4
nere there is a difference between the planne	d and actual						4

<u>Checklist</u> Complete:

6	. Spend and activity			ng Template									
elected He	alth and Wellbeing Board:		City of London										
<u>hecklist</u>							Yes			Yes		Yes	Yes
cheme 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 output to date	if unsure)		Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being imple a result.
	CoL-Carers' support	Carers Services	Other	Minimum NHS Contribution	£14,352	£10,764	£14,352	5	0	(Number or NA) 80	Beneficiaries	No	
	Brokerage pilot (one-year)	Residential Placements	Other	Minimum NHS Contribution	£50,000	£37,500	£50,000	1	2 NA	11	Number of beds/placements	No	
	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£37,091	£0	£0	1	0	- 0	Number of adaptations funded/people		Ongoing issues about people accessing DFGs - many people will be above the financial th and therefore do not approach. However, we have developed a Housing Assistance Policisigned off later in the summer) which includes measures to support those who may not be

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

City of London

			ted from pla	1:		Q2 Refreshed planned demand							
Estimated demand - Hospital Discharge													
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
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	C	0	1	. 1	. 0	2	4	3	6	4	3	2
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	C	0	C	0	0	1	3	4	6	4	2	. 1
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	C	0	C	0	0	0	0	2	. 3	2	2	. 0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	C	0	C	0	0	0	0	C	4	. 2	O	0

Actual activity - Hospital Discharge			Actual activity (not spot purchase):											
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	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	2	3	3	2	2	2	2	1	2	2	2	2	
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	О	0	0	0	0	0	0	0	0	(
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	О	0	0	0	0	0	0	0	0	(
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	C	0	0	0	0	0	0	0	0	(

Actual activity - Hospital Discharge			Actual activity in spot purchasing:												
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		
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	3	2	. 3	8 0	1	. 3	2	1	4	2	0	3		
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	1	. 0	d	0	1	. 0	2	0	1	1	0	0		
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	1	. 0	C	4	0	0	1	0	1	0	0	1		
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	O	0	0	0	0	1	1	0	0	1		

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: City of London

Demand - Community		Prepopulat	ed 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.	0	0	0	0	0	0	0	0	0	0	C	0
Urgent Community Response	Planned demand. Number of referrals.	0	0	0	0	0	0	0	4	4	4	4	4
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	0	0	0	0	0	0	0	1	. 1	1	1	. 1
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	1	0	1	0	1	1	0	0	0	0	0	0
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	C	0

Actual activity - Community			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.	C	0	0	C	C	0	0	C	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	4	. 5	5	. 4	. 4	5	5	5	5	5	5	5
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	C	0	0	C	C	0	0	C	0	0	0	0
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	C	0	0	C	C	0	0	C	0	0	0	C
Other short-term social care	Monthly activity. Number of new clients.	C	0	0	C	C	0	0	C	0	0	0	0



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:

City of London

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
The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There have been well established and strong joint working arrangements within the City of London and Hackney locality for a number of years and the BCF has been part of that. These established relationships have continued to be built upon with the development of the ICB and the local place based partnership.
Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	Yes, this is correct.
The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	As response 1 which has lead to more closer working and integrated initiatives

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

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	Strong, system-wide governance and systems leadership	Working together to respond to the pandemic strengthened systems leadership (which was already well developed) and created agility in working across organisational boundaries. This has been maintained and built upon as the Integrated Care Partnership and the Place Based partnership became established locally. The City of London is actively involved in these leadership structures.
Success 2	approach to training and upskilling of workforce	Across City and Hackney 8 neighbourhoods were established which Primary Care Networks then aligned with when they were established. The neighbourhoods are a model for providing out of hospital care in a personalised and holistic way. Transformation of services has included the development of new blended community health teams, a new model of delivery for community nursing and neighbourhood MDTs to manage complex cases across a number of disciplines. One of the overall objectives of the model is to increase staff satisfaction and provide high quality services to residents.

 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	financial health, funding	A challenge for the City of London is that there are no care homes within the City boundaries and residents attend hospitals in two different ICS areas (NEL and NCL) which means working across two systems. Although challenging, our small size gives us some agility and we have good performance in terms of hospital discharge.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	As noted above, the provider market within the City boundaries is more limited especially for residential and nursing care. We often spot purchase these placements which places us into competition with other local authorities. A piece of work is being undertaken to further develop the brokerage function and potentially join a dynamic purchasing vehicle to purchase placements.

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
re y	Yes
	Yes
	Yes