

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Bristol, City of

Income

2022-23			
Disabled Facilities Grant	£3,528,349		
Improved Better Care Fund	£17,015,720		
NHS Minimum Fund	£36,842,940		
Minimum Sub Total		£57,387,009	
	Planned		
NHS Additional Funding	£1,308,438		
LA Additional Funding	£28,588,631		
Additional Sub Total		£29,897,069	
	Planned 22-23	Actual 22-23	
Total BCF Pooled Fund	£87,284,078	£87,284,078	

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£29,897,069

ASC Discharge Fund			
	Planned		
LA Plan Spend	£1,658,400		
ICB Plan Spend	£3,440,292		
ASC Discharge Fund Total		£5,098,692	

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
		£5,098,692

Checklist

Complete:

Yes

Yes

Yes

Yes

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£92,382,770	£92,382,770

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

Yes

Expenditure

	2022-23
Plan	£87,284,078

Do you wish to change your actual BCF expenditure? No

Actual

Yes

Yes

	ASC Discharge Fund
Plan	£5,098,692

Do you wish to change your actual BCF expenditure? No

Actual

Yes

Yes

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

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:

Bristol, City of

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	Disagree	The current system remains fractured with the ICB having separate arrangements between the three LAs. As a result the inconsistency of agreement creates barriers to integration and whole system development. Because the fund is made up of a top slice of existing funding that was already committed it hasn't freed up new investment or joint
2. Our BCF schemes were implemented as planned in 2022-23	Agree	In the main spend in BCF is already committed to bottom line core funding for health and social care.
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 recent discharge grant has been used to supported our D2A processes, Building Healthier Communities programme which is focused on building partnerships with VSCE organisations where initiatives include coordinated VCSE support for discharge.

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.

Checklist

Complete:

Yes

Yes

Yes

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	6. Good quality and sustainable provider market that can meet demand	Since the discharge grant came in from December coupled with the fact that BCC increased the Homecare rates through use of the market sustainability we have seen a change of 1500 hours of homecare at the end of this year.
Success 2	9. Joint commissioning of health and social care	Discharge grant being the first time new money was injected into the BCF allowed us to work with the D2A programme to commission new schemes into the existing system. These were the link worker project supported by Age UK and the trusted assessor project supported by Care and Support West

Yes

Yes

Yes

Yes

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)	The BCF has never created enough new invest across commissioners to fully address problems in the D2A offer. The discharge grant started to do that in 22-23 however at the time it was not recurrent so delayed or stopped some of the more innovative projects that were proposed.
Challenge 2	Other	COVID continued to impact on our plans and implementation last year. In terms both of actual outbreaks, on workforce, on system pressures and on social care providers. Resource availability to deliver innovative programmes alongside business as usual during the Winter pressures.

Yes

Yes

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ASC Discharge Fund

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
Additional capacity care homes	Home Care or Domiciliary Care	Other	£27,500	£27,500	5	Hours of care	No	N/A	Yes	Upskilling care home staff, enabling to support more complex discharges.	20 This is being reported as scheme number 20 -
Additional discharge support	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£290,000	£340,000	55	hours worked	No	N/A	No	We could not step up 5WTE capacity in the 16 weeks. But the pilot has now been taken into the discharge hub model and is being supported as a priority through the system D2A	2 & 3 This is being reported as schemes number 2 & 3
Administration	Other		£7,500	£0		N/A					30 - Scheme ID from the original plan submitted on 16/12/22
Advance CHC dom care annual pay award to 1 Jan 2023	Improve retention of existing workforce	Bringing forward planned pay increases	£60,000	£0	0	number of staff	Yes	Insufficient staff capacity to complete the work required.	No	N/A	24 - Scheme ID from the original plan submitted on 16/12/22
Bed based P3	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£82,800	£82,800	2	Number of beds	Yes	Could not secure nursing that ICB wanted to extend to 10 beds. But we are utilising 9 beds.	No	Could not secure nursing that ICB wanted to extend to 10 beds. But we are utilising 9 beds.	11 - Scheme ID from the original plan submitted on 16/12/22
Brokerage administration capacity	Increase hours worked by existing workforce	Overtime for existing staff.	£10,000	£0	0	hours worked	Yes	Could not recruit to post.		N/A	26 - Scheme ID from the original plan submitted on 16/12/22
Crisis response funding for MH/LDA community packages	Home Care or Domiciliary Care	Domiciliary care packages	£80,000	£195,149	3	Hours of care	Yes	Three highly complex young people were sustained in the community as a result of this intervention.	Yes	Yes - as stated to the left.	21 - Scheme ID from the original plan submitted on 16/12/22
Discharge Support Grant	Increase hours worked by existing workforce	Overtime for existing staff.	£43,950	£31,055	260	hours worked	Yes	Did not manage to implement EMIS element in time therefore did not claim funding for this.	Yes	We were not able to implement the amount of extra discharges planned because there weren't enough referrals received. However the app we've commissioned will have a positive impact in that supply remains good and care hours increased by 1,418 between start of dec and beginning of march	27 - Scheme ID from the original plan submitted on 16/12/22
Domiciliary care	Home Care or Domiciliary Care	Domiciliary care packages	£100,000	£100,000	1,418	Hours of care	No	N/A	No	In that supply remains good and care hours increased by 1,418 between start of dec and beginning of march Still being piloted with one provider to some success with	18 & 19 This is being reported as schemes number 18 & 19
Domiciliary care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£60,000	£60,000	1,418	Hours of care	No	N/A	Yes	This was reported as a positive by providers and has helped restarts but waiting on further data from acutes to evidence.	17 This is being reported as scheme number 17 -
Domiciliary care	Home Care or Domiciliary Care	Domiciliary care workforce development	£1,200,000	£1,200,000	1,418	Hours of care	No	N/A	Yes	Over delivered what one off retention payment can achieve but was a factor to increased provision.	16 This is being reported as scheme number 16 -
Domiciliary care	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£300,000	£0	0	Hours of care	Yes	Funded via alternative route.			31 This is being reported as scheme number 31-test
Facilitation of discharges during BH and weekends	Increase hours worked by existing workforce	Overtime for existing staff.	£10,725	£0	0	hours worked	No	N/A	No	No voluntary uptake.	25 - Scheme ID from the original plan submitted on 16/12/22

Fast Track EOL CHC beds	Residential Placements	Nursing home	£160,000	£137,302	896	Number of beds	Yes	Match required demand - Reduced planned bed numbers.	Yes	896 additional bed days delivered within the community. Targeted block capacity is effective in supporting rapid discharge – particularly for Fast Track End of Life patients.	35 - Scheme ID from the original plan submitted on 16/12/22
Homeless multiagency team	Contingency		£42,000	£42,000	30	N/A	No	N/A	Yes		15 - Scheme ID from the original plan submitted on 16/12/22
Mental Health	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£60,000	£60,000	900	hours worked	No	N/A	Yes	Extra agency short term capacity was recruited to and used in AHMP team.	5 - Scheme ID from the original plan submitted on 16/12/22
Mental Health and homelessness	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£100,000	£0	0	Number of beds	Yes	Didn't happen, not one of the schemes that progressed.	No	CB looking at wider MH system response.	12 - Scheme ID from the original plan submitted on 16/12/22
Night sitting	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£110,981	£95,276	486	Hours of care	Yes	Scheme started late due to low referrals.	No	Not enough referrals between Jan-Mar, however this is now increasing quickly.	32 - Scheme ID from the original plan submitted on 16/12/22
Proud to Care	Local recruitment initiatives		£30,000	£30,000		number of additional staff					29 - Scheme ID from the original plan submitted on 16/12/22
Reablement beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£508,000	£501,221	34	Number of beds	No	N/A	Yes	These are extra beds on top of the commissioned beds stood up as required.	13 - Scheme ID from the original plan submitted on 16/12/22
Recruitment campaigns	Local recruitment initiatives		£7,500	£7,500	6	number of additional staff	No	N/A	Yes	Project started late. Procurement issues. Final event is being held on 14th April.	28 - Scheme ID from the original plan submitted on 16/12/22
Redeploy CHC nurses to improve identification of Fast Track EOL cases.	Additional or redeployed capacity from current care workers	Costs of agency staff	£29,500	£27,000		hours worked	No	N/A	Yes	The additional external capacity released ICB CHC nurse capacity to support with complex hospital and community patients.	1 - Scheme ID from the original plan submitted on 16/12/22
Referrals into meal services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£10,000	£10,000	9	Hours of care	No	N/A	No	Not to the scale we were wanting more like 25-30 referrals from this scheme.	23 - Scheme ID from the original plan submitted on 16/12/22
Supporting complex discharges	Reablement in a Person's Own Home	Reablement service accepting community and discharge	£95,436	£0	0	Hours of care	Yes	Didn't happen, not one of the schemes that progressed.	No		34 - Scheme ID from the original plan submitted on 16/12/22
Supporting Complex Discharges	Residential Placements	Nursing home	£50,000	£50,000	0	Number of beds	No	N/A	Yes	Money paid out end of March. Nursing retention was good over the period.	36 This is being reported as scheme number 36
Supporting Complex Discharges	Residential Placements		£50,000	£0	0	Number of beds					37 - Scheme ID from the original plan submitted on 16/12/22
Supporting homeless patients to be supported with earlier facilitated discharge	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£1,250,000	£0	0	Hours of care					33 - Scheme ID from the original plan submitted on 16/12/22
Supporting step down from D2A	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£14,400	£14,400	0	Number of beds	Yes	Didn't happen, not one of the schemes that progressed.	No	N/A	14 - Scheme ID from the original plan submitted on

