Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Hosusing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

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
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

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 grey background, as below:

Data needs inputting in the cell

Pre-populated cells

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 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 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 submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercaresupport@nhs.net
(please also copy in your respective Better Care Manager)
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 Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (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/publication/better-care-fund-planning-requirements-2021-22/

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 within the quarter 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: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the plans 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 that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Dischaege to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metris worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe 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 CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 20121-22.

Expenditure section:
- Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and expanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 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 9 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 2021-22
3. The delivery of our BCF plan in 2021-22 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 Institue 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:
8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

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.
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual 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

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

HM Government

NHS

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2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative 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, including that provided on local authority fee rates, 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:	Leicestershire	
Completed by:	Lisa Carter	
E-mail:	Lisa.Carter@leics.gov.uk	
Contact number:	0116 3050786	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Lead Member Health and Wellbeing Board	Yes
Name:	Mrs L. Richardson CC	Yes

Checklist

Complete:

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'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

<< Link to the Guidance sheet

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3. National Conditions

Selected Health and Wellbeing Board: Leicestershire

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 2021-22:**
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? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG 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: Leicestershire

National data may like 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 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	775.0				On track to meet target	With increasing admissions and attendances, there has been a system focus on the front-door and community support for those at high-risk of admission. Support to left-shift from acute settings has been sought around	The target for this indicator is projected to have been exceeded by approx 5% to 735.1. Therefore, fewer non-planned admissions occured than predicted.	Yes
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	**14 days or more (Q3)**	**14 days or more (Q4)**	**21 days or more (Q3)**	**21 days or more (Q4)**	Not on track to meet target	Both targets have been missed by approx 1%. With data for 14+ days at 11.2% and 21+ days at 5.4%. This has been reflected on as a system acknowledging a focus on those with more acute needs being in hospital for	The targets for Leicestershire for LOS were reflective of pre-pandemic data. This did not include the increase in demand for those that have delayed seeking care over the past 2 years. In spite of this, Leicestershire has	Yes
		10.0%	10.0%	4.6%	4.6%				
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.1%				Not on track to meet target	Increased acuity and demand has led to increased use of D2A bedded solutions (incuding designated settings). This has required additional support from hospital teams to better describe need and include	This metric is slightly off target (0.8%) projected to be 92.3%. However, it was an ambitious target for post-pandemic recovery. It does however, represents an improvement on both previous years data.	Yes
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	519				Not on track to meet target	Currently data suggests that this is not on target and will miss this by approx 10% (574.7 per 100,000 population). As detailed above, additional use of residential care settings has led to increased admissions.	The achievements made as a system to improve the triage of patients within hospital settings have been embedding within this financial year. This is starting to see a reduction in the use of permanent	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.1%				On track to meet target	There have been limitations to ASC staff having access to wards to contribute to identifying reablement potential. This has been restarted in year. Staff sickness recruitment and retention within HART	This metric will exceed the target by approx 4.3% to 89.4%. The focus on reablement in hospital and the community has improved performance against this metric within the financial year. ASC teams have been	Yes

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

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5. Income and Expenditure actual

Selected Health and Wellbeing Board: Leicestershire

Income

	2021-22
Disabled Facilities Grant	£4,447,227
Improved Better Care Fund	£17,170,503
CCG Minimum Fund	£43,665,558
Minimum Sub Total	£65,283,288

	Planned
CCG Additional Funding	£0
LA Additional Funding	£0
Additional Sub Total	£0

Actual		
Do you wish to change your additional actual CCG funding?	Yes	£11,436,470
Do you wish to change your additional actual LA funding?	No	
		£11,436,470

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£65,283,288	£76,719,758

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	Additional voluntary contributions have been made in light of the evolving domiciliary care and residential care landscape in responding to the extraordinary pressures on flow through the acute and community hospitals across Leicestershire, Leicester and Rutland. Includes contributions to Winter Retention Scheme Payments, National Living Wage tariff, Crisis Response Service and

Expenditure

	2021-22
Plan	£65,283,288

Do you wish to change your actual BCF expenditure?	Yes

Actual	£76,719,758

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	Additional voluntary contributions have been made in light of the evolving domiciliary care and residential care landscape in responding to the extraordinary pressures on flow through the acute and community hospitals across Leicestershire, Leicester and Rutland. Includes contributions to Winter Retention Scheme Payments, National Living Wage tariff, Crisis Response Service and

Checklist

Complete:

Yes

Yes

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. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Leicestershire

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	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	During this post-pandemic recovery year, many aspects of BCF partnership delivery have improved joint working. In particular, the re-introduction of social care staff back into hospitals to work with patients and their families / carers which had been ammended and paused during the covid pandemic. This formed part of the wider ASC restructure to improve case management resources and to extend this to the community. This has successfully extended our Home First offer as part of the BCF programme for 2021/22 and to provide additional resource to cover demand. Other areas of BCF delivery which have contributed to an improved joined up system include: •Care co-ordinators collaborating with their PCN's / INT's to identify residents within their communities who require care planning and MDT working •Re-focussing on reablement potential both in the community and on discharge from hospital •Agreeing a risk share with partners to support people who require additional funding for care beyond the D2A requirements •Jointly commissioning therapy-led discharge to recover beds to reable patients with ongoing health needs to return to their own homes - maximising the use of community therapy staff to meet as many individuals needs as possible. The above enabled us to work more effectively together to deliver services as per guidance. In particular, the ability to be flexible with staffing to respond to the needs of the health and social care system.	Yes
2. Our BCF schemes were implemented as planned in 2021-22	Agree	In 2021/22 many of the BCF schemes were implemented or maintained as described in the BCF plan. During the pandemic many staff were redeployed to support frontline services which shifted the focus from some of the planned BCF schemes, however, during this financial year we have returned to delivering plans as described particularly taking learning from the pandemic period into account. BCF schemes such as care coordination have returned to working with PCN's and INT's whilst ensuring that we flex the workforce to continue to support patients in hospital with lower-level needs for discharge. The first phase of the re-commissioning of domicilairy care in Leics was completed in Nov 2021. This saw a reduction in waits for care from around 300 people at the maximum to around 50. This significantly minimised the requirements for interim beds and also resources needed to bridge care in the commmunity. Some areas of delay remain, including the recruitment of positions that support delivery of our community response service. This provides care to all patients leaving hospital within the first 48 to 72 hours on pathway one. To support this, we worked with colleagues across our care system to help bridge the	Yes

3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	Delivery of the plan has had a positive impact on joined up working between our newly restructured clinical commissioning group and Leicestershire County Council particularly in respect of public health and adult social care services. Governance reporting has been streamlined and there are now clear definitive outcomes associated with the delivery of the BCF and how this links to the delivery of the Joint Health and Wellbeing Strategy life course priorities. This has also been mapped to the four focus areas of the emerging ICS. Partnerships have developed rapidly over the last 12 months and the continued development of place-based delivery has insured join up between our primary care colleagues, housing and community response services along with the development of place-led plans.	Yes

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 2021-22	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	Completion of the re-commissioning of Domicilliary Care contracts took place during 2021/22. The process was completed in Nov with a new framework covering Leicestershire. The new framework allowed for zonal pricing to ensure care availability in traditionally more rural areas. This gave wider scope for timely and cost effective delivery. The new framework dramatically improved care wait times, reducing the amount of people awaiting care from around 300 to 50 within a few weeks. This helped to restore confidence in the market and ensured reduced discharge delays. The pick-up timescales reduced from around 10 days to 2-3 days within the same time period. Care availability was assessed after the first commissioning exercise and a re-opening of the framework began in Jan 22 to cover areas of Leics that would benefit from further care availibility. This was completed in conjunction with Health Colleagues in a joint exercise and has allowed for greater flexibility and more sustainable provision.	Yes
Success 2	2. Strong, system-wide governance and systems leadership	Existing relationships have been particularly vital during 2021/22. Partners have built on this further, ensuring a joined up approach to discharge and case management, bridging and therapy needs. Strong governance and leadership covered all areas responsible for the delivery of various aspects of patient and resident care. The use of community assets and the voluntary sector to support public health, the NHS and social care and hospital governance arrangements provided resource to deliver support to Leicestershire residents, particularly around the delivery of the home first model and therapy -led reablement. Good, existing relationships built since 2017 continue to contribute to joined up governance supporting the ICS and the delivery of the Joint Health and Wellbeing strategy ensuring governance and leadership at place.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	7. Joined-up regulatory approach	The joined up regulatory response during the covid pandemic, highlighted how well we had driven and progressed integration since 2017. However, the changes within this financial year to ongoing regulation and reform have highlighted gaps and differences in regulation between health and social care. For example, the removal of D2A funding combined with ASC reform has meant that there is increased pressure to ensure that the focus reverts to pre-pandemic processes and structures - particularly for self-funders. Further work on developing risk-share arrangements with health are underway in this financial year to mitigate exessive costs to social care spend.	Yes

Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	One of the key challenges facing our current system arrangements is the ability to recruit and retain appropriate levels of staffing in key areas of delivery. This has led to gaps and challenges around the development of a joined up workforce that could deliver aspects of both health and social care in a timely manner and therefore reducing the need for handoffs between service providers. This challenge is currently being addressed as part of our existing Home First collaboration which is aiming to deliver a joint recruitment strategy including access courses and on the job development of staff, with appropriate funding and leadership committed to addressing this challenge. We have a team of people dedicated to oversee the development and employment of an integrated workforce across LLR both within social care and health and an Integrated Personalised Care Framework that details shared tasks between health and social care. This is due to launch within the first quarter of 2022/23	Yes

Footnotes:

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7. ASC fee rates

Selected Health and Wellbeing Board: Leicestershire

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.
Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

Specifically the averages SHOULD therefore:
- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates

Checklist

Complete:

1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£19.57	£19.57	£19.51	-0.3%		Yes
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£835.00	£835.00	£728.00	-12.8%		Yes
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£820.00	£835.00	£728.00	-12.8%		Yes
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. **Please do not use more than 250 characters.**		Q3 an incorrect figure was reported in the 2020-21 return. This should have been £835.00			161 characters remaining	Yes

Footnotes:

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.