

**Better Care Fund 2023-24 Year End Reporting Template**

**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:

**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	Strongly Agree	Investment in intermediate care has seen an increase of 30% in reablement capacity. Each locality now has integrated reablement and therapy staffing models. Reablement team leaders are assessing for needs in hospitals alongside therapy staff for MDT decision making as part of the IDT
2. Our BCF schemes were implemented as planned in 2023-24	Agree	The projected increase in intake model was 50% additional demand. The capacity has only been able to cater for an additional 30% demand to date. Additional support from health colleagues was put in place to meet unmet demand for temporary dom care support. Commissioning of high dependency beds was delayed starting by a few months due to ongoing winter pressure demands. However, this has now gone live. The voluntary service started in September providing support to PO patients.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Daily MDT's are now underway between locality staff across health and social care. This has seen improved timescales for patients and improved workload for staffing. There are weekly links to other community services where people are referred into lower level support services for any ongoing needs. Housing services have expanded to include more psych wards and MH units along with a system for sharing data on MH discharges to provide a more joined up support for people in MH settings.

**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 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	The integration of all locality reablement and therapy teams in Leicestershire was completed in March 2024. This involved training all care staff in the assessment of equipment that ordinarily only therapist could assess for. This has meant speedier processes for patients and staff and quicker delivery times for equipment meaning reablement is maintained. Duplication has been reduced and excellent working relationships between teams has been established. This has increased capacity for both sets of staff and taken approx half a day a week from each team in each locality in admin and referral time saved. This is going to further progress to additional health related assessment for pressure sores and linking to community nursing.

Checklist Complete:
Yes
Yes
Yes
Yes

Success 2	9. Joint commissioning of health and social care	The commissioning of the High Dependency beds for LLR has been a joint collaboration of all colleagues. The procurement exercise was led by Leicester City Council on behalf of LLR with Mids and Lancs becoming the service provider of any additional 1:1 care needs and case management, alongside a private care home housing the 15 beds. Decision making is through the Integrated Discharge team with the ICB running day to day performance monitoring of the beds. Adult social care teams are aligned to join in decision making for ongoing care and assessment needs. The HD cohort is jointly funded from all aLLR partners.
5. 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	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Recruitment continues to be a challenge across all areas and partners within the LLR system. Specifically for Leicestershire this has impacted on the ability to realise the full additional capacity required to embed a P1 intake model. Whilst this has been able to support a 30% increase in capacity, this falls short of the 50% target set at the start of 23-24. Further investment has been aligned for 24-25 to ensure that this is reached. This will reduce the reliance on domiciliary care for capacity rejections.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Whilst the dom care market has remained bouyant in Leicestershire during 23-24 the residential care market has been unable to meet high level needs in some areas. Framework beds were commissioned for use during 23-24 however, the complexity of peoples' conditions and behaviours meant that these were not used to maximum effect and instead traditional block contracts have been aligned to high dependency cohorts.

Yes
Yes
Yes

**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