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.

Better Care Fund 2021-22 Year-end Template

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:	Doncaster		
Completed by:	Michael McBurney		
E-mail:	michael.mcburney@hotmail.co.uk		
Contact number:	01302 736830		
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off		
If no, please indicate when the report is expected to be signed off:	Thu 09/06/2022	<< Please enter using the format, DD/MM/YYYY	

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

Job Title:	Director of Public Health	
Name:	Dr. Rupert Suckling	

Checklist

Complete:
Yes
Yes
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'

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

^^ Link back to top

Better Care Fund 2021-22 Year-end Template

3. National Conditions

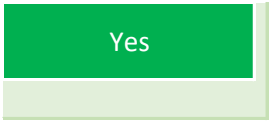
Selected Health and Wellbeing Board: Doncaster

Confirmation of Nation Conditions	
National Condition	**Confirmation**
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

If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:

Checklist
Complete:
Yes
Yes
Yes


Yes

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board: Doncaster

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may faci

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursu

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,018.5				On track to meet target
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
		11.0%	10.5%	6.0%	5.5%	
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	79.1%				On track to meet target

Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	836	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.7%	Not on track to meet target

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), th

other local intelligence.

ilitate or ease the achievements of metric plans

ıed for the respective metrics

Challenges and any Support Needs	Achievements	Checklist Complete:
Increased volume and acuity of patients attending A&E. Significant Primary Care resource diverted to Covid vaccination programme over winter months.	13.8% fewer admissions for these conditions for persons aged 65+ than in 2019-20. 32% fewer admissions for COPD for persons aged 65+ than in 2019-20. Implementation of the streaming and	Yes
Increased acuity of hospital admissions, increasing elderly population and short term staffing absences due to COVID isolation periods.	21+ reduced from 16.96% q4 2020-21 to 15.71% q4 2021-22. BCF schemes to support discharge e.g. hospital discharge workers, hospital based social workers and integrated discharge	Yes
Increased acuity of hospital admissions. Increasing elderly population.	Discharges to usual place of residence increased 76.27% to 77.12% between q4 2020-21 and q4 2021-22. Increase use of remote assessment equipment to support home visits by	Yes

Rising elderly population, especially 85+. Increase in demand for residential care. Culture of residential care being chosen despite availability of more suitable options.	Residential care resources panel has significantly reduced admissions depsite increasing elderly population.	Yes
Lack of community based capacity and homecare capacity due to COVID-19 related illnesses and subsequent short term staffing shortages leading to extended waits for homecare. This has significantly decreased in	Alignment of and further investment in health and social care reablement services as part of Winter Plan.	Yes

ıe denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Doncaster

Income

	2021-22	
Disabled Facilities Grant	£2,782,137	
Improved Better Care Fund	£15,830,812	
CCG Minimum Fund	£25,972,737	
Minimum Sub Total		£44,585,686

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

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£0

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£44,585,686	£44,585,686

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	

Expenditure

	2021-22

Plan	£44,585,686

Do you wish to change your actual BCF expenditure?	No

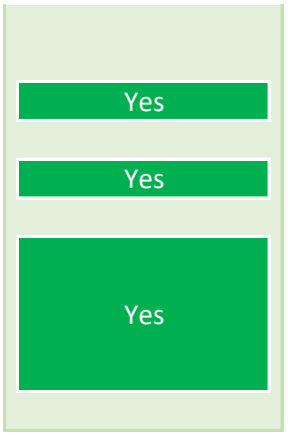
Actual	£43,929,551

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	Disabled Facilities Grant underspend in 2021/22 of £655,507.

Checklist

Complete:

Yes
Yes
Yes


Yes
Yes
Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on th
changed the context. However, national BCF partners would value and appreciate local area feedback to u
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:	Doncaster

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 d

Statement:	Response:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree
2. Our BCF schemes were implemented as planned in 2021-22	Agree
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

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in p
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:
Success 1	2. Strong, system-wide governance and systems leadership
Success 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production

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:
Challenge 1	6. Good quality and sustainable provider market that can meet demand
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)

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 factc
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
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

e impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have
understand views and reflections of the progress and challenges faced during 2021-22

etail any further supporting information in the corresponding comment boxes.

Comments: Please detail any further supporting information for each response
Across all BCF schemes joint working has been established in business as usual projects across a Doncaster place based governance arrangement. We have established a set of Place Plan principles, these include: • Make informed judgements, not just relying on the analytics.
Schemes were implemented as planned in 2021-22. The partnership has recently recruited Community Link Co-ordinators and two Gypsy Roma and Traveller (GRT) link workers who focus on health inequalities in the GRT community. Other examples include: -Home First focus on admision avoidance and hospital discharge. This involved working
The Complex Lives alliance is an example of integrated health and social care, drug and alcohol services, mental health, housing, police and criminal justice system and the VCF sector. In Mental Health, a new focussed integrated team has been implemented and social workers are now based in the Rotherham Doncaster and South Humber NHS Foundation

rogressing and two Enablers which you have experienced a relatively greater degree of

Checklist

Complete:
Yes
Yes
Yes

Response - Please detail your greatest successes	
Strong, system-wide governance and systems leadership has meant timely transfers of care have occured between care and discharge teams. There is an established governance board for home first team with clear reporting requirements to partnership board. This governance arrangement has enabled joint operational approaches to delivery of services such as Positive Steps which is the social care assessment unit providing up to week of support for people transferred from hospital to assess them for their best destination (home/ 24 hour care / care). Positive Steps supports more complex patients of the	Yes
The Doncaster social prescribing service has been developed which places greater emphasis on integrated preventative healthcare interventions for people from marginalised and disadvantaged groups. This enables personalisation through personal commissioning with further investment in health and social care reablement service. Imperative to our future commissioning activity is around listening to our community through appreciative inquiry conversations and ensuring voices are heard across Doncaster's localities taking a hyper local response to identified needs.	Yes

Response - Please detail your greatest challenges	
There is a need for effective provision of integrated care to manage demand to serve the needs of a rising elderly population and increasing homecare capacity. Our domicillary care market has struggled due to staffing capacity with 2021/22 being a particularly difficult and a challenging time beyond normal winter pressures. Our future approach will utilise a population health management approaches to identify need focusing on early intervention and preventative approaches such as social prescribing and localities led community support. This involves focussing on working with our provider collaborative to	Yes
As a result of COVID-19 there was a national mandate for all contracts to be scheduled on a block contract basis during 2021/22. This meant nationally determined priorities inhibited transformation through typical testing and prototying approaches from BCF schemes. This ultimately had an impact on locally led and needs based commissioning.	Yes

ɔrs)

ʒ and co-production

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board: Doncaster

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a k
Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect
with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to exte
need to be calculated from records of payments paid to social care providers and the number of client weeks they rel

We are interested ONLY in the average fees actually received by external care providers for your local authority's e
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 Fu
of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This c
care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactu

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.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client con
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 trav
commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal B
- 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+ resi
of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service typ
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 deme
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
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)	£17.20	£17.20

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)	£552.00	£552.00
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)	£578.00	£578.00
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.		

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 week 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 County Council.

:ey part of social care reform.

: this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency

:rnal care providers for your local authority's eligible clients. The averages will likely
late to, unless you already have suitable management information.

:ligible supported clients (gross of client contributions/user charges), reflecting what

nd but otherwise, including additional funding to cover cost pressures related to management
ounterfactual calculation was intended to provide data on the long term costs of providing
al), subject to than the exclusions set out below.

. your local authority's own staff costs in managing the commissioning of places.
ntributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded

el time in home care, any allowances for external provider staff training, fees directly
Budget.

dential and 65+ nursing requested below (e.g. you have the more detailed categories
pes an average weighted by the proportion of clients that receive each detailed

entia, age 65+ residential with dementia) by the total number of clients receiving the

What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
£18.53	7.7%

Checklist

Complete:

Yes

£562.05	1.8%
£591.26	2.3%

Yes
Yes
Yes

‹s during the year. This will

former Northamptonshire