Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, 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, Housing 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 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 ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

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 row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.
Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:
1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

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. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. 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.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. 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 2022-23 (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-2022-23/

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 for the year 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 NHS 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 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 Dischaege to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics 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 metric data along with any available proxy data.
 - In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two 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 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

Income section:
 - Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
 - In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
 - The template will automatically pre populate the planned expenditure in 2022-23 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 NHS or LA contributions in 2022-23 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 2022-23.

Expenditure section:
 - Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
 - If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
 - You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
 - Please include actual expenditure from the ASC discharge fund.
 - Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 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 5 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 2022-23
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

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:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.

5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

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

Version 1.0

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. 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 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 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.

		Checklist
		Complete:
Health and Wellbeing Board:	Wiltshire	Yes
Completed by:	Helen Mullinger	Yes
E-mail:	helen.mullinger@wiltshire.gov.uk	Yes
Contact number:	01225 712636	Yes
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:	Tue 02/05/2023	Yes

send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

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

<< Link to the Guidance sheet

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 2022-23:	
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 NHS 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

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Wiltshire

National data may 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 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	2,261.0	Not on track to meet target	Actual figure 3,207	Rapid Response and Overnight Nursing services continue to be rolled out across Wiltshire. We are starting to look at avoidable admissions per acute trust and have found significant differences between	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.7%	Not on track to meet target	Actual figure 91.5%	Close to planned performance. We will continue to focus on rehabilitation and services promoting independence and expect to to see a positive impact from this in 2023-24.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	383	On track to meet target	Actual figure was 374 permanent admissions	Reducing trend since 2021-22 with a maintained improvement of 2%. This is due to increaing our focus on helping people to stay in their own homes and improving therapy available on hospital discharge.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	65.5%	On track to meet target	Actual average was 78.5%	March 2023 figure was 95.7%. Underlying issues around recording outcomes have been resolved.	Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board: | Wiltshire

Income

	2022-23	
Disabled Facilities Grant	£3,713,864	
Improved Better Care Fund	£10,242,097	
NHS Minimum Fund	£36,129,791	
Minimum Sub Total		£50,085,752

	Planned	Actual			
NHS Additional Funding	£2,102,000	Do you wish to change your additional actual NHS funding?	Yes	£4,602,209	
LA Additional Funding	£15,081,483	Do you wish to change your additional actual LA funding?	Yes	£16,321,944	
Additional Sub Total		£17,183,483			£20,924,153

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£67,269,235	£71,009,905

ASC Discharge Fund

	Planned	Actual			
LA Plan Spend	£1,496,000	Do you wish to change your additional actual LA funding?	Yes	£1,519,220	
ICB Plan Spend	£2,746,000	Do you wish to change your additional actual ICB funding?	No		
ASC Discharge Fund Total		£4,242,000			£4,265,220

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£71,511,235	£75,275,125

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	2021-22 carried forward under-spend from BCF and DFG and additional in-year contributions explains the difference in planned and actual income.

Expenditure

	2022-23
Plan	£67,269,235

Do you wish to change your actual BCF expenditure?	Yes

Actual		£64,957,645	Yes

	ASC Discharge Fund
Plan	£4,242,000

Do you wish to change your actual BCF expenditure?	Yes	Yes

Actual	£4,242,000	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	The actual spend in 2022/23 for discharge was £1,582,339m. However commitments and arrangements have been entered into totalling £2,659,661 resulting in a total spend of £4,242,000	Yes

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: | Wiltshire

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	Strongly Agree	The governance structure is embedded following the creation of the Integrated Care Alliance and working well.	Yes
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	All schemes implemented as planned, including the additional schemes developed at pace to meet ASCDF guidance. These had a positive impact on hospital discharge rates.	Yes
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	Strongly Agree	Joint commissioning is evident in some services such as brokerage and joint commissioning of the new PW2 bed model was successful.	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 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	Wiltshire Support at Home has been commissioned and will be at full operational capacity by June 2023 this has provided additional resource specifically for hospital discharges and to prevent unnecessary admissions. New provider in the market with specialist rehabilitation training to enhance the dom care provision.	Yes
Success 2	2. Strong, system-wide governance and systems leadership	Boards: Wiltshire ICA Partnership Committee; Safeguarding Vulnerable People Partnership; BSW Palliative Care and EOLC Alliance; Urgent Care and Flow Board; Wiltshire Public Service Board. There is evidence of strong leadership across the system and robust oversight and governance. Wiltshire has a strong ethos of learning and takes opportunities to review and reflect to identify areas for improvment at all levels.	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	3. Integrated electronic records and sharing across the system with service users	Graph net role out may address some of the difficulties, however there are existing challenges on accessing records and data sharing	Yes
Challenge 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	Resources specific to geographic areas - Wiltshire Council part of transformation needs to be taken forward to an integrated approach across BSW. Need to develop process for joint funding and personal health budgets.	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

Selected Health and Wellbeing Board: Wiltshire

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.
The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.
1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).
2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
6) For 'Assistive Techonologies and Equipment', please state the number of unique beneficiaries through the fund.
7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

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 and any learning	Do you have any learning from this scheme?
Additional social care practitioners in Reablement team	Local recruitment initiatives		£109,000	£109,000	3	number of additional staff	No	3 additional staff recruited for 1 year.	Yes		
Care Act Assessment backlog	Local recruitment initiatives		£375,000	£375,000	230	number of additional staff	No	230 care act assessments (Jan - Mar 2023) carried out via agency staff has ensured existing social work resource could be diverted to support additional	Yes	January – March 2023 222 assessments completed by Liquid Personnel (Agency). Each assessment removed from the backlog is adding capacity to	Main learning point is that qualified social workers are difficult to
Care Market Provider Support	Home Care or Domiciliary Care	Domiciliary care packages	£500,000	£500,000		Hours of care	Yes	85 providers were given grants to support recruitment and retention. This was a change from the original plan to use the funds to supplement complex or hard-	Yes	These were small grants paid to 85 Domiciliary Care providers in Wiltshire who could demonstrate that they would spend the grant on recruitment and	This improved relationhsips with providers at a time
Complex needs SPOT beds and associated equipment (physical and	Residential Placements	Other	£1,323,000	£1,323,000	96	Number of beds	No	496 weeks of bed based care. This number will increase as patients are being discharged.	Yes	Being able to fund additional capacity for the most complex of patients has resulted in 96 more discharges than would otherwise have been the case	Scheme spending needs careful monitoring due to the
Council front line staff winter incentive scheme	Improve retention of existing workforce	Incentive payments	£778,000	£778,000	N/A		No	163 staff payments to date with further payments pending.	Yes	January applications across all three services (Wiltshire Support at Home, Reablement and Outreach and Intensive Enablement Service was 2.5	the response in terms of aplications and recruitment was
Dorothy House bed provision	Residential Placements	Nursing home	£89,000	£89,000	2	Number of beds	No	24 weeks of bed based care	Yes	The additional capacity has resulted in better utilisation across their whole bed base. It has meant an additional 6 discharges in the period from January	The lead-in time to set beds up was longer than estimated. There
Increase Intensive Enablement Support (MH and LD)	Local recruitment initiatives		£59,000	£59,000	2	number of additional staff	No	2 additonal staff recruited for 1 year.	Yes	The recruitment of 2 officers has resulted in 4 additional discharges January-March 2023. These are very complex cases and require significant resource	
Mental Health flow coordination	Additional or redeployed capacity from current care workers	Costs of agency staff	£178,000	£178,000		hours worked	Yes	*Mental Health support plans were developed across BSW and Wiltshire funding was allocated to BSW wide mental health plans. Outcomes will be reported via the Swindon return*	Yes	Please see Swindon return	
Project Coordination	Administration		£45,000	£45,000	N/A				Yes	Assisted with the additional work of administering and monitoring schemes.	
Shared Lives Placements	Home Care or Domiciliary Care		£75,000	£75,000	36,288	Hours of care		4 additional placements: These are long-term 'live-in' placements for vulnerable people with mental health issues.	Yes	Assisted with the additional work of administering and monitoring schemes.	
Wiltshire Council in-reach to acute and community settings	Local recruitment initiatives	<Please Select>	£324,000	£324,000	6	N/A		6 additional staff recruited for 1 year. This resulted in 342 additional discharges across 3 acute hospitals serving Wiltshire residents.	Yes		
Wiltshire Health and Care in-reach plan to acute hospitals	Local recruitment initiatives		£302,000	£302,000	6	number of additional staff		6 additional staff recruited for 1 year. This resulted in 192 additional discharges across 4 staff. 2 roles are pending start dates.	Yes		
Wiltshire VCS offer and carers support	Other		£85,000	£85,000		N/A		1613 meals provided alongside welfare checks. Each mealcheck has released operational reablement staff to support additional discharges.	Yes	Meals can be provided daily for up to 28 days post hospital discharge. From January to March 2023, 717 meals were delivered, freeing up significant capacity	Referrals not as high as expected in the early weeks but this has