

Appendix 1

BCF Planning Template 2024-25

1. Guidance

Overview

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 blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.
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 in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checker column, which can be found on each individual sheet, 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'.
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
6. Please ensure that all boxes on the checklist are green before submission.
7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.
5. Please use the comment boxes alongside to add any specific detail around this additional contribution.
6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.
8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.

- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate

- The population data used is the latest available at the time of writing (2021)

- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.

- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

<https://future.nhs.uk/bettercareexchange/view?objectId=143133861>

- Technical definitions for the guidance can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Falls

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.

- This is a measure in the Public Health Outcome Framework.

- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.

- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.

- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: <https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

Further information about this measure and methodology used can be found here:

[https://fingertips.phe.org.uk/profile/public-health-outcomes-](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4)

[framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4)

3. Discharge to usual place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

4. Residential Admissions:

- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.



HM Government



Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website and gov.uk. 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.

Health and Wellbeing Board:	Southwark
Completed by:	Adrian Ward
E-mail:	adrian.ward@selondonics.nhs.uk
Contact number:	0208 176 5349
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Thu 18/07/2024 << Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Evelyn	Akoto	evelyn.akoto@southwark.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Andrew	Bland	andrew.bland@selondonics.nhs.uk
	Additional ICB(s) contacts if relevant		Darren	Summers	darren.summers@selondonics.nhs.uk
	Local Authority Chief Executive		Althea	Loderick	althea.loderick@southwark.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		David	Quirke-Thornton	david.quirke-thornton@southwark.gov.uk
	Better Care Fund Lead Official		Adrian	Ward	adrian.ward@selondonics.nhs.uk
	LA Section 151 Officer		Clive	Palfreyman	clive.palfreyman@southwark.gov.uk
	Director of Integrated Commissioning		Genette	Laws	genette.laws@southwark.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process --></i>					

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board:

Southwark

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,839,162	£1,839,162	£0
Minimum NHS Contribution	£29,686,191	£29,686,191	£0
iBCF	£17,847,349	£17,847,349	£0
Additional LA Contribution	£1,265,000	£1,265,000	£0
Additional ICB Contribution	£1,200,520	£1,200,520	£0
Local Authority Discharge Funding	£4,170,284	£4,170,284	£0
ICB Discharge Funding	£2,963,000	£2,963,000	£0
Total	£58,971,506	£58,971,506	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£8,435,974
Planned spend	£8,722,382

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£20,612,377
Planned spend	£21,401,059

[Metrics >>](#)

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	242.0	223.0	230.0	222.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,616.0	1,532.0
	Count	475	468
	Population	31312	32533

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	96.8%	96.8%	96.8%	96.8%

(SUS data - available on the Better Care Exchange)

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1,016	473

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Southwark

Hospital Discharge	Capacity surplus. Not including spot purchasing													Capacity surplus (including spot purchasing)												
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
Capacity - Demand (positive is Surplus)																										
Reablement & Rehabilitation at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Reablement & Rehabilitation in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-13	-14	-13	-9	-11	-12	-15	-16	-14	-14	-11	-12	0	0	0	0	0	0	0	0	0	0	0	0		

Average LoS/Contact Hour	
Full Year	Units
0	Contact Hours per package
0	Contact Hours per package
34	Average LoS (days)
0	Average LoS (days)
43	Average LoS (days)

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.
 VCS schemes to help people settle in after discharge (Safely Home, British Red Cross, Irish Pensioners), Handy Persons, Blitz clean. Estimated at 5% of PO discharges, approximately 90 per month.

Capacity - Hospital Discharge	Metric	Refreshed planned capacity (not including spot purchased capacity)													Capacity that you expect to secure through spot purchasing												
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
Service Area																											
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	199	198	189	199	195	189	209	200	188	203	197	196	0	0	0	0	0	0	0	0	0	0	0			
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	6	6	6	6	6	6	7	6	6	7	6	7	0	0	0	0	0	0	0	0	0	0	0			
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	6	3	2	2	0	3	4	4	6	13	14	13	9	11	12	15	16	14	14	11	12		
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														

Demand - Hospital Discharge	Trust Referral Source	Please enter refreshed expected no. of referrals:												
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Total Expected Discharges:	Total Discharges	1900	1937	1838	1904	1866	1855	2045	1923	1844	1958	1676	2023	
Reablement & Rehabilitation at home (pathway 1)	Total	199	198	189	199	195	189	209	200	188	203	197	196	
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	118	121	108	115	118	115	125	115	111	115	120	119	
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	61	57	61	64	57	54	64	61	57	64	57	57	
	OTHER	20	20	20	20	20	20	24	20	24	24	20	20	
Short term domiciliary care (pathway 1)	Total	0	0	0	0	0	0	0	0	0	0	0	0	
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	6	6	6	6	6	6	7	6	6	7	6	7	
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	3	3	3	3	3	3	4	3	3	4	3	4	
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	2	2	2	2	2	2	2	2	2	2	2	2	
	OTHER	1	1	1	1	1	1	1	1	1	1	1	1	
Other short term bedded care (pathway 2)	Total	0	0	0	0	0	0	0	0	0	0	0	0	
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	13	14	13	15	14	14	17	16	17	18	15	18	
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	8	9	8	9	9	9	10	9	10	10	9	10	
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4	4	4	5	4	4	5	5	5	6	5	6	
	OTHER	1	1	1	1	1	1	2	2	2	2	1	2	

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board:

Southwark

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Southwark	£1,839,162
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc IBCF)	£1,839,162

Complete:

Yes

Local Authority Discharge Funding	Contribution
Southwark	£4,170,284

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS South East London ICB	£2,971,000	£2,963,000	ICB changed borough allocation calculation for 24/25
Total ICB Discharge Fund Contribution	£2,971,000	£2,963,000	

Yes

IBCF Contribution	Contribution
Southwark	£17,847,349
Total IBCF Contribution	£17,847,349

Yes

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Southwark	£1,287,225	£1,265,000	Minor reduction related to changes to services funded by additional contribution.
Total Additional Local Authority Contribution	£1,287,225	£1,265,000	

Yes

NHS Minimum Contribution	Contribution
NHS South East London ICB	£29,686,191
Total NHS Minimum Contribution	£29,686,191

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS South East London ICB	£1,200,520	£1,200,520	
Total Additional NHS Contribution	£1,200,520	£1,200,520	
Total NHS Contribution	£30,886,711	£30,886,711	

Yes

Total BCF Pooled Budget	£58,971,506
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Funding Contributions Comments
Optional for any useful detail e.g. Carry over

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

Southwark

<< Link to summary sheet

Running Balances	2024-25		
	Income	Expenditure	Balance
DFG	£1,839,162	£1,839,162	£0
Minimum NHS Contribution	£29,686,191	£29,686,191	£0
iBCF	£17,847,349	£17,847,349	£0
Additional LA Contribution	£1,265,000	£1,265,000	£0
Additional NHS Contribution	£1,200,520	£1,200,520	£0
Local Authority Discharge Funding	£4,170,284	£4,170,284	£0
ICB Discharge Funding	£2,963,000	£2,963,000	£0
Total	£58,971,506	£58,971,506	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£8,435,974	£8,722,382	£0
Adult Social Care services spend from the minimum ICB allocations	£20,612,377	£21,401,059	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
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>> Incomplete fields on row number(s):

273, 274, 277, 278, 279

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Planned Expenditure		Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25 (£)	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
									Area of Spend	Please specify if 'Area of Spend' is 'other'											
1	Enhanced Intervention Services - ICB element	MDT providing enhanced psychological support for people with learning disabilities and challenging behaviour	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS		NHS Mental Health Provider	Minimum NHS Contribution	Existing	£241,331	£230,231	100%	Yes	revised allocation of uplifts reflecting contract adjustments	
2	Admissions avoidance - ERR and @home	Community health services enhanced rapid response and @home service	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		2100	2100	Packages	Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£5,330,018	£5,457,924	49%	Yes	revised allocation of uplifts reflecting contract adjustments	
3	GP Support @ Home Acuity	Service provides acute clinical care @ home. Multidisciplinary team providing quality care at the persons ow home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£279,633	£266,771	3%	Yes	revised allocation of uplifts reflecting contract adjustments	
4	@Home Geriatric Assessment	Service providing geriatric assessment and advance care planning in a persons own home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£33,093	£31,571	0%	Yes	revised allocation of uplifts reflecting contract adjustments	
5	@Home Integrated Care Fellows	At home integrated Clinical Care Fellows expertise	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£91,005	£86,819	1%	Yes	revised allocation of uplifts reflecting contract adjustments	
6	Falls service	Southwark community rehab and falls service: specialising in preventing falls, supporting people who have previously had a fall, illness or condition. Also supporting people who have had	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£905,452	£504,605	54%	Yes	Reflects updated Southwark element of joint contract.	
7	Occupational Therapy- Southwark Community Rehab and Falls Service	OT working with falls service supporting people who after an injury or illness have functional, cognitive and psychological conditions	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£51,706	£125,824	39%	Yes	Increase in service for falls	
8	Tissue Viability - Community	Service providing treatment, advice and education on treatment of wounds and pressure ulcers in community	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£61,722	£66,076	39%	Yes	revised allocation of uplifts reflecting contract adjustments	
9	Therapies - Foot Health Community	Assess, treat and advise people with foot conditions. Podiatrists who support foot and lower limb care.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£69,195	£74,076	39%	Yes	revised allocation of uplifts reflecting contract adjustments	
10	Palliative Care @ Home	Service provides palliative nursing care at home, also support for families of people who are seriously ill.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£350,360	£562,226	29%	Yes	Reflects updated Southwark element of joint contract.	
11	Self-management	Self-management for people with long term conditions	Prevention / Early Intervention	Other	Self-management courses/resource		0		Community Health		NHS		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£172,259	£0	0%	Yes	Contracts ended	
12	EIS - Speech & Language Therapist	GSTT therapist working in EIS team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£68,820	£65,915	100%	Yes	revised allocation of uplifts reflecting contract adjustments	
13	Neuro-rehab team - GSTT	Support workers for GSTT community neuro-rehab team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£217,333	£207,336	100%	Yes	revised allocation of uplifts reflecting contract adjustments	
14	Community Equipment Service	ICES Contract - CCG costs - BCF additional contribution	Assistive Technologies and Equipment	Community based equipment		3120	1991	Number of beneficiaries	Community Health		NHS		Private Sector	Additional NHS Contribution	Existing	£1,200,520	£1,200,520	100%	Yes	metric calculation revised	
15	Community Equipment Service	ICES Contract - CCG costs - BCF core contribution	Assistive Technologies and Equipment	Community based equipment		880	725	Number of beneficiaries	Community Health		NHS		Private Sector	Minimum NHS Contribution	Existing	£313,205	£437,258	100%	Yes	Amount increased to meet major growth in costs incurred under new contractor	
16	Behavioural Support - LD and autism	Community team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS		Local Authority	Minimum NHS Contribution	Existing	£100,000	£100,000	100%	No		
17	Dementia - Enhanced Neighbourhood Support	Integrated Care Planning and Navigation	Community Based Schemes	Integrated neighbourhood services					Social Care		LA		Local Authority	Minimum NHS Contribution	Existing	£184,177	£184,177	53%	No		
18	Homecare Quality Improvement	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages		113699	123505	Hours of care (Unless short-term in which	Social Care		LA		Private Sector	Minimum NHS Contribution	Existing	£2,330,840	£2,291,153	11%	Yes	Output increased based on overall homecare budget for 24/25	

19	Residential & Nursing	Residential and Nursing Placements	Residential Placements	Care home		55	78	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,943,455	£3,039,996	12%	Yes	revised plan for 24/25 for budget change (inflationary uplift)
20	Protect Adult Social Care - Residential Care	Residential Care	Residential Placements	Care home		48	48	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,479,452	£2,378,895	22%	Yes	revised plan for 24/25 for budget change
21	Mobilisation - Intermediate and Nursing Care	Nursing and reablement placements	Residential Placements	Care home		2		Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	New	£100,000	£100,000	1%	No	
22	Discharge to Assess - Council Costs	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£573,036	£540,600	100%	Yes	budget same as 23/24
23	Reablement - OT Team ICS	Intermediate Care Services	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£490,613	£488,276	100%	Yes	budget increased for inflation
24	Hospital discharge Team	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,973,974	£1,964,575	90%	Yes	budget increased for inflation
25	Housing Worker Discharge Team	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£55,125	£54,863	100%	Yes	budget increased for inflation
26	Intermediate Care	Intermediate Care Services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		300	0	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,278,166	£1,205,817	84%	Yes	budget same as 23/24
27	Night Owls - overnight intensive homecare	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		13000		Hours of care (Unless short-term in which	Social Care		Joint	50.0%	50.0%	Local Authority	Minimum NHS Contribution	Existing	£241,000	£241,000	99%	No	
28	Reablement Team	Intermediate Care Services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		525	525	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£2,135,254	£2,125,086	100%	Yes	budget increased for inflation
29	Community Mental Health Services	Community Based Schemes	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£735,958	£694,300	61%	Yes	budget same as 23/24
30	Enhanced Psychological Support for those with LD	LD clients	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£29,000	£29,000	5%	No	
31	Learning Disability - Personal Budgets	Personalised Budgeting and Commissioning	Personalised Care at Home	Physical health/wellbeing			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£237,080	£223,660	6%	Yes	budget same as 23/24
32	Mental Health Reablement	Community Based Schemes	Reablement in a persons own home				0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£170,374	£160,730	8%	Yes	budget same as 23/24
33	Mental Health - Personal Budgets	Personalised Budgeting and Commissioning	Personalised Care at Home	Mental health /wellbeing			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£674,160	£636,000	42%	Yes	budget same as 23/24
34	Mental Health Broker	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£66,150	£65,835	100%	Yes	budget increased for inflation
35	Mental Health Complex Cases Worker	Community Based Schemes	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£55,125	£54,863	100%	Yes	budget increased for inflation
36	Mental Health Discharge Worker	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£55,125	£54,863	100%	Yes	budget increased for inflation
37	Psychiatric Liaison (AMHPs and reablement)	Community Based Schemes, admissions avoidance	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£330,750	£329,175	36%	Yes	budget increased for inflation
38	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Carers				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,000,000	£1,000,000	100%	No	
39	Service Development and Change Management	Funding for integration projects	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£45,000	£45,000	4%	No	
40	Carers Strategy	Carers Services	Carers Services	Respite services		125		Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£450,000	£450,000	87%	No	
41	Unpaid Carers	Support for carers of people with dementia	Carers Services	Respite services		30		Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£100,000	£100,000	100%	No	
42	Community Equipment	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		280	981	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£562,000	£787,951	22%	Yes	updated metrics based on 23/24 output and increased budget
43	Telecare	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		105		Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£623,995	£623,995	59%	No	
44	Voluntary Sector Prevention Services	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing			0		Social Care		Joint	28.0%	72.0%	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,081,251	£1,131,251	87%	Yes	budget increased for inflation
45	Voluntary Sector Carers work	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing					Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£400,000	£400,000	100%	No	
46	iBCF funding plans - home care	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages		521608	603655	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF	Existing	£10,327,850	£11,198,498	42%	Yes	updated as per BCF Planning group decision
47	iBCF funding plans - nursing care homes	Residential Placements	Residential Placements	Nursing home		79	86	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£4,174,334	£5,024,334	17%	Yes	updated as per BCF Planning group decision
48	iBCF funding plans - Transformation fund to improve the health, wellbeing and resilience of	Community Based Schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Social Care		LA			Local Authority	iBCF	Existing	£250,000	£0	100%	Yes	changed as per ASC Planning group decision
49	iBCF Reablement and Intermediate bed based care	Intermediate Care Services	Bed based intermediate Care Services (Reablement, Residential Placements)	Bed-based intermediate care with reablement accepting step up and step down users		151	151	Number of placements	Social Care		LA			Private Sector	iBCF	Existing	£999,749	£345,021	100%	Yes	changed as per ASC Planning group decision
50	Residential care for older people	Residential Placements	Residential Placements	Care home		8	18	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£400,000	£754,728	2%	Yes	changed as per ASC Planning group decision
51	Nursing Care for older People	Residential Placements	Residential Placements	Nursing home		6	6	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£300,000	£0	3%	Yes	changed as per ASC Planning group decision

52	Home care for older people	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages		44083	44083	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF	Existing	£870,648	£0	4%	Yes	changed as per ASC Planning group decision
53	Flexicare - Housing Based Scheme	Extracare - Flexi-care	Residential Placements	Extra care		22		Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£524,768	£524,768	24%	No	
54	Disabled Facilities Grants	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG grants		150	150	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG	Existing	£1,686,144	£1,839,162	100%	Yes	budget updated to match grant determination
55	Community Equipment	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		280	431	Number of beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	Existing	£246,850	£260,000	10%	Yes	updated metrics based on 23/24 output
56	Telecare	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		105	98	Number of beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	Existing	£444,626	£300,000	42%	Yes	Application of Local Authority additional contribution reviewed taking into account budget changes
57	Voluntary Sector Prevention Services	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing			0		Social Care		LA			Local Authority	Additional LA Contribution	Existing	£482,749	£148,000	39%	Yes	Application of Local Authority additional contribution reviewed taking into account budget changes
58	Voluntary Sector Carers work	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing			0		Social Care		LA			Local Authority	Additional LA Contribution	Existing	£113,000	£0	28%	Yes	budget transferred to other schemes
59	Further investment into Nursing Care	Further investment into the Nursing Care sector (24/25 subject to review) to allow for a new care home within the borough to populate their beds faster than the contractual obligation in	Residential Placements	Nursing home		22	33	Number of beds	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£1,183,580	£1,377,015	3%	Yes	updated metrics in line with increased budget
60	Improvements in Reablement Outcomes	Further investment into reablement packages to improve outcomes (24/25 subject to review). This would increase the speed and accessibility of people being discharged into the	Home-based intermediate care services	Reablement at home (to support discharge)		44	64	Packages	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£332,000	£200,000	10%	Yes	updated metrics based on 23/24 output
61	Enhanced resources into Homecare	Enhanced investment into double handed care placements (24/25 subject to review) to allow for more effective discharge to an "at home" setting and to ensure we have more beds	Home Care or Domiciliary Care	Domiciliary care packages		9328	25372	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£366,317	£470,673	1%	Yes	updated metrics in line with increased budget
62	Maximising the use of Extra Care and sheltered accommodation	Investment in Extra Care Housing, Sheltered and Alms housing (24/25 subject to review) to facilitate higher acuity discharges from hospital – additional staffing to support discharges	Housing Related Schemes				0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£127,820	£77,000	4%	Yes	budget same as 23/24
63	Residential Care Charter	Accelerated investment in to the LA's in-borough provider's (24/25 subject to review) in providing a supplement which would impact front line staff in order to boost recruitment and	Workforce recruitment and retention				0	WTE's gained	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£249,000	£500,000	50%	Yes	budget increased to support more provider's joining the Residential Care Charter
64	Hospital Buddies	Supports to those who are due to be admitted to hospital for elective surgery, with discharge preparation (24/25 subject to review).	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£33,200	£0	100%	Yes	this is now scheme 88
65	Double Handed Care	Occupational Therapist based in the ToC Review team (24/25 subject to review) to look at all new residents being discharged with double handed care with the view to being	Other				0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£91,300	£107,843	100%	Yes	revised plan for 24/25 for budget change
66	Transfer of Care Assessment Team	Community based team to complete assessments in the community as a part of the D2A model to facilitate quick and safe discharges. (24/25 subject to review). 1 manager and 2	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£290,500	£249,030	10%	Yes	revised plan for 24/25 for budget change
67	Cost of Living Crisis Worker	Non-qualified staff member to support people who are due to be discharged from Hospital or recently discharged with the current cost of living Crisis. (24/25 subject to review).	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£58,100	£35,000	100%	Yes	budget same as 23/24
68	Step Down Flats	To fund 7 step down flats in extra care sheltered housing. (24/25 subject to review). This will enable pathway 1 discharges where people cannot return home for various	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		35	35	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£313,737	£200,000	25%	Yes	revised plan for 24/25 for budget change
69	Increased Brokerage Support	This additional funding helped to provide the right care and the right time for the right people and speed up pathway 1 and 3 discharges at the most pressured times. (24/25 subject	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes			0		Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£45,650	£27,500	4%	Yes	budget same as 23/24
70	Retention initiative for OT Workers	Investment into earmarked initiative for Occupational Therapists retention payment to assist in retaining staff please. (24/25 subject to review)	Workforce recruitment and retention				0	WTE's gained	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£66,400	£40,000	0%	Yes	budget same as 23/24
71	Further Investment into Residential Care	Further investment into the Residential Care sector (24/25 subject to review) to allow for a new provider within the borough to populate their beds faster than the contractual	Residential Placements	Care home		11	11	Number of beds	Social Care		LA			Local Authority	Local Authority Discharge Funding	New	£996,000	£726,223	2%	Yes	revised plan for 24/25 for budget change
72	Mental Health Discharge Housing Workers	MH Discharge workers to support MFFD homeless on the ward and those currently in B&B. (24/25 subject to review). Facilitate discharge from the ward and work with Homeless	Housing Related Schemes				0		Mental Health		NHS		NHS Mental Health Provider	ICB Discharge Funding	Existing	£74,321	£60,000	2%	Yes	Adjusted following revision of scheme mid-year.	
73	Expand step down housing	Step down flats (24/25 subject to review) - Create capacity in complex care placement for MFFD patients currently on the ward	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		0	48	Number of placements	Mental Health		NHS		NHS Mental Health Provider	ICB Discharge Funding	Existing	£268,486	£233,000	8%	Yes	Adjusted following revision of scheme mid-year.	
74	Expand step down housing options	Placement review workers (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS		NHS Mental Health Provider	ICB Discharge Funding	Existing	£66,889	£36,000	1%	Yes	Adjusted following revision of scheme mid-year.	
75	Additional Home Treatment Team (HTT) capacity	HTT advanced practitioners to support individuals discharged to step down accommodation (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS		NHS Mental Health Provider	ICB Discharge Funding	Existing	£74,321	£60,000	2%	Yes	Adjusted following revision of scheme mid-year.	
76	Shared lives support	Step down service for people discharged from hospital. (24/25 subject to review). Increase housing capacity for discharge to the community and offer psychosocial support to users	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Mental Health		NHS		NHS Mental Health Provider	ICB Discharge Funding	Existing	£37,347	£0	0%	Yes	scheme was one year only	
77	Outreach Service	Kings Outreach Therapy Service (KCH led across Lambeth & Southwark) (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	ICB Discharge Funding	Existing	£285,601	£169,000	6%	Yes	Scheme retained at original team size.	
78	Pathway 2 & 3 Discharges	Placements, hotels, equipment inc homeless and NRPF (24/25 subject to review)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support admission		0	0	Number of placements	Community Health		NHS		NHS Community Provider	ICB Discharge Funding	Existing	£650,313	£0	0%	Yes	Budget consolidated for P2&3 schemes row 80	
79	Pathway 2 & 3 Discharges	Placements, and bed based intermediate care (24/25 subject to review)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support admission		0	0	Number of placements	Community Health		NHS		NHS Community Provider	ICB Discharge Funding	Existing	£278,705	£0	0%	Yes	Budget consolidated for P2&3 schemes row 80	
80	Pathway 2 & 3 Discharges	Placements, and bed based intermediate care (24/25 subject to review)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support admission avoidance)		0	22	Number of placements	Community Health		NHS		Private Sector	ICB Discharge Funding	Existing	£870,841	£1,350,000	46%	Yes	Budget consolidated for P2&3 schemes row 80 : Funding to enable timely and seamless discharge for complex patients where there is no established pathway. Focussed on patients most at risk of being stranded in hospital for a lengthy period after discharge ready date.	
81	Homeless discharge service	Accommodation and support to enable discharge of homeless patients ready for discharge (24/25 subject to review)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS		NHS Community Provider	ICB Discharge Funding	New	£364,175	£355,000	12%	Yes	Uplifted to reflect new commissioning arrangements	
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme	Expenditure for 2024-25 (£)	% of Overall Spend				
82	Care Home Therapy Services	Additional therapy team to support care homes in prevention of admissions and falls	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£68,500	100%				

83	Equipment Provision to support discharges	Placements Equipment to support discharges	Assistive Technologies and Equipment	Community based equipment			497	Number of beneficiaries	Community Health		NHS			Private Sector	ICB Discharge Funding	New		£300,000	10%
84	Pathway 2 & 3 Discharges	Placements and discharge improvement plans	Bed based intermediate Care Services (Reablement, rehabilitation, wider)	Bed-based intermediate care with rehabilitation (to support discharge)			6	Number of placements	Community Health		NHS			NHS Community Provider	ICB Discharge Funding	New		£340,000	13%
85	Hospital discharge Team	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Additional LA Contribution	New		£209,000	100%
86	Reablement Team	Intermediate Care Services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)			86	Packages	Social Care		LA			Local Authority	Additional LA Contribution	New		£348,000	100%
87	Care Home Liason service - LA funding	Joint scheme for pathway 3 discharge improvements supporting interface between care homes and hospitals.	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Local Authority	Local Authority Discharge Funding	New		£60,000	50%
88	Care Home Liason service - ICB funding	Joint scheme for pathway 3 discharge improvements supporting interface between care homes and hospitals.	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health		NHS			NHS	ICB Discharge Funding	New		£60,000	50%
89	Voluntary sector support to hospital discharge	Supports to those who are due to be admitted to hospital for elective surgery, with discharge preparation	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)					Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge Funding	New		£100,000	100%

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Independent Mental Health Advocacy 2. Safeguarding 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other 	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other 	The DFG is a means-tested capital grant to help meet the costs of adapting a property, supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other 	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other 	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> 1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other 	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	<ol style="list-style-type: none"> 1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other 	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other 	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> 1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> 1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other 	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board:

Southwark

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

Actuals for 2023/24 demand have been estimated using a range of data sources from acute, community and social care sources. The actuals form the basis of 2024/25 projections, incorporating an uplift based on SELICB Operating Plan assumptions about discharge growth. Acute and community data was only available for Q1 and Q2 due to issues arising from the implementation of the EPIC data system. Capacity is projected to match demand, reflecting the expectation that all discharges will be supported with appropriate provision. Due to data limitations it is not currently possible to identify shortfalls in capacity causing delays beyond the discharge ready date.

The new metrics around contact hours per reablement/rehab referral and time from referral to service start can not yet be collected in the current system.

When the EPIC system is optimised and data available we will undertake a refresh of our demand and capacity plan.

It should be noted that a revised approach to estimating the demand and capacity data has resulted in significant improvements and consequent changes from the 23/24 estimates.

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

The Additional Discharge Fund has been focussed on addressing gaps in intermediate care that are known to be the key operational causes of delayed transfer of care. The 16 bed Avon unit within our re-commissioned residential care home provider has been a notable success in supporting discharge since July through the provision of bedded reablement and Discharge to Assess placements. Significant investment into residential care, nursing care, home care, reablement, discharge to assess, extra care/step down flats is based on our understanding of key gaps and blockages to discharge. The ICB budget for complex P2 and P3 discharges has been increased, targeting a cohort who are frequently stranded in hospital for a significant period after discharge ready date.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

A number of services are anticipated to help offset the projected increase in underlying demand, for example;

Urgent Community Response services funded through the BCF are focussed on supporting people at immediate risk of admission.

The Discharge to Assess bedded unit is expected to increase the number of care home discharges that lead to a successful return to independent living at home rather than a care home admission, or hospital re-admission.

The additional funding for reablement services will increase potential capacity for community referrals for people at risk of admission.

The Core BCF provides substantial base funding for home care and related services that enable people to remain living at home independently and safely.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

The Discharge to Assess bedded units have addressed a significant gap in discharge step down options for those people whose needs are too high for a Home First discharge to assess pathway, but for whom a discharge into a traditional care home placement would not be an appropriate option.

The additional funding for residential care, nursing care and home care will provide extra capacity for discharge.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

The 6 boroughs within the SELICB footprint have worked together to ensure the urgent and emergency care trajectories within the ICB Operating Plan reconcile to borough Demand and Capacity trajectories with respect to discharge of borough residents by trust and pathway type, which is based on data projections provided by trusts. This has been triangulated against local community health and social care data.

The integrated team working on the BCF capacity and demand template include the people responsible for providing Market Sustainability Improvement Fund activity data and will ensure the two align.

The joint BCF Planning Group has oversight of the demand and capacity data.

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in your BCF plan?

Yes

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.

The SELICB Operational Plan trajectories for discharge by pathway have been disaggregated to borough level using estimates of the proportion of total patients in local trusts who are Southwark residents. This has been used as a control total for expected demand for different types of intermediate care, and calculating the expected capacity the system will need to provide to meet demand.

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

Investment of the £7.1m 2024/25 Additional Discharge Funding was focussed on addressing known gaps in capacity and other barriers to discharge, taking into account the effectiveness of schemes funded during 2023/24. This investment includes expanding Nursing Care capacity (£1.2m), Residential Care capacity (£0.7m), Care home charter supporting recruitment and retention (£0.5m), Double handed care placement at home (£0.5m), Transfers of Care Assessment Team (£0.25m), Extra care/step down flats (£0.4m), Reablement (£0.2m), Mental health step down flats and related support (£0.4m), funding for ICB funded intermediate care and complex P2 and P3 discharges (£1.3m) Homeless discharge services (£0.37m), Community Equipment (£0.3m), Kings Outreach Therapy service (£0.17m). Investments in these schemes enables Southwark to facilitate a safe and effective discharge out of acute hospitals in a timely manner, reducing the length of stay whilst ensuring residents needs are met and they do not remain in an acute setting when no longer meet the criteria to reside.

Please describe any changes to your Additional discharge fund plans, as a result from

o Local learning from 23-24

o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk))

The changes to Additional Discharge Funding for 24/25 reflect local learning about which services are able to respond quickly and flexibly to new investment to address discharge pressures. Mid-year evaluation of schemes was undertaken to confirm effectiveness of investment and suitability for rolling forward into 24/25.

The national evaluation report was reviewed and noted. The report reaffirmed the importance of providing stable long term financial planning arrangements for service providers. The borough has tried to provide planning stability within the limitations of the national framework for discharge funding by confirming in principle agreement to roll forward funding at an early stage where possible.

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?

BCF Planning Group meets monthly providing oversight of in-year monitoring reports.

The lead organisation for each scheme holds the budget and its delivery is incorporated into the organisation's governance arrangements for ensuring value for money.

Better Care Fund 2024-25 Update Template
7. Metrics for 2024-25

Selected Health and Wellbeing Board:

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

	Indicator value	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	Complete:
		Actual	Actual	Plan	Plan			
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Number of Admissions	254.5	234.9	225.0	195.0	The target is to achieve a 5% reduction on the last available actuals for that quarter. As Q3 and Q4 not available for 23/24 from local trusts, 22/23 Q3 & Q4 data used. It is considered that this is a stretching target, but achievable based on benchmarking evidence.	A range of BCF services and related partnership improvement workstreams directly and indirectly support the objective of reducing avoidable admissions. e.g. Urgent Community Response, Age Well (frailty and falls), neighbourhood working and long term condition management. There is a current focus on preventing avoidable respiratory admissions, which account for a high proportion of the total (COPD & Asthma being one third of the admissions).	Yes
	Population	306,374	306,374	-	-			
	Indicator value	242	223	230	222			

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

8.2 Falls

	Indicator value	2023-24	2023-24	2024-25	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	Complete:
		Plan	estimated	Plan			
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Count	1,843.0	1,616.0	1,532.0	Draft proposal is for a 5% annual reduction in the rate of falls admissions which benchmarking suggests is achievable. The 2023/24 baseline is an estimate using the last 12 months of available data (Oct 22 to Sept 23). Note that there has been a significant rebasing of the population estimate used for this metric.	Falls prevention is a key focus of the Partnership Southwark Age Well frailty workstream and agencies working with older people are focussed on this objective. The GSTT community falls service is funded from the BCF. Services such as ICES and telecare have a strong falls prevention element.	Yes
	Population	450	475	468			
	Population	25,997	31,312	32,533			

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

	Quarter (%)	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	Complete:
		Actual	Actual	Actual	Plan			
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Numerator	97.2%	97.0%	96.8%	96.8%	Existing target retained as Southwark performance to Q2 remained one of the highest nationally. Stretching to maintain performance, particularly in the context of increased usage of bedded intermediate care.	The BCF continues to fund the provision of high intensity home based support services enabling an effective and safe home first approach in the vast majority of discharges from hospital. For example, home based reablement and intermediate care, intensive home care, double handed care, overnight home care.	Yes
	Denominator	5,096	5,032	5,343	5,201			
	Quarter (%)	5,243	5,186	5,520	5,373			
	Quarter (%)	96.8%	96.8%	96.8%	96.8%	The target is to maintain the number of care home placements at 2023/24 levels. This is considered a stretching target given demographic pressures of the aging population and increased levels of acuity. To note that 22/23 actual is overstated.	The underlying growth in demand pressure will be offset by the continuation of the IBCF funded Avon Unit, which will have a full year impact in 2024/25. The provision of Extra Care and step down flats will contribute further capacity, together with additional resources to support home first discharge to assess and reablement from the discharge fund. Urgent Community response will also continue to help prevent avoidable admissions to care homes.	Yes
	Numerator	5,493	5,445	5,626	5,476			
	Denominator	5,675	5,625	5,812	5,657			

8.4 Residential Admissions

	Annual Rate	2022-23	2023-24	2023-24	2024-25	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	Complete:
		Actual	Plan	estimated	Plan			
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Numerator	1015.5	539.7	491.8	473.4	The target is to maintain the number of care home placements at 2023/24 levels. This is considered a stretching target given demographic pressures of the aging population and increased levels of acuity. To note that 22/23 actual is overstated.	The underlying growth in demand pressure will be offset by the continuation of the IBCF funded Avon Unit, which will have a full year impact in 2024/25. The provision of Extra Care and step down flats will contribute further capacity, together with additional resources to support home first discharge to assess and reablement from the discharge fund. Urgent Community response will also continue to help prevent avoidable admissions to care homes.	Yes
	Denominator	264	169	154	154			
	Denominator	25,997	31,312	31,312	32,533			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

Please note, actuals for **Cumberland** and **Westmorland and Furness** are using the **Cumbria** combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

Better Care Fund 2024-25 Update Template
8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Southwark

Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframes for meeting it
NC1: Jointly agreed plan	PR1 A jointly developed and agreed plan that all parties sign up to	Has a plan, jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LH, been submitted? Paragraph 11 Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? Paragraph 11 as stated in BCF Planning Requirements 2023-25 Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Paragraph 11 Have all elements of the Planning template been completed? Paragraph 11	Cover sheet Cover sheet Cover sheet Cover sheet	Yes	See full 2023-2025 Plan		
	Not covered in plan update - please do not use	A clear narrative for the integration of health, social care and housing Not covered in plan update					
	PR3 A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6 A demonstration of how the services the area commissions will support the BCF policy objectives to: - Support people to remain independent for longer, and where possible support them to remain in their own home - Deliver the right care in the right place at the right time?	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected those changes in UEC demand, capacity and flow estimates in NMS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes			
Additional discharge funding	PR5 A strategic, joined up plan for use of the Additional Discharge Fund	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes			
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6 A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	PR4 and PR6 are dealt with together (see above)					
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7 A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the spirit to the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes			
Agreed expenditure plan for all elements of the BCF	PR8 Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to care-specific support? - Reablement? Paragraph 12		Yes	Note that the summary expenditure table pulls through an incorrect total for NHS minimum contribution spending, and DFG grant value differs from local records.		
Metrics	PR9 Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support that?		Yes			

Complete:

Yes
Yes
Yes
Yes
Yes