

Better Care Fund 2024-25 Q2 Reporting Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE). Please also refer to the Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements which was published in April 2024. Links to all policy and planning documents can be found on the bottom of this guidance page.

As outlined within the BCF Addendum, quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans. This will include the collection of spend and activity data, including for the Discharge Fund, which will be reviewed alongside other local performance data. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

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

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off by HWBs, or through a formal delegation to officials, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the 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

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

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

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

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process outlined within 24/25 planning submissions.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2024-25 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- Not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements. Please note columns M and N only apply where 'not on track' is selected.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

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

5. Capacity & Demand Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.

Activity

'For reporting across 24/25 we are asking HWB's to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered.

For hospital discharge and community, this is found on sheet "5.2 C&D H1 Actual Activity".

5.1 C&D Guidance & Assumptions

Contains guidance notes as well as 4 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs particularly for winter and ongoing data issues.

5.2 C&D H1 Actual Activity

Please provide actual activity figures for April - September 24, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.

Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

Expenditure

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan.

The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure to date alongside percentage spend of total allocation.

Overspend - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation.

Underspend - Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation.

Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

For guidance on completing the expenditure section on 23-25 revised scheme type please refer to the expenditure guidance on 6a.

Planning requirements

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

Policy Framework

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

Addendum

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements>

Better Care Exchange

<https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fbettercareexchange%2FgroupHome>

Data pack

<https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

Metrics dashboard

<https://future.nhs.uk/bettercareexchange/view?objectId=51608880>

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4. Metrics

Selected Health and Wellbeing Board:

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

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs <i>Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans - ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan</i>	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	213.0	211.0	198.0	192.0	219.7	On track to meet target	Key challenges are ambulance conveyance see and treat performance relatively low. Also self presenters have been a challenge, perceived access issues for primary care.	Achievements have been the introduction same day emergency care within the acute trusts. Also, AVS for primary care and care homes across Sefton.	No variance - improved performance in qtr 2	NA
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.7%	92.3%	92.4%	91.6%	92.95%	On track to meet target	Key challenges are that Care Transfer hubs are identifying more P1s which is positive as more people going home creating more demand across P1 services ie home care and reablement. Need to reduce length of time	We have diversified our dom care providers to also provide specialist reablement. Extending our rehab market through a procurement process which is currently being undertaken. worked with existing	No variance - improved performance in qtr 2	NA
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,866.0	451.8	On track to meet target	Key challenges preventative and proactive development of falls provision part of southport and formby which is the largest cohort of over 65s and 85s (nationally)	implemented 24 falls pick up service, we have introduced sefton emergency response service which can provide more assistance within the home environment and have a falls service within the	No variance - improved performance in qtr 2	NA
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				579	not applicable	Not on track to meet target	Some of the challenges for not achieving the target is that at the start of the financial year more patients were still being identified as pathway 2 and 3. However this has now changed and the Transfer care hub identify	Achievements have been set out in mitigation for recovery.	The current figure per 100,000 is 675 and although we are now starting to see a reduction in the numbers of people accessing res care, it is still unlikely the original target of 579 will be met. However a	Sefton have extended their rehab provision by extending the market. The procurement exercise is currently underway. In addition we have diversified our existing dom care provision to take on reablement. This

Complete:

Yes
Yes
Yes
Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board:

Sefton

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.

We need to relook the figures for Rehabilitation and Reablement in respect of demand and capacity for pathway 1 patients. We also need to look at our community rehab bedded figures as some of these figures don't appear to correlate to current demand

2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

Sefton are maintaining beds for Dixon court as well as providing additional dom care capacity we are doing this through remodelling existing capacity (trusted assessor and social workers to ensure throughput across the system and block book capacity

3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

We have some concerns about meeting the demand for Home First Reablement for P1 patients and supporting the system flow due to capacity issues with both workforce and providers.

4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

We are developing a more efficient home first service where more people will access our reablement provision. We have been given approval to extend our market in relation to reablement and are now in the process of commencing the procurement process, and although procurement will not have finalised before this winter we are exploring how to expand existing blocking bookings for the Winter 24/25

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6 months of the year
- modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Other short term bedded care (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement & Rehabilitation at home
- Reablement & Rehabilitation in a bedded setting
- Other short-term social care

Checklist

Complete:

Yes

Yes

Yes

Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board:

Sefon

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)						Actual activity through only spot purchasing (doesn't apply to time to service)					
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity, Number of new clients	428	478	487	471	508	479	160	200	201	138	176	226	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days), All packages (planned and spot purchased)	8	6	4	6	7	6	6	5	6	5	4	6						
Short term domiciliary care (pathway 1)	Monthly activity, Number of new clients	23	21	27	29	24	40	0	0	0	0	0	0	58	73	63	61	59	65
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	7	13	8	8	11	11	12	7	6	13	6	7						
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity, Number of new clients	38	43	43	42	46	43	90	113	95	112	76	120	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual 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 activity, Number of new clients.	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)	Actual 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 activity, Number of new clients	21	25	26	24	27	25	0	0	0	0	0	0	8	16	7	12	12	6
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	17	27	24	24	16	21	37	52	54	28	24	23						

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:					
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Social support (including VCS)	Monthly activity, Number of new clients.	30	30	30	30	30	30	30	30	30	30	30	30
Urgent Community Response	Monthly activity, Number of new clients.	72	72	72	72	72	72	418	363	371	371	472	440
Reablement & Rehabilitation at home	Monthly activity, Number of new clients.	64	74	71	65	72	85	53	61	38	48	43	44
Reablement & Rehabilitation in a bedded setting	Monthly activity, Number of new clients.	84	84	84	84	84	84	2	12	2	6	4	3
Other short-term social care	Monthly activity, Number of new clients.	32	20	29	21	37	25	23	23	13	25	21	6

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes

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	Resilient Technologies and Equipment	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	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	Care Services	1. Respite Services 2. Care 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/career breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	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 Team) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	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	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/ Collaborative) 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	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 ten 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 HCM, is included in this section.
8	Home Care or Domiciliary Care	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	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 HCM 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)	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	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 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	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	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	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	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 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
Resilient 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
Care Services	Beneficiaries

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

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To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

Running Balances	2024-25			
	Income	Expenditure to date	Percentage spent	Balance
DFG	£5,261,093	£2,525,479	48.00%	£2,735,614
Minimum NHS Contribution	£29,512,515	£14,846,775	50.31%	£14,665,740
IBCF	£15,725,903	£7,862,952	50.00%	£7,862,951
Additional LA Contribution	£497,100	£291,407	58.62%	£205,693
Additional NHS Contribution	£3,892,907	£1,835,619	47.15%	£2,057,288
Local Authority Discharge Funding	£3,674,579	£1,628,255	44.31%	£2,046,324
ICB Discharge Funding	£2,718,153	£1,359,077	50.00%	£1,359,076
Total	£61,282,250	£30,349,564	49.52%	£30,932,686

<< Link to summary sheet

Comments if income changed

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	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£8,386,620	£6,169,035	£2,217,585
Adult Social Care services spend from the minimum ICB allocations	£15,165,328	£7,727,620	£7,437,708

Checklist Column complete: No Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Virtual Ward/CCZH	Virtual Ward Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£2,068,692	£1,034,347	Expenditure will increase from November due to the NHS pay award which will be backdated to April
1	Virtual Ward/CCZH	Virtual Ward Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment		0	0		Community Health		NHS			NHS Community Provider	Additional NHS Contribution	£941,660	£470,830	Expenditure will increase from November due to the NHS pay award which will be backdated to April
2	Community Matrons	Community Matrons Team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£570,371	£285,185	Expenditure will increase from November due to the NHS pay award which will be backdated to April
3	Children's Community Nursing Outreach	Children's Community Nursing Outreach Team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	£311,216	£155,608	Expenditure will increase from November due to the NHS pay award which will be backdated to April
4	Community Treatment Rooms	Community Treatment Rooms	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£329,728	£164,864	Expenditure will increase from November due to the NHS pay award which will be backdated to April
5	District Nurses(Twilight Nursing)	District Nurses(Twilight Nursing)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£1,077,110	£538,555	Expenditure will increase from November due to the NHS pay award which will be backdated to April
6	District Nurses Out of Hours	District Nurses Out of Hours	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£666,397	£333,198	Expenditure will increase from November due to the NHS pay award which will be backdated to April
7	District Nurses Out of Hours	District Nurses Out of Hours - Additional Capacity in Southport & Formby	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£190,895	£95,447	Expenditure will increase from November due to the NHS pay award which will be backdated to April
8	Alcohol Nurse	Alcohol Nurse	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	£27,767	£13,883	Expenditure will increase from November due to the NHS pay award which will be backdated to April
9	HALS (Alcohol Liaison)	HALS - Alcohol Liaison Service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	£96,026	£48,013	Expenditure will increase from November due to the NHS pay award which will be backdated to April
10	Phlebotomy	Phlebotomy Service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	£129,577	£64,789	Expenditure will increase from November due to the NHS pay award which will be backdated to April
11	Respiratory/Community Response Team	Respiratory community response team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	£1,149,851	£574,926	Expenditure will increase from November due to the NHS pay award which will be backdated to April
12	Community Heart Failure/Cardiac Rehab	Community Heart Failure/Cardiac Rehab Services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	£735,813	£367,906	Expenditure will increase from November due to the NHS pay award which will be backdated to April

13	Community Dietetics (inc Enteral Feeding) Service	Community Dietetics (inc Enteral Feeding) Service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	£387,574	£193,787	Expenditure will increase from November due to the NHS pay award which will be backdated to April
14	Community Nursing Team	Children's Community Nursing Team	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	£86,770	£43,385	Expenditure will increase from November due to the NHS pay award which will be backdated to April
15	Community Paediatrics	Community Paediatrics	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	£345,925	£172,962	Expenditure will increase from November due to the NHS pay award which will be backdated to April
16	Advocacy	Statutory and Community Advocacy Services	Care Act Implementation Related Duties	Other	Advocacy Services	0	0		Social Care	Joint	100.0%	0.0%	Charity / Voluntary Sector	Minimum NHS Contribution	£74,067	£37,033	Annual uplift in plan higher than contract value
16	Advocacy	Statutory and Community Advocacy Services	Care Act Implementation Related Duties	Independent Mental Health Advocacy	Advocacy Services	0	0		Social Care	Joint	100.0%	0.0%	Charity / Voluntary Sector	Additional NHS Contribution	£277,355	£66,818	Sefton Advocacy contract only
16	Advocacy	Statutory and Community Advocacy Services	Care Act Implementation Related Duties	Other	Advocacy Services				Social Care	Joint	0.0%	100.0%	Charity / Voluntary Sector	Additional LA Contribution	£252,100	£168,907	
17	Social Work	Additional Social Worker Capacity - Mobile Working	Care Act Implementation Related Duties	Other	Social Workers				Social Care	LA			Local Authority	Minimum NHS Contribution	£51,000	£25,500	
18	Care Act	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Includes Additional SW/ Safeguarding				Social Care	LA			Local Authority	Minimum NHS Contribution	£916,596	£458,298	
19	Care Act	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Deprivation of Liberty Safeguards				Social Care	LA			Local Authority	Minimum NHS Contribution	£81,000	£40,500	
20	Carers Breaks & Respite	Carers Breaks & Respite	Carers Services	Respite services		590	295	Beneficiaries	Social Care	LA			Private Sector	Minimum NHS Contribution	£826,068	£413,034	
21	Carers Card Initiative	Carers Card Initiative	Carers Services	Other	Carer Advice and Support	590	295	Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	£20,000	£10,000	Year end recharge for service
22	Investment in Sensory Support Eye Clinic Liason	Bradbury Fields Voluntary Service	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA			Charity / Voluntary Sector	Minimum NHS Contribution	£17,000	£8,500	
23	Intermediate Care (LH)	Intermediate Care (LH)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		30	15	Number of placements	Acute	NHS			NHS Community Provider	Minimum NHS Contribution	£1,173,136	£586,568	Expenditure will increase from November due to the NHS pay award which will be backdated to April
24	Intermediate Care -Community	Intermediate Care Services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	Rapid / Crisis Response	0	0		Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	£1,613,127	£806,564	Expenditure will increase from November due to the NHS pay award which will be backdated to April
25	Intermediate Care Services	Intermediate Care Services (North Sefton) Dovehaven/ Birch Abbey	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		35	17	Number of placements	Acute	NHS			NHS Community Provider	Minimum NHS Contribution	£1,402,914	£836,288	includes complex beds and 2hr UCR
26	GP Call Handling Service	HICM for Managing Transfer of Care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Primary Care	NHS			NHS Community Provider	Minimum NHS Contribution	£79,829	£39,914	Expenditure will increase from November due to the NHS pay award which will be backdated to April
27	Discharge Planning	Integrated Care Planning and Navigation	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Acute	NHS			NHS Acute Provider	Minimum NHS Contribution	£158,501	£79,250	Expenditure will increase from November due to the NHS pay award which will be backdated to April
28	Community Equipment	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		14500	7250	Number of beneficiaries	Social Care	NHS			Local Authority	Minimum NHS Contribution	£924,884	£462,442	
29	Community Equipment Additional	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		14500	7250	Number of beneficiaries	Social Care	NHS			Local Authority	Minimum NHS Contribution	£358,393	£179,196	
30	Home from Hospital	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		9400	4700	Hours of care (Unless short-term in which case it is packages)	Social Care	LA			Private Sector	Minimum NHS Contribution	£203,206	£101,603	
31	Early Discharge	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		11800	5900	Hours of care (Unless short-term in which case it is packages)	Social Care	LA			Private Sector	Minimum NHS Contribution	£254,915	£127,457	
32	Intermediate Care - Chase Heys	Intermediate Care - Chase Heys - Therapy Provision	Bed based intermediate Care Services (Reablement,	Other	OT Therapy supporting	14	14	Number of placements	Community Health	NHS			Private Sector	Minimum NHS Contribution	£255,982	£127,991	No invoices paid to date
33	Intermediate Care Worker	Intermediate Care Worker Post - Chase Heys	Workforce recruitment and retention					WTE's gained	Social Care	LA			Private Sector	Minimum NHS Contribution	£20,434	£10,217	
34	Intermediate Care Services	Intermediate Care Services- Chase Heys	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		11	11	Number of placements	Social Care	LA			Private Sector	Additional NHS Contribution	£448,717	£224,358	
35	End of Life Service- SW	End of Life Service - Social Work Lobby Team - Contribution to Post	Personalised Care at Home	Other	End of Life				Social Care	LA			Local Authority	Minimum NHS Contribution	£13,736	£6,868	Additional uplift
36	Reablement	Reablement - Block Contract Provision	Reablement in a persons own home						Social Care	LA			Private Sector	Minimum NHS Contribution	£1,060,453	£530,227	
37	Community Stores Equipment and Adaptations	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment		14500	7250	Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	£391,000	£195,500	

38	Adult Social Worker Capacity and Supporting	Lead Practitioners and Social Workers Embedded into Discharge Planning Teams	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution	£596,418	£298,209	
39	Telecare to Support People at Home	Sefton Careline Service	Assistive Technologies and Equipment	Assistive technologies including telecare	5000	2500	Number of beneficiaries	Social Care			LA			Local Authority	Minimum NHS Contribution	£150,000	£75,000	Year end recharge for service
40	Equipment and Telecare	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment	5000	2500	Number of beneficiaries	Social Care			LA			Local Authority	Minimum NHS Contribution	£73,000	£36,500	
41	DFG	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG grants	823	400	Number of adaptations funded/people supported	Social Care			NHS			Local Authority	DFG	£5,261,093	£2,525,479	
42	Falls	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing	0	0		Other	Public Health Commissioned Services and CCG		NHS			Local Authority	Minimum NHS Contribution	£79,474	£21,874	As per 23/24 contract
43	Alder Hey CAMHS	Alder Hey CAMHS Service	Integrated Care Planning and Navigation	Assessment teams/joint assessment	0	0		Mental Health			NHS			NHS Mental Health Provider	Minimum NHS Contribution	£1,067,702	£533,851	Expenditure will increase from November due to the NHS pay award which will be backdated to April
44	Reablement Rapid Response	Rapid Response Service	Reablement in a persons own home					Social Care			LA			Private Sector	iBCF	£282,700	£141,350	
45	Contribution to Placements & Packages	Residential Placements	Residential Placements	Supported housing	14	14	Number of beds	Social Care			LA			Private Sector	iBCF	£927,590	£463,795	
45	Contribution to Placements & Packages	Residential Placements	Residential Placements	Learning disability	115	115	Number of beds	Social Care			LA			Private Sector	iBCF	£3,906,340	£1,953,170	
45	Contribution to Placements & Packages	Residential Placements	Residential Placements	Care home	119	119	Number of beds	Social Care			LA			Private Sector	iBCF	£4,003,883	£2,001,942	
45	Contribution to Placements & Packages	Residential Placements	Residential Placements	Nursing home	66	66	Number of beds	Social Care			LA			Private Sector	iBCF	£2,280,050	£1,140,025	
45	Contribution to Placements & Packages	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages	119200	59600	Hours of care (Unless short-term in which case it is packages)	Social Care			LA			Private Sector	iBCF	£2,571,250	£1,285,625	
45	Contribution to Placements & Packages	Personalised Budgeting and Commissioning	Personalised Budgeting and Commissioning					Social Care			LA			Private Sector	iBCF	£1,754,090	£877,045	
46	NHS Transfer to Social Care	Residential Placements	Residential Placements	Learning disability	71	71	Number of beds	Social Care			LA			Private Sector	Minimum NHS Contribution	£2,383,548	£1,191,774	
46	NHS Transfer to Social Care	Residential Placements	Residential Placements	Care home	72	72	Number of beds	Social Care			LA			Private Sector	Minimum NHS Contribution	£2,443,057	£1,221,529	
46	NHS Transfer to Social Care	Residential Placements	Residential Placements	Nursing home	40	40	Number of beds	Social Care			LA			Private Sector	Minimum NHS Contribution	£1,391,222	£695,611	
46	NHS Transfer to Social Care	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care packages	72750	36375	Hours of care (Unless short-term in which case it is packages)	Social Care			LA			Private Sector	Minimum NHS Contribution	£1,568,920	£784,460	
46	NHS Transfer to Social Care	Personalised Budgeting and Commissioning	Personalised Budgeting and Commissioning					Social Care			LA			Private Sector	Minimum NHS Contribution	£1,070,328	£535,164	
46	NHS Transfer to Social Care	Residential Placements	Residential Placements	Supported housing	8	8	Number of beds	Social Care			LA			Private Sector	Minimum NHS Contribution	£565,995	£282,998	
47	Integration & Transformation	Integration & Transformation	Enablers for Integration	System IT Interoperability	0	0		Other	Integration & Transformation		NHS			Local Authority	Additional NHS Contribution	£286,620	£143,310	
49	Sefton LA Discharge	Facilitated discharge - Complex care support & advanced care planning -	Other		0	0		Social Care			LA			Private Sector	Local Authority Discharge	£1,218,229	£609,115	
49	Sefton LA Discharge	Improving patient flow - Enhanced Home First	Home Care or Domiciliary Care	Other	enhanced reablement and Dom care and	67150	33575	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Local Authority Discharge	£1,248,000	£624,000	
49	Sefton LA Discharge	Improving patient flow - Transfer fo care hub	Other		0	0		Social Care			LA			Local Authority	Local Authority Discharge	£1,208,350	£395,140	
50	ICB Discharge	Beds - intermediate care - Additional bed capacity to support step up and step	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)	95	47	Number of placements	Acute			NHS			NHS Community Provider	ICB Discharge Funding	£1,291,225	£645,613	Expenditure will increase from November due to the NHS pay award which will be backdated to April
50	ICB Discharge	Beds - intermediate care Medical Cover	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)	43	21	Number of placements	Acute			NHS			NHS Community Provider	ICB Discharge Funding	£162,000	£81,000	Expenditure will increase from November due to the NHS pay award which will be backdated to April
50	ICB Discharge	Admission avoidance - Extension of 2hr UCR	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity				Other	Integrated approach		NHS			NHS Community Provider	ICB Discharge Funding	£154,000	£77,000	Expenditure will increase from November due to the NHS pay award which will be backdated to April
50	ICB Discharge	Facilitated discharge - Complex care support & advanced care planning	Integrated Care Planning and Navigation	Care navigation and planning				Other	Integrated approach		NHS			NHS Community Provider	ICB Discharge Funding	£1,110,928	£555,464	Expenditure will increase from November due to the NHS pay award which will be backdated to April

