BCF Planning Template 2023-25

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.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. 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'.
5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

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 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning 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 2022-23 (**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 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 should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

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 drop down list that best describes the scheme being planned.
- Please note that the drop down 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

5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 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.

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.

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.
- 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.
- We encourage areas to try to use the standard scheme types where possible.

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

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 (£) 2023-24 & 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 is 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

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 2023-25. 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 2023-24.

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 2023-24. 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 for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- 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.
- 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-

2. Falls
- This is a new metric for the BCF and areas should 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 provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.

Further information about this measure and methodolgy used can be found here: 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 normal 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. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- 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.

4. Residential Admissions:
- This section requires inputting the expected 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 2022-23. 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.

5. Reablement:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. 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.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will 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:	Havering	
Completed by:	Laura Neilson	
E-mail:	laura.neilson@outlook.com	
Contact number:	01708 431729	
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 29/06/2023	<< Please enter using the format, DD/MM/YYYY

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Gillian	Ford	CouncillorGillian.Ford@havering.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Charlotte	Pomery	charlotte.pomery@nhs.net
	Additional ICB(s) contacts if relevant		Peter	McDonnell	peter.mcdonnell1@nhs.net
	Local Authority Chief Executive		Andrew	Blake Herbert	Andrew.Blake-Herbert@havering.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Barbara	Nicholls	Barbara.Nicholls@havering.gov.uk
	Better Care Fund Lead Official		Laura	Neilson	laura.neilson@havering.gov.uk
	LA Section 151 Officer		Dave	Mcnamara	Dave.Mcnamara@havering.gov.uk
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 -->					

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.

#NAME?

	Complete:
2. Cover	Yes
4. Capacity&Demand	#NAME?
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Havering

Income & Expenditure

Income >>

Funding Sources	**Income Yr 1**	**Income Yr 2**	**Expenditure Yr 1**	**Expenditure Yr 2**	**Difference**
DFG	£2,056,802	£2,056,802	£2,056,802	£2,056,802	£0
Minimum NHS Contribution	£22,771,397	£24,060,259	£22,771,398	£24,060,259	-£1
iBCF	£6,824,956	£6,824,956	£6,824,956	£6,824,956	£0
Additional LA Contribution	£873,730	£873,730	£873,730	£873,730	£0
Additional ICB Contribution	£572,000	£0	£572,000	£0	£0
Local Authority Discharge Funding	£956,848	£1,762,000	£956,848	£1,762,000	£0
ICB Discharge Funding	£1,762,000	£1,762,000	£1,762,000	£1,762,000	£0
Total	**£35,817,734**	**£37,339,747**	**£35,817,734**	**£37,339,747**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	**Yr 2**
Minimum required spend	£6,470,986	£6,837,243
Planned spend	£13,728,326	£14,535,408

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	**Yr 2**
Minimum required spend	£8,578,369	£9,063,905
Planned spend	£9,052,084	£9,533,863

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	186.0	183.0	168.0	152.0

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,458.8	1,429.7
	Count	720	705.6
	Population	43232	48603

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 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)	91.3%	91.2%	92.2%	91.5%

Residential Admissions

		2021-22 Actual	2023-24 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	606	550

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
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 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Havering

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

discharges from each trust by Pathway for each month. The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabiitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:
- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:
- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.	

	Complete:
3.1	#NAME?
3.2	#NAME?
3.3	#NAME?
3.4	#NAME?

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Hospital Discharge Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Social support (including VCS) (pathway 0)	55	62	76	68	73	66	51	77	59	56	67	67
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Reablement at home (pathway 1)	108	131	100	137	108	110	96	101	110	121	116	138
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Rehabilitation at home (pathway 1)	44	32	38	30	22	20	39	39	27	32	35	18.6
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Short term domiciliary care (pathway 1)	33	26	40	24	33	33	40	37	37	35	37	36
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Reablement in a bedded setting (pathway 2)	8	9	8	7	7	6	4	4	6	7	7	8
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Rehabilitation in a bedded setting (pathway 2)	34	31	31	31	31	31	31	34	34	34	34	34
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	Short-term residential/nursing care for	17	14	14	22	12	11	14	11	14	14	10	11
Totals	**Total:**	457	476	461	502	439	431	425	452	448	469	469	497.6

3.2 Demand - Community

Demand - Intermediate Care Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)												
Urgent Community Response	210	210	210	211	211	211	204	204	204	208	208	208
Reablement at home	10	5	6	8	10	4	12	6	3	0	5	3
Rehabilitation at home	24	17	20	16	12	11	21	21	15	17	19	13
Reablement in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting	2.1	2	2	2	2	2	2	2.1	2.1	2.1	2.1	2.1
Other short-term social care												

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.	70	70	70	70	70	70	70	70	70	70	70	70			
Reablement at Home	Monthly capacity. Number of new clients.	150	150	150	150	150	150	150	150	150	150	150	150			
Rehabilitation at home	Monthly capacity. Number of new clients.	24	24	24	24	24	24	24	24	24	24	24	24	100%		
Short term domiciliary care	Monthly capacity. Number of new clients.	45	45	45	45	45	45	45	45	45	45	45	45			
Reablement in a bedded setting	Monthly capacity. Number of new clients.	11	11	11	11	11	11	11	11	11	11	11	11			
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	37	36	36	36	36	36	36	37	37	37	37	37	100%		
Short-term residential/nursing care for someone likely to require a longer-term car	Monthly capacity. Number of new clients.	30	30	30	30	30	30	30	30	30	30	30	30			

3.4 Capacity - Community

Capacity - Community Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.															
Urgent Community Response	Monthly capacity. Number of new clients.	210	210	210	211	211	211	204	204	204	208	208	208	100%		
Reablement at Home	Monthly capacity. Number of new clients.	10	10	10	10	10	10	10	10	10	10	10	10			
Rehabilitation at home	Monthly capacity. Number of new clients.	13	13	13	13	13	13	13	13	13	13	13	13	100%		
Reablement in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2	100%		
Other short-term social care	Monthly capacity. Number of new clients.															

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board:	Havering

Local Authority Contribution

Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Havering	£2,056,802	£2,056,802
applicable)		
Total Minimum LA Contribution (exc iBCF)	**£2,056,802**	**£2,056,802**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Havering	£956,848	£1,762,000

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS North East London ICB	£1,762,000	£1,762,000
Total ICB Discharge Fund Contribution	£1,762,000	£1,762,000

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Havering	£6,824,956	£6,824,956
Total iBCF Contribution	**£6,824,956**	**£6,824,956**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Havering	£873,730	£873,730	Additional LA contribution towards reablement
Total Additional Local Authority Contribution	**£873,730**	**£873,730**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS North East London ICB	£22,771,397	£24,060,259
Total NHS Minimum Contribution	**£22,771,397**	**£24,060,259**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
NHS North East London ICB	£572,000		Additional ageing well contribution

Total Additional NHS Contribution	**£572,000**	**£0**	
Total NHS Contribution	**£23,343,397**	**£24,060,259**	

	2023-24	2024-25
Total BCF Pooled Budget	**£35,817,734**	**£37,339,747**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Havering

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£2,056,802	£2,056,802	£0	£2,056,802	£2,056,802	£0
Minimum NHS Contribution	£22,771,397	£22,771,398	-£1	£24,060,259	£24,060,259	£0
iBCF	£6,824,956	£6,824,956	£0	£6,824,956	£6,824,956	£0
Additional LA Contribution	£873,730	£873,730	£0	£873,730	£873,730	£0
Additional NHS Contribution	£572,000	£572,000	£0	£0	£0	£0
Local Authority Discharge Funding	£956,848	£956,848	£0	£1,762,000	£1,762,000	£0
ICB Discharge Funding	£1,762,000	£1,762,000		£1,762,000	£1,762,000	£0
Total	**£35,817,734**	**£35,817,734**	**£0**	**£37,339,747**	**£37,339,747**	**£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).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£6,470,986	£13,728,326	£0	£6,837,243	£14,535,408	£0
Adult Social Care services spend from the minimum ICB allocations	£8,578,369	£9,052,084	£0	£9,063,905	£9,533,863	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

>> Incomplete fields on row number(s):

#NAME?

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Planned Expenditure Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
11	Community Support and Independence	Provision of a range of AT equipment to support people to live independently in their	Assistive Technologies and Equipment	Assistive technologies including telecare		1794	1708	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution
202	Community Support and Independence	Contribution to the IMCA element of advocacy service	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Private Sector	Minimum NHS Contribution
301	Community Support and Independence	Commission carers Hubs to reduce social isolation, and provide peer support for all	Care Act Implementation Related Duties	Other	Carer Advice and Support				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
303	Community Support and Independence	Care navigation at the ASC front door	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution
401	Community Support and Independence	Integrated Community locality model	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution
703	Hospital Discharge Planning and Support	Joint Assessment and Discharge Team	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution
706	Hospital Discharge Planning and Support	Trusted Assessor for care homes	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		Joint	50.0%	50.0%	NHS Community Provider	Minimum NHS Contribution
113	Targeted Out of Hospital Care	Provision of Reablement Service	Home-based intermediate care services	Reablement at home (to support discharge)		641	609	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution

122	Hospital Discharge Planning and Support	Enabling and developing integrated commissioning	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	Minimum NHS Contribution
123	Community Support and Independence	Provision of Direct Payments	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	Minimum NHS Contribution
130	Community Support and Independence	Safe at Home - minor adaptations and handy persons service	DFG Related Schemes	Handyperson services		0	0	Number of adaptations funded/people	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
144	Community Support and Independence	Range of preventative services	Prevention / Early Intervention	Other	Prevention & Managing demand Vol				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
156	Community Support and Independence	Provision of Respite placements	Carers Services	Respite services		103	98	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution
901	Community Support and Independence	Local Area Co-ordinators	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution
902	Hospital Discharge Planning and Support	Home Settle and Support Service	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution
904	Targeted Out of Hospital Care	Supported Living	Residential Placements	Supported housing		3	3	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution
905	Community Support and Independence	Locality Teams	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution
702	Targeted Out of Hospital Care	Provision of Nursing Home placements	Residential Placements	Nursing home		8	7	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution
906	Additional workforce capacity	Recruitment and Retention of staff	Workforce recruitment and retention						Social Care		LA			Local Authority	Minimum NHS Contribution
113	Targeted Out of Hospital Care	Provision of Reablement Service	Home-based intermediate care services	Reablement at home (to support discharge)		450	428	Packages	Social Care		LA			Local Authority	Additional LA Contribution
703	Hospital Discharge Planning and Support	Joint Assessment and Discharge Team	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	iBCF
704	Targeted Out of Hospital Care	Domiciliary care packages	Home Care or Domiciliary Care	Domiciliary care packages		9158	8721	Hours of care	Social Care		LA			Local Authority	iBCF
801	Targeted Out of Hospital Care	Provision of homecare packages to support people to live independently in their	Home Care or Domiciliary Care	Domiciliary care packages		99316	94587	Hours of care	Social Care		LA			Private Sector	iBCF
123	Community Support and Independence	Provison of Direct Payments	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF
124	Targeted Out of Hospital Care	Provision of Individual Nursing Home Placements	Residential Placements	Nursing home		23	21	Number of beds/Placements	Social Care		LA			Private Sector	iBCF
142	Community Support and Independence	Information and Advice service	Prevention / Early Intervention	Other	Information and advice				Social Care		LA			Local Authority	iBCF
151	Community Support and Independence	Community Based Locality Teams	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF
152	Targeted Out of Hospital Care	Residential Learning Disability Placements	Residential Placements	Supported housing		1	1	Number of beds/Placements	Social Care		LA			Private Sector	iBCF

154	Targeted Out of Hospital Care	Provision of Care Home placements	Residential Placements	Care home		4	3	Number of beds/Placements	Social Care		LA			Private Sector	iBCF
155	Targeted Out of Hospital Care	Provision of Nursing Home placements	Residential Placements	Nursing home		6	6	Number of beds/Placements	Social Care		LA			Private Sector	iBCF
601	Hospital Discharge Planning and Support	Enabling and developing integrated commissioning	Enablers for Integration	Integrated models of provision					Social Care		LA			Local Authority	iBCF
113	Community Support and Independence	Community Based Locality Teams	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF
154	Targeted Out of Hospital Care	Provision of Care Home placements	Residential Placements	Care home		2	2	Number of beds/Placements	Social Care		LA			Private Sector	iBCF
124	Targeted Out of Hospital Care	Provision of specialised placements	Home Care or Domiciliary Care	Domiciliary care packages		5986	5701	Hours of care	Social Care		LA			Private Sector	iBCF
801	Targeted Out of Hospital Care	Provision of homecare packages to support people to live independently in their	Home Care or Domiciliary Care	Domiciliary care packages		25326	24120	Hours of care	Social Care		LA			NHS Community Provider	iBCF
11	Community Support and Independence	Provision of a range of AT equipment to support people to live independently in their	Assistive Technologies and Equipment	Assistive technologies including telecare		107	102	Number of beneficiaries	Social Care		LA			Private Sector	iBCF
701	Hospital Discharge Planning and Support	Joint Assesment & Discharge Team	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Charity / Voluntary Sector	iBCF
501	Community Support and Independence	Adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		103	103	Number of adaptations funded/people	Other	Individuals	LA			Local Authority	DFG
1	Winter Care Home funding Scheme	Additional residential care to support hospital discharge and reduce delays	Residential Placements	Care home		9	9	Number of beds/Placements	Social Care		LA			Local Authority	Local Authority Discharge
2	Winter Nursing Care Scheme	Additional nursing care to support hospital discharge and reduce delays	Residential Placements	Nursing home		2	2	Number of beds/Placements	Social Care		LA			Local Authority	Local Authority Discharge
3	Winter Home Care Scheme	Additional home care to support hospital discharge and reduce delays	Home Care or Domiciliary Care	Domiciliary care packages		9915	9443	Hours of care	Social Care		LA			Local Authority	Local Authority Discharge
4	Community Equipment	Provision of community Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		38	27	Number of beneficiaries	Social Care		LA			Local Authority	Local Authority Discharge
7	Direct payment scheme	Funding personal budgets to enable hospital discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		1318	1315	Hours of care	Social Care		LA			Local Authority	ICB Discharge Funding
8	Extra Care scheme	Providing extra care to support hospital discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		450	428	Hours of care	Social Care		LA			Local Authority	ICB Discharge Funding
9	Winter Home Care Scheme	Additional home care to support hospital discharge and reduce delays	Home Care or Domiciliary Care	Domiciliary care packages		23254	22147	Hours of care	Social Care		LA			Local Authority	ICB Discharge Funding
10	Winter Nursing Care Scheme	Additional nursing care to support hospital discharge and reduce delays	Residential Placements	Nursing home		5	5	Number of beds/Placements	Social Care		LA			Local Authority	ICB Discharge Funding
11	Winter Care Home funding Scheme	Additional residential care to support hospital discharge and reduce delays	Residential Placements	Care home		9	8	Number of beds/Placements	Social Care		LA			Local Authority	ICB Discharge Funding
12	Community Equipment scheme	Additonal community equipment to support discharge and D2A	Assistive Technologies and Equipment	Community based equipment		272	259	Number of beneficiaries	Social Care		LA			Local Authority	ICB Discharge Funding
13	Assistive technology scheme	Assistive technology support	Assistive Technologies and Equipment	Assistive technologies including telecare		156	149	Number of beneficiaries	Social Care		LA			Local Authority	ICB Discharge Funding

14	Enabling recruitment scheme	Supporting care providers to source and retain staff	Workforce recruitment and retention						Social Care		LA			Local Authority	ICB Discharge Funding
15	Hospital Team supplementary	Enabling Flow from hospital	Workforce recruitment and retention						Social Care		LA			Local Authority	ICB Discharge Funding
3	Enable people to stay well, safe and independent at	Voluntary sector	Carers Services	Respite services		11	11	Beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
4	Enable people to stay well, safe and independent at	Voluntary sector	Prevention / Early Intervention	Other	Falls				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
4	Enable people to stay well, safe and independent at	Voluntary sector	Prevention / Early Intervention	Other	Care Navigator				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
19	Enable people to stay well, safe and independent at	Supported Employment	High Impact Change Model for Managing Transfer of Care	Other	Supported Employment				Mental Health		NHS			NHS Community Provider	Minimum NHS Contribution
13	Provide the right care in the right place at the right	Rapid Response	Community Based Schemes	Other	Community Health Services				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
13	Provide the right care in the right place at the right	Rapid Response	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
10	Provide the right care in the right place at the right	Intermediate Care	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
7	Provide the right care in the right place at the right	Intermediate Care	Community Based Schemes	Other	Hospital Discharge Service				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
4	Provide the right care in the right place at the right	Same & next day discharge services on dischareg pathway 1	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
13	Enable people to stay well, safe and independent at	Urgent Care 2 Hour response and Bridging services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
13	Enable people to stay well, safe and independent at	Urgent Care 2 Hour response and Bridging services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
13	Enable people to stay well, safe and independent at	Urgent Care 2 Hour response and Bridging services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Additional NHS Contribution

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	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	Carers Services	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	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	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/ 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	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	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 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)	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 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	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 decriptors 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 and 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/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Havering

8.1 Avoidable admissior

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	218.7	192.5	180.2	152.0	The target will start the same as 22/23 (689). This is to allow for the post Covid impact particaulatrly with LTCs. The system locally has also experienced higher admisisons for ambulatory care at some acute sites.	UCR response is now embedded in the local service offer and has been over performing against the 2-hour target (84%/target 70%). Primary Care are reinstating preventative reveiws, interventions, testing to monitor LTCs and identifyling those at risk through conditions such as hypertension. There is
	Number of Admissions	608	535	501	-		
	Population	259,552	259,552	259,552	259,552		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	186	183	168	152		

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

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,935.4	1,458.8	1,429.7	There is an anticipated a 2% target reduction of emergency admissions.	Havering in the last 2 years has commissioned and developed a range of falls prevention and intervention services. This includes Strength and balance classes run by Age UK, supporting people who are at risk of a future fall, delivered face to face in community venues and online. Community Health services offer both a community and care home falls offer. This
	Count	965	720	705.6		
	Population	46,192	43232	48603		

[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

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	90.8%	90.7%	91.7%	88.2%	Average quarterly performance for 22/23 has been used to the ambition. (91.5%)	The system continues to develop the Integrated Discharge Hub (IDH) that supports smoother and more timely discharge to pathways 1-3. The service combined the Discharge Co-ordination Unit and the Hospital Discharge Service in
	Numerator	4,359	4,394	4,646	2,820		
	Denominator	4,800	4,844	5,066	3,196		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		

(SUS data - available on the Better Care Exchange)	Quarter (%)	91.3%	91.2%	92.2%	91.5%		2021 and continues to develop the discharge co-ordination and single point of access function. Moving forward, it is
	Numerator	4,403	4,438	4,692	4,511		
	Denominator	4,824	4,868	5,091	4,928		

8.4 Residential Admissi

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
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	606.2	592.9	557.2	550.1	Havering are always challenged with this indicator due to the high proportion on older adults in the Borough, we performed better than target and intend to sustain performance.	Continue with monitoring of admissions and ensure that admissions are appropriate throughout the year.
	Numerator	282	282	265	265		
	Denominator	46,518	47,560	47,560	48,175		

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

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.8%	90.0%	87.3%	88.0%	Performance for 22-23 was challenging due to a number of service users passing away during the reporting period. We aim to improve target and remain above the London Average.	Havering continue to ensure that service users are appropriately discharged into reablement services.
	Numerator	315	315	255	264		
	Denominator	347	350	292	300		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
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 LA; been submitted? *Paragraph 11*	Expenditure plan
			Has the HWB approved the plan/delegated approval? *Paragraph 11*	Expenditure plan
			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*	Narrative plan
			Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Validation of submitted plans
			Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	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? *Paragraph 33*	Expenditure plan
			• Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33*	Narrative plan
			• 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? *Paragraph 34*	Expenditure plan

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4**	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan
Additional discharge funding	**PR5**	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	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? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
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**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan
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 from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan

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? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan