Health and Wellbeing Board

DATE	8th July 2024
REPORT OF	Councillor Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Katie Brown, Director of Adult Services
SUBJECT	Better Care Fund (BCF)
STATUS	Open
FORWARD PLAN REF NO.	N/A

CONTRIBUTION TO OUR AIMS

The continued receipt of BCF monies contributes to the aims of stronger economy and stronger communities.

EXECUTIVE SUMMARY

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Each area is required to produce a BCF plan regularly, evidencing its progress towards integration since the last plan, and its focus during the coming year(s). Plans are expected to be a continuation of previous plans, and must be produced in accordance with each year's BCF guidance issued by the Department of Health and Social Care (DHSC) and NHS England (NHSE). Local planning and spend is managed via the BCF Steering Group.

The most recent complete plan was submitted in June 2023, and spanned 2023 – 2025 (two years). This year's plan is therefore intended as a more modest interim update, part way through the current two-year period.

This report attaches:

- This year's BCF plan update (spreadsheet)
- Last year's quarter four/ end of year return (spreadsheet).

Please note that whilst the plan spreadsheet shows tab 6a as incomplete, this is an error in the spreadsheet rather than an actual deficit in completion.

RECOMMENDATIONS

1. Approve the plan submitted to NHSE on 25th June 2024
2. Approve the quarter four/ year end return submitted to NHSE on 23rd May 2024
3. Delegate authority to the Director of Adult Services and ICB (Integrated Care Board) representative in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to amend the plan, if required by NHSE to secure its approval, and thereafter resubmit.

REASONS FOR DECISION

It is a requirement of the BCF that local plans are agreed by Health and Wellbeing Boards.

1. BACKGROUND AND ISSUES

1.1 Delayed receipt of BCF requirements and its impact

In general, as was the case this year, each year's BCF requirements are received after the beginning of the year to which they relate. Delayed receipt of requirements results in delayed submission of plans, and delayed approval of those plans. Late notice of requirements makes meaningful BCF-related planning more challenging.

Approval of the plan for April 2023 onwards was received at the end of September 2023. As this is still quite recent, local changes since then are relatively minimal. In any event, this year's plan submission is intended as an update to the plan approved in September 2023, rather than a completely new plan. Indeed, NHSE guidance states "We expect local areas to continue to deliver the core objectives of the BCF in line with their 2023 to 2025 BCF plans submitted, assured and approved in 2023".

Due to the national timetable, it was necessary to submit the plan to NHSE without the Health and Wellbeing Board's direct approval. The portfolio holder's delegated authority was utilised instead. The Board's approval is now sought retrospectively.

It is likely that national approval of the current plan submission will be received in August 2024. However, it may be that to secure national approval, changes will be required to the attached submission. Minor points of clarification are often requested between submission and approval. This means that the plan attached to this paper, which is as submitted to NHSE – could change before national approval.

1.2 National conditions

The BCF sets national conditions annually. These are:

1.2.1 Plans jointly agreed between local health and social care commissioners and signed off by the Health and Wellbeing Board

1.2.2 Maintain the NHS contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and invest in NHS commissioned out of hospital services

1.2.3 Implement BCF policy objective one: enable people to stay well, safe and independent at home for longer

1.2.4 Implement BCF policy objective two: provide the right care at the right place at the right time.

1.3 National Metrics

Areas must comply with nationally set metrics. These are:

1.3.1 Discharge to usual place of residence (from acute hospital)

1.3.2 Unplanned admission for ambulatory sensitive chronic conditions

1.3.3 Emergency hospital admissions due to falls in people over 65

1.3.4 Residential admissions (long-term support needs of older people aged 65 and

over met by admission to residential/ nursing care).

The following has been discontinued for 2024 - 2025:

1.3.5 Reablement (proportion of older people aged 65 and over who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services)

1.4 Key focus for BCF in 2024 – 25: capacity and demand planning

A capacity and demand plan was submitted in 2023 to help establish a baseline for future year planning exercises. Using its learning from national capacity and demand plan submissions, NHSE has developed more detailed requirements for capacity and demand planning for intermediate care for 2024 - 2025. Key changes in approach for 2024 - 2025 include:

- asking local areas to include estimates around spot purchasing
- merging reablement and rehabilitation pathways to improve accuracy of reporting
- providing greater clarity on pathway definitions and available data sources.

Local areas are required to provide capacity and demand actuals as part of end of year reporting for 2023 - 2024 and 2024 - 2025. Overall, significantly more detail is required that in previous years.

1.5 Agreed spend

The BCF requires Integrated Care Boards (ICBs) to continue to pool a mandated minimum amount of funding, including the health element of the Adult Social Care Discharge Funding, and local authorities to continue to pool grant funding from the iBCF (improved better care fund), the Disabled Facilities Grant and the discharge funding (paid directly by government to the Council). Summary Finance information is provided below and shows the relative split of the 2024 - 25 £30.6m pooled fund:

Funding received by	**BCF element**	**Revenue or capital**	**Allocation 23/24 £'000**	**Allocation 24/25 £'000**	**Planned Expenditure £'000**
NELC	Disabled facilities Grant (DFG)	Capital	3,502	3,513	In Full
NEL place ICB	ICB contribution *	Revenue	14,786	15,623	In Full
NELC	iBCF	Revenue	8,059	8,059	In Full
NELC	Discharge	Revenue	1,130	1,883	In Full
NEL place ICB	Discharge	Revenue	1,077	1,524	In Full
Total			**28,554**	**30.602**	

* £5.6m of the 24 - 25 ICB contribution is directed to support adult social care and is managed within the adult social care s75 budget envelope. In addition, the £8.1m iBCF is used by the Council to support adult social care services.

The way BCF monies are utilised is set out in the attached template.

1.6 The quarter four/ final return for 2023 - 2024

The attached end of year/ quarter four report for 2023 - 24, was submitted to NHSE in May 2024 utilising authority delegated to the portfolio holder, Councillor Shreeve.

As part of BCF reporting, we are required to provide an update on whether metrics were met, and whether spend was as planned. Where metric targets were not met, plans are in place to address this (see tab four). A change in 23 - 24 planned spend resulted from additional DFG allocation compared to original planning assumptions and the use of carry forward of DFG monies from the preceding year (see tab five).

2. RISKS AND OPPORTUNITIES

2.1 Risks

2.1.1 Failure to submit a plan approved by national NHSE. The draft plan had the benefit of feedback from regional NHSE, allowing us to improve the plan prior to final submission. NEL's plans have generally only required modest adjustments before approval.

2.1.2 Failure to meet national reporting requirements. Areas are required to report at least quarterly on BCF activity and spend. To date, all reports have been submitted on time and have been deemed acceptable to NHSE.

2.1.3 Failure to comply with the national conditions. The BCF steering group meets at least quarterly and has oversight of BCF-related activity; in conjunction with partners, it can take action to address compliance issues, as necessary.

2.1.1 Progress on delivery of DFG work has remained challenging due to increased demand, complexity of need and shortages in applicants for key roles. Monthly performance monitoring of the entire DFG process is established, tracking performance activity from the first call into the service to completion of works, which is supported by a revised DFG process map.

2.2 Opportunities

2.2.1 Integrated working continues to provide opportunities to work more efficiently and effectively for the benefit of NEL.

2.2.2 The most recent addition to the funding streams paid via BCF – the adult social care discharge fund – continues to provide increased opportunity to target funding at activity designed to reduce delays in discharge from acute settings.

3. OTHER OPTIONS CONSIDERED

Submission of a plan/ compliance with a national reporting schedule is mandated.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

The area would be likely to suffer some reputational damage if national requirements were not met.

Planning in the areas to which BCF relates or is linked are heavily reliant upon partnerships within and outside of the ICB and Council, and high levels of cooperation and communication. All BCF plans to date have been published on the CCG's website (as it was then). Following approval of the current year's plan, it too will be published online. Publication is more likely to be via the Council's website going forward.

5. FINANCIAL CONSIDERATIONS

Financial considerations are considered within the main body of the report above. The current s75 agreement between the Council and ICB provides the mechanism for pooling resources and for sharing risks.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The focus of the BCF is on adult services. There are no known implications arising from this report, for children and young people.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no known climate change or environmental implications arising from the matters in this report.

8. CONSULTATION WITH SCRUTINY

No consultation with Scrutiny has taken place.

9. FINANCIAL IMPLICATIONS

There are no direct financial implications as a result of this report, which outlines spend for inclusion within a national return. Spend against budgets and utilisation of available funding is reported as part of the Council's regular budget monitoring processes and through reports to Cabinet.

10. LEGAL IMPLICATIONS

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. The amended NHS Act 2006 gives NHSE powers to attach conditions to the payment of the BCF, and to withhold, recover or direct the use of funding where conditions attached to the BCF are not met Compliance with BCF planning and reporting regimes is mandatory.

11. HUMAN RESOURCES IMPLICATIONS

There are no HR implications.

12. WARD IMPLICATIONS

There are no known individual ward implications. BCF monies are spent for the benefit of NEL as a whole.

13. BACKGROUND PAPERS

N/A

14. CONTACT OFFICER(S)

Katie Brown (katie.brown76@nhs.net) and Emma Overton (emmaoverton@nhs.net).

Councillor Stan Shreeve, Portfolio Holder for Health, Wellbeing and Adult Social Care

BCF Planning Template 2024-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

6. Please ensure that all boxes on the checklist are green before submission.

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

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

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

4.2 Hospital Discharge

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

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

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

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

4.3 Community

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

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

5. Income

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

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

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

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

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

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

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

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

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

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

On this sheet, please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

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

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

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

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

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

5. Expected outputs

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

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

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

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

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

6. Area of Spend:

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

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

7. Commissioner:

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

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

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

8. Provider:

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

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

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.2.0

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:	North East Lincolnshire
Completed by:	Emma Overton
E-mail:	emmaoverton@nhs.net
Contact number:	07506 368 346
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Stanley	Shreeve	stanley.shreeve@nelincs.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Ms	Helen	Kenyon	helen.kenyon@nhs.net
	Additional ICB(s) contacts if relevant	Ms	Laura	Whitton	laura.whitton@nhs.net
	Local Authority Chief Executive	Mr	Rob	Walsh	rob.walsh@nelincs.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Ms	Katie	Brown	katie.brown76@nhs.net
	Better Care Fund Lead Official	Ms	Emma	Overton	emmaoverton@nhs.net
	LA Section 151 Officer	Ms	Sharon	Wroot	sharon.wroot@nelincs.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.

Please see the Checklist below for further details on incomplete fields

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

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: North East Lincolnshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£3,513,124	£3,513,124	£0
Minimum NHS Contribution	£15,623,043	£15,623,043	£0
iBCF	£8,058,576	£8,058,576	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,883,000	£1,883,000	£0
ICB Discharge Funding	£1,524,433	£1,524,433	£0
Total	**£30,602,176**	**£30,602,176**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£4,439,626
Planned spend	£9,973,997

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£2,291,631
Planned spend	£5,649,046

Metrics >>

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	203.6	180.9	202.5	178.2

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,467.9	1,467.9
	Count	485	485
	Population	33040	33040

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	94.0%	94.0%	94.5%	94.5%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	696	698

Planning Requirements >>

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

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: North East Lincolnshire

Hospital Discharge

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing												Capacity surplus (including spot puchasing)											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	7	7	7	7	7	7	7	8	8	8	8	8	7	7	7	7	7	7	7	8	8	8	8	8
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	9	9	9	7	7	7	7	5	5	5	5	5	9	9	9	7	7	7	7	5	5	5	5	5
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0	10	10	10	10	10	10	10	10	10	10	10	10

Average LoS/Contact Hours per episode of care	
Full Year	Units
24	Contact Hours per package
78	Contact Hours per package
30	Average LoS (days)
0	Average LoS (days)
16	Average LoS (days)

Checklist

Complete:

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

We have a comprehensive offer of VCSE support to facilitate pathway 0 and 1 discharges. This includes a return home from hospital service, meals, keysafes, telecare, support with light domestic duties, errands, social interaction, welbeing checks, referrals to other services and carers support. We also run a small grants scheme to facilitate discharges. We have contracted to support a minimum of 650 via the VCSE home from hospital services, however adding in, informal carer support and telecare this figure is likely to be around 1,500 people.

Capacity - Hospital Discharge

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	31	31	31	31	31	31	31	31	31	31	31	31	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	47	47	47	47	47	47	47	47	47	47	47	47	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	70	70	70	70	70	70	70	70	70	70	70	70	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	3	3	3	3	3	3	3	3	3	3	3	3												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	8	8	8	8	8	8	8	8	8	8	8	8	10	10	10	10	10	10	10	10	10	10	10	10
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	3	3	3	3	3	3	3	3	3	3	3	3												

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Total Expected Discharges:	Total Discharges	**139**	**139**	**139**	**143**	**143**	**143**	**143**	**147**	**147**	**147**	**147**	**147**
Reablement & Rehabilitation at home (pathway 1)	Total	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**23**	**23**	**23**	**23**	**23**
	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	24	24	24	24	24	24	24	23	23	23	23	23
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	(blank)												
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Short term domiciliary care (pathway 1)	Total	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**
	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	47	47	47	47	47	47	47	47	47	47	47	47
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	(blank)												
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Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**61**	**61**	**61**	**63**	**63**	**63**	**63**	**65**	**65**	**65**	**65**	**65**
	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	61	61	61	63	63	63	63	65	65	65	65	65
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
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Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	(blank)												
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**
	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	8	8	8	8	8	8	8	8	8	8	8	8
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
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Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: North East Lincolnshire

Community — Refreshed capacity surplus:

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	3	3	3	3	3	3	3	0	0	0	0	0
Urgent Community Response	18	18	18	18	18	18	18	0	0	0	0	0
Reablement & Rehabilitation at home	3	3	3	3	3	3	3	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours

Full Year	Units
348	Contact Hours
6011	Contact Hours
362628	Contact Hours
30	Average LoS
0	Contact Hours

Checklist — Complete:

Checklist
Yes
Yes
Yes
Yes
Yes

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Social support (including VCS)	Monthly capacity. Number of new clients.	58	58	58	58	58	58	58	58	58	58	58	58	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	508	508	508	508	508	508	508	508	508	508	508	508	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	33	33	33	33	33	33	33	33	33	33	33	33	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	8	8	8	8	8	8	8	8	8	8	8	8	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Social support (including VCS)	55	55	55	55	55	55	55	58	58	58	58	58	Yes
Urgent Community Response	490	490	490	490	490	490	490	508	508	508	508	508	Yes
Reablement & Rehabilitation at home	30	30	30	30	30	30	30	33	33	33	33	33	Yes
Reablement & Rehabilitation in a bedded setting	8	8	8	8	8	8	8	8	8	8	8	8	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: North East Lincolnshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
North East Lincolnshire	£3,513,124
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£3,513,124**

Local Authority Discharge Funding	Contribution
North East Lincolnshire	£1,883,000

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Humber and North Yorkshire ICB	£1,524,433	£1,524,433	
Total ICB Discharge Fund Contribution	£1,524,433	£1,524,433	

iBCF Contribution	Contribution
North East Lincolnshire	£8,058,576
Total iBCF Contribution	**£8,058,576**

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
		£0	
Total Additional Local Authority Contribution	**£0**	**£0**	

NHS Minimum Contribution	Contribution
NHS Humber and North Yorkshire ICB	£15,623,043
Total NHS Minimum Contribution	**£15,623,043**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
		£0	
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£15,623,043**	**£15,623,043**	

	2024-25
Total BCF Pooled Budget	**£30,602,176**

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

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: North East Lincolnshire

<< Link to summary sheet

Running Balances	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£3,513,124	£3,513,124	£0
Minimum NHS Contribution	£15,623,043	£15,623,043	£0
iBCF	£8,058,576	£8,058,576	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,883,000	£1,883,000	£0
ICB Discharge Funding	£1,524,433	£1,524,433	£0
Total	**£30,602,176**	**£30,602,176**	**£0**

Required Spend

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

	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£4,439,626	£9,973,997	£0
Adult Social Care services spend from the minimum ICB allocations	£2,291,631	£5,649,046	£0

Checklist

Column complete:

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

>> Incomplete fields on row number(s):

272

									Planned Expenditure						
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
1	prevention	prevention	Prevention / Early Intervention	Other	Falls prevention		0		Community Health		NHS			Private Sector	Minimum NHS Contribution
2	Dementia	Dementia	Community Based Schemes	Other	Community Dementia support				Social Care		LA			Private Sector	Minimum NHS Contribution
3	7 day working	7 day working	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA			Private Sector	Minimum NHS Contribution
4	Safeguarding	Safeguarding	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health		NHS			Private Sector	Minimum NHS Contribution
6	Intermediate tier	Intermediate tier	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		350	350	Number of placements	Community Health		NHS			Private Sector	Minimum NHS Contribution
7	Intermediate tier	Intermediate tier	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		142	142	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution
8	Single point of access	Single point of access	Integrated Care Planning and Navigation	Care navigation and planning			0		Community Health		NHS			Private Sector	Minimum NHS Contribution
9	single point of access	single point of access	Integrated Care Planning and Navigation	Care navigation and planning			0		Social Care		LA			Private Sector	Minimum NHS Contribution
10	Community Equipment	Community Equipment	Assistive Technologies and Equipment	Community based equipment		5400	5400	Number of beneficiaries	Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution
11	Alliance Hospital discharge team	Alliance Hospital discharge team	Integrated Care Planning and Navigation	Care navigation and planning			0		Community Health		NHS			Private Sector	Minimum NHS Contribution
12	Community equipment	Community equipment	Assistive Technologies and Equipment	Community based equipment		1296		Number of beneficiaries	Social Care		LA			NHS Acute Provider	Minimum NHS Contribution
13	Care act duties	Care act duties	Care Act Implementation Related Duties	Other	Includes support for deferred payments and IT investment to support Care act duties		0		Social Care		LA			Private Sector	Minimum NHS Contribution
14	Care Act Duties	Care Act Duties	Carers Services	Other	Carer advice and support	2400	2400	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution

15	Care at home	Care at home	Home Care or Domiciliary Care	Domiciliary care packages		4956	4956	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Minimum NHS Contribution
16	Dementia	Dementia	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			Private Sector	Minimum NHS Contribution
18	7 day working	7 day working	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health		NHS			Private Sector	Minimum NHS Contribution
19	wider system support	wider system support	Enablers for Integration	Integrated models of provision			0		Social Care		LA			Private Sector	Minimum NHS Contribution
23	Intermediate tier	Intermediate tier	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		132	132	Number of placements	Community Health		NHS			Private Sector	ICB Discharge Funding
24	Intermediate tier	Intermediate tier	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		456	456	Packages	Community Health		NHS			Private Sector	Minimum NHS Contribution
25	Intermediate tier	Intermediate tier	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		168	168	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution
5	Ensuring the local social care market is supported.	Ensuring the local social care market is supported.	Residential Placements	Care home		32		Number of beds	Social Care		LA			Private Sector	iBCF
17	Ensuring the local social care market is supported.	Ensuring the local social care market is supported.	Other						Social Care		LA			Private Sector	iBCF
21	Meeting adult Social Care needs	Meeting adult social care needs	Integrated Care Planning and Navigation	Other	Meeting adult social care needs				Social Care		LA			Private Sector	iBCF
22	Reducing pressures on the NHS, supporting	Reducing pressures on the NHS, supporting more people to be discharged from	Community Based Schemes	Other	Reducing pressures on the NHS, supporting more people to be discharged from hospital when				Social Care		LA			Private Sector	iBCF
20	DFG	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		230	230	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG
26	Workforce recruitment and retention	Community staffing	Workforce recruitment and retention				3	WTE's gained	Community Health		NHS			Private Sector	ICB Discharge Funding
27	wider system support	wider system support	Enablers for Integration	Programme management			0		Community Health		NHS			NHS	ICB Discharge Funding
28	Workforce recruitment and retention	Community Therapy staffing	Workforce recruitment and retention				1	WTE's gained	Community Health		NHS			Private Sector	ICB Discharge Funding
29	Proactive Discharge corordination	Care navigation and planning	Integrated Care Planning and Navigation	Care navigation and planning			0		Community Health		NHS			Private Sector	ICB Discharge Funding
30	Enhanced recovery beds	Residential Placements	Residential Placements	Care home		26	5	Number of beds	Community Health		NHS			Private Sector	ICB Discharge Funding
31	Urgent Community Response	Urgent Community Response	Urgent Community Response				0		Community Health		NHS			Private Sector	ICB Discharge Funding
32	Assistive Technologies and Equipment	Community based equipment	Assistive Technologies and Equipment	Community based equipment		100	100	Number of beneficiaries	Social Care		LA			Private Sector	Local Authority Discharge
33	Intermediate tier	Intermediate tier	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		67	67	Number of placements	Social Care		LA			Private Sector	Local Authority Discharge
34	Carers support	Carers Services	Carers Services	Carer advice and support related to Care Act duties		350	350	Beneficiaries	Social Care		LA			Private Sector	Local Authority Discharge
35	Low level support	Community Based Schemes	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge
36	wider system support	wider system support	Enablers for Integration	Workforce development			0		Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge
37	Care at home	Care at home	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		14873	528	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Local Authority Discharge
38	Workforce recruitment and retention	Workforce recruitment and retention	Workforce recruitment and retention				2	WTE's gained	Social Care		LA			Private Sector	Local Authority Discharge
39	Care navigation and planning	Integrated Care Planning and Navigation	Integrated Care Planning and Navigation	Care navigation and planning			0		Social Care		LA			Private Sector	Local Authority Discharge
40	Discharge schemes (to be finalised)	Discharge schemes (to be finalised)	Other				0		Community Health		NHS			Private Sector	ICB Discharge Funding

Back to top

Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding
41	Short stay	Short stay residential placements	Residential Placements	Care home			9	Number of beds	Social Care		LA			Private Sector	Local Authority Discharge

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

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: North East Lincolnshire

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

2024-25 capacity and demand plan

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

We have reviewed activity across all pathways, utilising hospital discharge data and service KPI and activity data (intermediate care at home, support at home, Hales system resilliance, Cambridge Park CIU, Enhanced Recovery beds and residential and nursing care capacity tracker information and MDT weekly bed data). Once the figures have been secured we have taken averages to predict 2024/25 demand and utilised contractual information to determine our capacity and any service fluctuations (i.e. some services deliver above contractual activity). As capacity has mostly met demand we believe our capacity for 2024/25 is suitable to meet predicated demand, with some flex.

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

No – there have been no changes to commissioned Intermediate care capacity from a contractual point of view, however we have increased our oversight and monitoring arrangements of our pathway two bed based provision and unlocked operational issues to improve flow - such as ensuring that packages of care/ VCSE home support are available in the community to discharge to. As a result of this, we have seen an increase in bed utilisation and reduced length of stay. These findings have been utilised to inform the BCF plan 24/25. In addition we are currently undertaking a reablement review, so this may result in further changes in the future.

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

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

Although we have not changed our commissioning arrangements, the reduced length of stay and increased bed utilisation will mean there is capacity to meet any increased fluctuations in demand from the community for bed based intermdiate care provision. Work to prevent hospital/ residential admissions will largely continue as set out in our previous plan and on the metrics tab; in summary this means (by way of example) revitalising our Single Point of Access (SPA) which offers 24/7 information and advice to help people help themselves, in tandem with our online offer via https://livewell.nelincs.gov.uk/. LiveWell offers access to self-assessment to help people identify their own needs and asset-focused support, and seek further professional help where required. Where professional input is needed, our practice framework supports staff to respond in a strenghts-based way which supports independence for as long as possible. A combination of telecare via Carelink and aids to daily living via the assisted living centre offer significant conributions to maintaining people at home. Re-evalutaing and relaunching our approach to reablement is intended to help reduce the number of people whose long-term support needs are met by admission to residential/ nursing care.

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

Although we have not changed our commissioning arrangements, the reduced length of stay and increased bed utilisation will mean there is capacity to meet any increased fluctuations in demand from the hospital for bed based intermdiate care provision. Work to improve hospital discharge wil largely continue as set out in our previous plan and on the metrics tab; in summary this means (by way of example) remodelling our core care at home offer, supplemented by system pressure teams. The system pressure teams work to support those discharging into the community from hospital or step-down bed-based care, where their lead care at home provider cannot pick up the package of care straight away. These dedicated teams fill the gap between the discharge date and the date the lead provider can start. Bolstered VCSE and domiciliary care capacity ensures there is availability in community services to accept discharges in a timely manner. Our VSCE offer comprises home from hospital support, telecare for up to 6 weeks, and carers' support. The home from hospital service has been fundamental to supporting people to go home first, be it by providing transport, access to wellbeing support or access to food and a habitable home on discharge. Other VSCE support has been pivotal as a wraparound offer to make home first an option.

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

As we are an integrated place, we work collaboratively with our partners on all health and care workstreams. The capacity and demand plan has been developed with the ICB and NELC performance team representatives, the provider of intermediate care, the operational hospital discharge/ intermediate care lead for NEL Place and trust representatives. The approach taken was to utilise the actual demand from 2023/2024, take averages and use any system intelligence to predict the demand figures for 2024/2025. For capacity we have used contractual information along with service improvements/ system intelligence to predict suitable averages for capacity.

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

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

As we are an integrated health and care system at place, all funding streams and commisisoning arrangements are integrated, we therefore have a system view of our resource in terms of capacity and the demand we are seeing to meet need. We also monitor services in an intergarted way and therefore ensure that we understand the services we have to support hospital discharges and admission avoidance. To forecast demand we have utilised hospital discharge pathway 1-3 information from our hospital discharge hub and community services usage and interventions data over the 2023/2024 period to understand the demand for bed and home based intermediate care. Contractual information and system intelligence has been used to predict intermediate care services forecasted capacity for each of the intermediate care types.

Approach to using Additional Discharge Funding to improve

Linked KLOEs (For information)

Checklist Complete:	
Yes	Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?
Yes	Does the plan describe any changes to commissioned intermediate care to address gaps and issues? 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 capacity needed for additional services?
Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
Yes	Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?
Yes	
Yes	Has the area described how shared data has been used to understand demand and capacity for different types of inte

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.
Funding is used to meet the principles of home first, utilising a strengths-based positive risk taking approach. This means we have bolstered wrap around support for people returning home, including VCSE and domicilliary care capacity. Included in the wrap around offer is additional support via domicillary care in terms of capacity and responsiveness, broader offer of assistive technology and aids to daily living, carers' support and greater capacity in the home from hospital service which provides meals, keysafes, light household duties, prescription and shopping collection, meaningful engagement activities to reintergrate into communities and low level one to one support such as befriending. This is BCF discharge-funded work. We acknowledge that despite a robust home first offer, some individuals will require step down bed based provision, so we have maintained our intermediate care bed based offer and increased our short term bed-based provision to meet demand.

Please describe any changes to your Additional discharge fund plans, as a result from o Local learning from 23-24 o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)
Working with all deliverers of onward care discharge provision, we have monitored demand and capacity, we considered what works/ doesn't work, and have tweaked our offer to ensure provision is appropriate. The rapid evaluation has also been considered. For example, we have: Closely monitored our home from hospital services and the wrap around offer to ensure it was meeting need to make home first an option. Monitoring showed that we had increased demand across 2023/24 and still had some blockages in timely discharges. As a result, we increased the volume of our home from hospital offer (funded by BCF) which includes assistive technology, aids for daily living, key safes, meals provision, light household duties, prescription and shopping collection, support to access the community, one to one support such as befriending and informal carers support. In addition, we have added a small grant scheme to ensure we addressed some of the blockages (issues with lack of home essentials/ poor cleanliness/ cluttered properties). The grant offers up to £250 to support those discharges (again BCF funded). We continue to review and refine our support at home offer to ensure it is responsive to meet need and deliver timely discharges. The expansion of the BCF funded Hales System Resilience teams which supports when lead providers cannot pick up packages of care in a timely manner is showing significant reductions in delayed discharges. For example, in April 2024 the BCF funded Hales System Resilience teams reduced 160

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?
We have a monthly BCF steering group meeting, incorporating finance, performance, strategic leads and operational delivery leads to ensure budgets are monitored, and outcomes are achieved in line with BCF objectives. This ensures that monitoring is on-going and reactive. For example we have had many theme sessions to 'deep dive' into areas of our BCF plans, including informal carers' support, community beds provision and home from hospital services. Outcomes have lead to services being on-going, additional resource being made available or new monitoring approaches to ensure we have the data available to monitor best use of resource.

Yes	Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Is the plan for spending the additional discharge grant in line with grant conditions?
Yes	Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"
Yes	Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

#REF!

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: North East Lincolnshire

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	294.8	284.6	247.0	246.5	2024-25 Plan has been set excluding 0 LoS as per new BCF guidance. Performance has been deteriorating on this measure since December 2022 and as such we have used our projected 2023-24 out-turn as the Plan for 2024-25 i.e. to sustain performance levels. The planned figure will be challenging, but utilising data, we have identified some key areas to focus on. These workstreams will continue to improve the support available to best manage patients in the community to support the trajectory of avoidable admissions.	This measure will be monitored monthly using local SUS data to ensure the plan will be achieved. Areas of work (some of which are BCF-funded) that will impact performance on this measure include: •Continuation of Respiratory Nurse Specialist in community to support practices with respiratory management (including COPD). This role previously focussed on Asthma and will now be broadened out to support other respiratory conditions. •Targeted work with practices on hypertension to support management of patients within national guidelines and on COPD.
	Number of Admissions	546	527	-	-		
	Population	157,197	157,197	-	-		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	203.57	180.89	202.49	178.19		

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

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,458.8	1,467.9	1,467.9	The ambition for 2024-25 includes an assumption that our increasingly frail population and higher patient acuity will continue to impact on number of falls.	The BCF funded community falls reponse service continues to support patients to remain at home following a fall. This reduces demand on 999 and ED and supports the recovery of urgent care performance. We know this cohort of patients are more likely to have a longer stay in hospital following admission and as a result of deconditioning often require more complex care on discharge. Keeping these patients in their own home, where appropriate, supports performance and capacity across the urgent care, acute and community pathways.
	Count	482	485	485		
	Population	33,040	33040	33040		

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

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
	Quarter (%)	94.0%	93.6%	94.0%	94.0%	A significant amount of work has occurred across 2023/2024 to	We plan to continue to use BCF funding to secure the additional

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Numerator	3,360	3,548	3,020	3,020	bolster the wrap around support to make home first an option for as many people as possible. In doing this work we have reached 94%. Therefore, the target has been set to increase to 94.5% over the year in recognition of the on-going work to make home first an option.	support required from the VCSE and within support at home to ensure there is capacity in the community to support individuals who need to return to their own homes. Our BCF-funded VSCE offer comprises home from hospital support, telecare for up to 6 weeks, and carers' support. The home from hospital service has been fundamental to supporting people to go home first, be it by providing transport, access to wellbeing support or access to food and a habitable home on discharge. Other VSCE support has been pivotal as a wraparound offer to make home first an option. We are also
	Denominator	3,574	3,791	3,214	3,214		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	94.0%	94.0%	94.5%	94.5%		
	Numerator	3,360	3,360	3,377	3,377		
	Denominator	3,574	3,574	3,574	3,574		

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
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	696.1	710.2	701.6	698.2	Our aim is to achieve broadly the same as last year. This is because a) our efforts to reduce admissions have not been as sucessful as hoped but b) because work to keep people at home is ongoing, we hope that numbers will not increased further.	Our previous work to support this metric will continue, as set out in our previous BCF plan. For example, the Housing with Care Strategy is being developed to ensure that we indicate to the wider market, as well as system partners, the type of accommodation that will be required for people that draw on care and support are likely to need over the next 15-20years. The required housing mix includes partly-
	Numerator	230	248	245	248		
	Denominator	33,040	34,918	34,918	35,520		

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

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

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through
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* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update	
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4 & PR6**	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?	
Additional discharge funding	**PR5**	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?	
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**	PR 4 and PR6 are dealt with together (see above)	
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?	

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12	
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?	

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

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 and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

The key purposes of BCF reporting are:

1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, 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

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

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 to 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 submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

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 spend 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. 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 HWB 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 HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: 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 contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:
- 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,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
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 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB 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.
- 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.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.

- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to year-end.

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	**Units**
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N**. Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being

funded at the start of the year.

-**Implementation issues in columns P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commisioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: https://future.nhs.uk/bettercareexchange/view?objectID=202784293

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their P0 capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.
SCIE - Integrated care Logic Model

Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) 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:	North East Lincolnshire
Completed by:	Emma Overton
E-mail:	emmaoverton@nhs.net
Contact number:	07506 368346
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: North East Lincolnshire

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

Confirmation of National Conditions			
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the year:	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board: North East Lincolnshire

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

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	247.0	247.0	247.0	246.5	Not on track to meet target	Published data for Q1-Q3 show our YTD performance as 879.1 meaning our projected year end performance will be c1172.1 against the plan of 987.5 (1819). Performance on this indicator has deteriorated in recent months. Continued challenge in relation to high levels of older / frail population. Facilitation between teams to support more integrated working around this population and embed agreed pathways. Audits underway to assess any learning/changes needed following A&E attendance/admission for patients who have had a CGA (comprehensive geriatric assessment) by the service.	Routine monitoring of comprehensive geriatric assessment (CGA) completion is now underway. Routine assessment and recording of clinical frailty score in place within ED and SDEC setting.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.0%	94.0%	94.0%	94.0%	Not on track to meet target	Projected out-turn is 93.65% against plan of 94%.	BCF funding supports the delivery of our home from hospital offer which provides the wrap around support to make home first an option.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,458.8	Not on track to meet target	Projected out-turn for 23-24 will be approx. 1467.9 (which equates to 485 falls) against the plan of 1458.8 (482 falls). The ambition for 2024-25 includes an assumption that our increasingly frail population and higher	The community falls reponse service continues to support patients to remain at home following a fall. This reduces demand on 999 and ED and supports the recovery of urgent care performance. We know this	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				710	On track to meet target	Our current local data shows a projected 2023/24 performance of 245 against our 2023/24 plan of 248.	Despite increased demand and complexity of need, we are managing to ensure people remain at home wherever possible.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				85.0%	Not on track to meet target	Performance on this measure is 82.6% against target of 85%	Our current reablement review will help to improve the outcomes for individuals and will have a positive influence on this measure.	Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: North East Lincolnshire

Income

	2023-24	
Disabled Facilities Grant	£3,501,882	
Improved Better Care Fund	£8,058,576	
NHS Minimum Fund	£14,786,147	
Minimum Sub Total		£26,346,605

	Planned		Actual			
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding?	No		
LA Additional Funding	£0		Do you wish to change your additional actual LA funding?	Yes	£196,988	
Additional Sub Total		£0				£196,988

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£26,346,605	£26,543,593

Additional Discharge Fund

	Planned		Actual			
LA Plan Spend	£1,129,800		Do you wish to change your additional actual LA funding?	No		
ICB Plan Spend	£1,077,000		Do you wish to change your additional actual ICB funding?	No		
Additional Discharge Fund Total		£2,206,800				£2,206,800

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£28,553,405	£28,750,393

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	Additional spend relating to DFG

Expenditure

	2023-24
Plan	£28,272,355

Do you wish to change your actual BCF expenditure?	Yes
Actual	£28,750,393

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	Additional DFG allocation and spend

Checklist

Complete:

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

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: North East Lincolnshire

Checklist

							Yes			Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
6	Intermediate tier	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£2,099,625	£1,574,719	£2,099,625	350	263	350	Number of placements	No	
7	Intermediate tier	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£857,757	£643,318	£857,757	142	107	142	Number of placements	No	
10	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£757,688	£568,266	£757,688	5,200	6,906	7002	Number of beneficiaries	No	
12	Community equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£362,000	£271,500	£362,000	1,296	1,238	1450	Number of beneficiaries	No	
14	Care Act Duties	Carers Services	Other	Minimum NHS Contribution	£357,338	£268,004	£357,388	2,251	2,291	3,080	Beneficiaries	No	
15	Care at home	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£90,803	£68,102	£90,803	4,956	3,717	4956	Hours of care (Unless short-term in which case it is packages)	No	
23	Intermediate tier	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£362,586	£302,160	£358,000	132	97	132	Number of placements	No	
24	Intermediate tier	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£3,251,636	£2,438,726	£3,251,636	456	361	456	Packages	No	
25	Intermediate tier	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£1,180,792	£885,594	£1,180,792	168	133	168	Packages	No	
5	Ensuring the local social care market is supported.	Residential Placements	Care home	iBCF	£1,030,293	£772,720	£1,030,293	32	32	32	Number of beds/placements	No	
20	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£3,220,832	£1,678,723	£3,698,870	230	216	230	Number of adaptations funded/people supported	No	
26	Workforce recruitment and retention	Workforce recruitment and retention		ICB Discharge Funding	£120,595	£58,000	£29,330		3	3	WTE's gained	Yes	Slippage in appointments
28	Workforce recruitment and retention	Workforce recruitment and retention		ICB Discharge Funding	£46,021	£38,350	£46,000		1	1	WTE's gained	No	
30	Enhanced recovery beds	Residential Placements	Care home	ICB Discharge Funding	£145,034	£120,860	£145,000	26	19	26	Number of beds/placements	No	
32	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community based equipment	Local Authority Discharge Funding	£50,000	£38,889	£36,580	100	85	100	Number of beneficiaries	No	
33	Intermediate tier	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£400,000	£300,000	£400,000	67	50	67	Number of placements	No	
34	Carers support	Carers Services	Carer advice and support related to Care Act duties	Local Authority Discharge Funding	£58,270	£48,560	£58,270	350	449	626	Beneficiaries	No	
37	Care at home	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£272,480	£227,070	£248,840	14,873	12,394	14873	Hours of care (Unless short-term in which case it is packages)	No	
38	Workforce recruitment and retention	Workforce recruitment and retention		Local Authority Discharge Funding	£121,460	£100,074	£106,550		2	2	WTE's gained	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: North East Lincolnshire

Estimated demand - Hospital Discharge

Service Area	Metric	Prepopulated from plan: Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Q2 Refreshed planned demand: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	29	29	29	29	29	29	29	31	31	31	31	31
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	42	42	42	42	42	42	42	44	44	44	44	44
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	58	58	58	58	58	58	58	65	65	65	65	65
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	3	3	3	3	3	3	3	6	3	3	3	3

Actual activity - Hospital Discharge

Actual activity (not spot purchase):

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
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	29	24	19	22	27	25	24	24	22	24	23	20
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	46	50	45	46	45	47	47	45	40	47	39	50
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	55	64	65	64	57	64	65	65	65	65	65	65
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	3	3	3	3	3	3	3	3	3	3	3	3

Actual activity - Hospital Discharge

Actual activity in spot purchasing:

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
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	4	0	1	0	2	1	4
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	4	5	5	7	6	5	5	2	6	4	7	8

Checklist

Complete:

Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: North East Lincolnshire

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
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**
Social support (including VCS)	Planned demand. Number of referrals.	55	55	55	55	55	55	55	58	58	58	58	58
Urgent Community Response	Planned demand. Number of referrals.	500	500	500	500	500	500	500	508	508	508	508	508
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	20	20	20	20	20	20	20	21	21	21	21	21
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	8	8	8	8	8	8	8	8	8	8	8	8
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
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**
Social support (including VCS)	Monthly activity. Number of new clients.	47	55	54	51	59	54	61	56	50	58	59	42
Urgent Community Response	Monthly activity. Number of new clients.	428	459	491	453	433	438	474	465	500	534	501	513
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	24	26	39	38	31	14	34	36	29	41	36	21
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	11	10	17	13	4	12	19	16	16	15	9	7
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

8. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: North East Lincolnshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Neither agree nor disagree	BCF is part of North East Lincolnshire's existing direction of travel and not specifically related to BCF	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Disagree	We have had some difficulties in securing staff to deliver on objectives. In addition, it is worth noting that some of our actual activity data is higher than our planned capacity, several reasons acount for this including: For a very time limited period of time the service managed to see/ support more clients than their capacity allowed. For some services LoS has improved meaning more people can be supported than predicted.	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	BCF is part of North East Lincolnshire's existing direction of travel and not specifically related to BCF	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	8. Pooled or aligned resources	The whole of adult social care and health benefits from pooled and aligned resources	Yes
Success 2	9. Joint commissioning of health and social care	Commissioning from adult social care and health is an integrated function	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Access to a suitably qualified workforce remains one of our biggest ongoing challenges	Yes
Challenge 2	7. Joined-up regulatory approach	The differening legislative and financial frameworks for health and social care, combined with a fractured provider marketplace, remains challenging. There is also significant ongoing change to be managed across the sector such as the move to an ICB/ ICS and implementation of adult social care reform	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other