Better Care Fund 2024-25 Q2 Reporting Template

1. Guidance

Overview

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

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

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

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

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

Note on entering information into this template

Please do not copy and paste into the template

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

Data needs inputting in the cell
Pre-populated cells

Note on viewing the sheets optimally

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

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

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

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

Checklist (2. Cover)

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

2. Cover

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

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

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

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

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

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

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2024-25 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority level.

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

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

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

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

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

5. Capacity & Demand Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.
Activity
'For reporting across 24/25 we are asking HWB's to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered.
For hospital discharge and community, this is found on sheet "5.2 C&D H1 Actual Activity".

5.1 C&D Guidance & Assumptions

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

5.2 C&D H1 Actual Activity

Please provide actual activity figures for April - September 24, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.
Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

Expenditure

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan.
The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure to date alongside percentage spend of total allocation.
Overspend - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation.
Underspend - Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation.
Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

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

Useful Links and Resources

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

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

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

Better Care Exchange
https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fbettercareexchange%2FgroupHome

Data pack
https://future.nhs.uk/bettercareexchange/view?objectId=116035109

Metrics dashboard
https://future.nhs.uk/bettercareexchange/view?objectId=51608880

HM Government

NHS England

Better Care Fund 2024-25 Q2 Reporting Template

2. Cover

Version 3.0

Please Note:

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

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist Complete:
Health and Wellbeing Board:	Walsall	Yes
Completed by:	Nina Chauhan-Lall	Yes
E-mail:	nina.chauhan-lall@walsall.gov.uk	Yes
Contact number:	01922 653739	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Better Care Fund 2024-25 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Walsall

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	
Confirmation of Nation Conditions	
National Condition	**Confirmation**
1) Jointly agreed plan	Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes

If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Q2 Reporting Template

2. Cover

Version 3.0

Please Note:

- *The BCF quarterly reports are categorised as 'Management Information' and data from them will be 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.*
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Health and Wellbeing Board:	Walsall
Completed by:	Nina Chauhan-Lall
E-mail:	nina.chauhan-lall@walsall.gov.uk
Contact number:	01922 653739
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

Better Care Fund 2024-25 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Walsall

		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 section 75 agreement expected to be signed off		Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		Yes

Confirmation of Nation Conditions			
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:**	
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 2024-25 Q2 Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Walsall

National data may be unavailable at the time of reporting. As such, please utilise data that may o

Metric	Definition	For information - Your as reporte	
		Q1	Q2
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	402.6	414.5
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	95.6%	95.4%
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.		
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)		

nly be available system-wide and other local intelligence.

planned performance ed in 2024-25 planning Q3	Q4	For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period
426.4	438.3	349.1	On track to meet target
95.3%	95.2%	95.83%	On track to meet target
	1,863.4	530.2	On track to meet target
	596	not applicable	On track to meet target

Challenges and any 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* ***- ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan***	**Achievements - including where BCF funding is supporting improvements.** *Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics*
Avoidable admissions remain a priority with teams working closely towards the planned performance target. E.g. Care Navigation Centre, Rapid Response and support to care homes.	Outcome of 72 hour/pop in sits 1 year pilot has led to development of a more efficient service.
Although there is a positive indication of meeting needs and enabling independence; there is an impact on demand for services once patients are discharged.	Through Virtual Wards, our integrated Intermediate Care Service continues to work with the principle of home first.
Not having a dedicated falls service	Response to falls is currently the responsibility and part of the locality community nurse teams; there is a separate monitoring process in place.
Although the number of people being admitted are decreasing, people who are admitted are staying longer in residential care.	Despite increased demand in adult social care, the number of admissions is decreasing. More people are able to stay at home and live longer with support. Q2 2024/25: 303.85 (Q2 2023/24: 338.38).

Variance from plan *Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan*	**Mitigation for recovery** *Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan*

Complete:
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Walsall

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)						Actual activity through only spot purchasing (doesn't apply to time to service)					
Service Area	**Metric**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	250	250	240	240	225	225	284	293	271	249	241	259	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	1	1	1	1	1	1	1	1	1	1	1	1						
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	4	2	2	0	2	0	4	2	2	0	2	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2						
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	10	10	10	13	13	12	10	10	10	10	10	10	8	1	3	7	7	3
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2						
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0						
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	45	45	45	50	50	48	0	0	0	0	0	0	56	81	66	72	62	47
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2						

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:					
Service Area	**Metric**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	1015	1015	1015	1015	1015	1015	1211	1087	1074	1055	940	867
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	196	180	224	220	210	190	176.5	181	173	176	154	162
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	8	10	8	10	10	12	12	12	10	11	7	8
Other short-term social care	Monthly activity. Number of new clients.	33	39	18	30	30	34	0	0	0	0	0	0

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Walsall

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.	
Although the Intermediate Care Service (ICS) has seen a rise in demand and complexity of cases, there has been no change in estimates and Walsall remains on track. Building on the work from the front-runner project in developing the national ICS Framework, the ICS team have undertaken a service review against the national framework. Four priority areas of focus have been highlighted: 1.Improve Demand and Capacity Planning 2.Improve Workforce Utilisation Through a New Community Rehabilitation and Reablement Model	Yes
2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?	
ICB level discussions on the impact of the opening of the Midland Metropolitan University Hospital acknowlege if local demand is at the higher end of calculations this will lead to a shortfall of acute bed capacity. A series of service enhancements are being proposed to support winter demand and mitigate the potential higher demand: •Increase in spot bed provisions for out of area patients •Extension of service operational hours •Increase ICS discharge team capacity at weekends and bank holidays	Yes
3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
Therapy staffing capacity is a big concern, with current delays in assessment waiting times.	Yes
4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
A robust triage process is in place to align with demand allowing for prioritization of timely appointments	Yes

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

5.1 Guidance

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

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

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

Hospital Discharge

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

- Reablement & Rehabilitation at home (pathway 1)

- Short term domiciliary care (pathway 1)

- Reablement & Rehabilitation in a bedded setting (pathway 2)

- Other short term bedded care (pathway 2)

- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

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

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Further guidance for completing Expe

Schemes tagged with the following will count towards the
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribut

Schemes tagged with the below will count towards the pla
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, onl
- **Source of funding** selected as 'Minimum NHS Contribut

2023-25 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes

5	DFG Related Schemes
6	Enablers for Integration
7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes

10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)
12	Home-based intermediate care services
13	Urgent Community Response

14	Personalised Budgeting and Commissioning
15	Personalised Care at Home
16	Prevention / Early Intervention
17	Residential Placements
18	Workforce recruitment and retention
19	Other

Scheme type
Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed based intermediate Care Services
Home-based intermediate care services
Residential Placements
DFG Related Schemes
Workforce Recruitment and Retention

Carers Services

nditure sheet

planned **Adult Social Care services spend** from the NHS min:

ion'

anned **Out of Hospital spend** from the NHS min:

ly the NHS % will contribute)
ion'

Sub type
1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other
1. Independent Mental Health Advocacy 2. Safeguarding 3. Other
1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other
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

1. Adaptations, including statutory DFG grants
2. Discretionary use of DFG
3. Handyperson services
4. Other

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

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

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

1. Care navigation and planning
2. Assessment teams/joint assessment
3. Support for implementation of anticipatory care
4. Other

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

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

1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other
1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
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
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

Units
Number of beneficiaries
Hours of care (Unless short-term in which case it is packages)
Number of placements
Packages
Number of beds
Number of adaptations funded/people supported
WTE's gained

Beneficiaries

Description
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).
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.
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.
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'

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
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.
The ten changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
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.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

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.
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.
Provides support in your own home to improve your confidence and ability to live as independently as possible
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.

Various person centred approaches to commissioning and budgeting, including direct payments.
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.
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.
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.
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.
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.

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

Better Care Fund 2024-25 Q2 Reporting Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Walsall

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure to date	Percentage spent	Balance
DFG	£4,584,175	£2,715,373	59.23%	£1,868,802
Minimum NHS Contribution	£27,450,496	£13,515,122	49.23%	£13,935,374
iBCF	£14,181,001	£7,090,506	50.00%	£7,090,495
Additional LA Contribution	£724,907	£350,456	48.34%	£374,451
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£3,313,591	£1,601,955	48.34%	£1,711,636
ICB Discharge Funding	£2,533,216	£1,224,683	48.34%	£1,308,533
Total	**£52,787,386**	**£26,498,095**	**50.20%**	**£26,289,291**

Comments if income changed

Required Spend

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

	2024-25 Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,800,652	£7,214,038	£586,614
Adult Social Care services spend from the minimum ICB allocations	£10,933,025	£5,421,137	£5,511,888

Checklist	Column complete:	Yes	Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Planned Outputs for 2024-25**	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Intermediate Care	Intermediate Care Team and Reablement at Home	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£5,153,867	£2,491,636	
2	Care Act support	Protecting Social Service - Additional Social Worker posts	Care Act Implementation Related Duties	Other	Care Act support and advice on discharge	0	NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£389,256	£194,628	
3	Carers	Shared Lives Co-ordination	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£68,471	£34,235	
5	Intermediate Care	Intermediate Care Provider Uplifts - dom care rate increase	Other				NA		Social Care		LA			Private Sector	Additional LA Contribution	£724,907	£350,456	
6	Programme Management	Better Care Fund Support	Enablers for Integration	Joint commissioning infrastructure		0	NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£59,221	£0	
7	Equipment	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		185	1522	Number of beneficiaries	Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£79,912	£56,705	The outputs delivered figure reflects combined scheme IDs: 7, 36, 52, 62
8	DFG	Disabled Facilties Grant - Capital Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		400	269	Number of adaptations funded/people supported	Other	DFG	LA			Private Sector	DFG	£3,696,175	£2,271,373	
9	DFG	Disabled Facilties Grant - Integrated Equipment Store	DFG Related Schemes	Discretionary use of DFG		100	50	Number of adaptations funded/people supported	Social Care		LA			NHS Community Provider	DFG	£888,000	£444,000	
10	Carers	Support to Carers	Carers Services	Carer advice and support related to Care Act duties		500	234	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£453,043	£226,522	
11	Community Support	Short Term Care - Dom care placements	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		0	NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£4,714,821	£2,357,411	
12	Social Care	Protecting Adult Social Care	Care Act Implementation Related Duties	Other	Care Coordination		NA		Social Care		LA			Local Authority	iBCF	£1,488,379	£744,190	
13	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning			NA		Social Care		LA			Local Authority	iBCF	£229,500	£114,750	
14	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning			NA		Social Care		LA			Local Authority	iBCF	£8,590,690	£4,295,345	
15	Intermediate Care	Intermediate Care Team - Staffing remodel	Enablers for Integration	Workforce development			NA		Social Care		LA			Local Authority	iBCF	£295,438	£147,719	

16	Workforce - support services	Employment Support Services	Enablers for Integration	Workforce development			NA		Social Care		LA			Local Authority	iBCF	£23,455	£11,728	
17	Workforce - Care Management	Additional Social Worker/Occupational Therapy posts within	Enablers for Integration	Workforce development			NA		Other	Additional resource in Care Management	LA			Local Authority	iBCF	£490,285	£245,143	
18	Workforce	All Age Disability/Transition Modelling	Integrated Care Planning and Navigation	Care navigation and planning			NA		Social Care		LA			Local Authority	iBCF	£51,005	£25,503	
19	Workforce - Commissioning	Additional Commissioning Support/Capacity	Enablers for Integration	Joint commissioning infrastructure			NA		Social Care		LA			Local Authority	iBCF	£229,223	£114,612	
20	Workforce - support services	Brokerage and Business Support	Enablers for Integration	Other	Support to broker packages of care on discharge		NA		Social Care		LA			Local Authority	iBCF	£314,747	£157,374	
21	Programme Management	Better Care Fund Support	Enablers for Integration	Programme management			NA		Other	BCF Support	LA			Local Authority	iBCF	£32,000	£16,000	
22	Programme Management	Senior Alliance of Walsall Together	Enablers for Integration	Programme management			NA		Social Care		LA			Local Authority	iBCF	£203,673	£101,837	
23	Workforce - support services	Commissioned Payments Support Team	Personalised Budgeting and Commissioning				NA		Social Care		LA			Local Authority	iBCF	£237,143	£118,572	
24	Programme Management	Better Care Fund Integrated Support Officer	Enablers for Integration	New governance arrangements			NA		Other	BCF Support	LA			Local Authority	iBCF	£33,809	£16,905	
25	Quality offer	Care Quality Commissioning Support	Enablers for Integration	Research and evaluation			NA		Social Care		LA			Local Authority	iBCF	£26,191	£13,096	
26	Workforce - support services	Finance Support	Enablers for Integration	Programme management			NA		Social Care		LA			Local Authority	iBCF	£100,000	£50,000	
27	Provision - pathway support	Community Care packages/support	Home Care or Domiciliary Care	Domiciliary care packages		1200	600	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	iBCF	£1,835,463	£917,732	
28	Intermediate Care	Reablement at Home	Home-based intermediate care services	Reablement at home (to support discharge)		336	170	Packages	Social Care		LA			Private Sector	Local Authority Discharge	£1,875,109	£906,522	
29	Intermediate Care	Bed Based Services	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		336	170	Number of placements	Social Care		LA			Private Sector	Local Authority Discharge	£1,438,481	£695,433	
30	Locality working	Community Nursing In reach team	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£169,742	£84,871	
31	Single Point of access	Single point of access	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£276,247	£138,123	
32	Frail Elderly Pathway	Out of Hospital support based in A&E	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£96,520	£48,260	
33	Locality working	Enhanced case management approach in nursing and residential care	Enablers for Integration	Workforce development		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£396,064	£198,032	
34	Locality working	Evening and Night Service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£89,863	£44,932	
35	Frail Elderly Pathway	Additional Community Investment	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£1,004,030	£502,015	
36	Equipment - Health element	Integrated Equipment Service	Assistive Technologies and Equipment	Community based equipment		185	1522	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£530,305	£265,152	The outputs delivered figure reflects combined scheme IDs: 7, 36, 52, 62
37	Psychiatric care	Psychiatric Liaison Team (OP)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Mental Health		NHS			NHS Community Provider	Minimum NHS Contribution	£492,583	£246,292	
38	Stroke	Redesign of Stroke beds for Rehab/ Falls Service	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		15	0	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£778,815	£389,406	
39	Single Point of access	Single point of access (Community Investment)	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£57,693	£28,846	
40	Stroke	Stroke Non bed based Home Care	Personalised Care at Home	Physical health/wellbeing		0	NA		Community Health		NHS			Private Sector	Minimum NHS Contribution	£96,384	£48,192	
41	Intermediate Care	Rapid Response Team Intermediate Care Services and Community Health	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		336	170	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£701,156	£350,578	
42	Intermediate Care	District Nursing wrap around Intermediate Care Services and Community Health	Urgent Community Response			0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£820,974	£410,487	

43	Intermediate Care	Clinical front door staffing - Intermediate Care Services and Community Health	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£1,141,598	£570,799	
44	Intermediate Care	Clinical back door staffing - Intermediate Care Services and Community Health	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£1,402,243	£701,122	
45	Programme Management	Better Care Fund support	Enablers for Integration	Programme management		0	NA		Other	BCF Support	NHS			Local Authority	Minimum NHS Contribution	£34,957	£17,479	
47	Intermediate Care	Home from Hospital Services required in the reablement pathway for people with	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Community Health		NHS			Private Sector	Minimum NHS Contribution	£73,120	£36,560	
48	Intermediate Care	Discharge to Assess beds	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		0	NA		Other	Placements in Independent Sector nursing &	NHS			Private Sector	Minimum NHS Contribution	£2,292,686	£1,108,399	
49	Intermediate Care	FEP WHC Consultant	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£211,294	£105,646	
50	Intermediate Care	Rapid Response Sitters	Personalised Care at Home	Other	Rapid/Crisis Response - step up (2 hr	0	NA		Community Health		NHS			Private Sector	Minimum NHS Contribution	£849,343	£574,516	
51	Primary Care	Blakehnall Doctors Phoenix (Medical Cover to ICT Beds)	Integrated Care Planning and Navigation	Care navigation and planning			NA		Community Health		NHS			Private Sector	Minimum NHS Contribution	£23,416	£0	
52	Equipment	Community Equipment Service (Health element allocation)	Assistive Technologies and Equipment	Community based equipment		185	1522	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£848,550	£400,370	The outputs delivered figure reflects combined scheme IDs: 7, 36, 52, 62
53	Dementia support	Dementia support workers (based in Manor Hospital), Dementia advisors	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Mental Health		NHS			Private Sector	Minimum NHS Contribution	£438,076	£219,576	
54	Psychiatric care	Psychiatric Liaison Team (Adults)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	£625,058	£312,529	
55	Demand pressures	CCG Activity Growth	Enablers for Integration	Joint commissioning infrastructure		0	NA		Community Health		NHS			NHS	Minimum NHS Contribution	£49,084	£0	
56	Demand pressures	Potential risk of unachieved reduction in admissions	Other			0	NA		Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	£1,301,880	£650,940	
57	Personal Health Budgets	Co-ordination of Personal Health Budgets	Personalised Budgeting and Commissioning			0	NA		Continuing Care		NHS			Private Sector	Minimum NHS Contribution	£12,806	£0	
58	End of Live	End of life divisionary beds	Residential Placements	Short term residential care (without rehabilitation or reablement input)		15	398	Number of beds	Continuing Care		NHS			Private Sector	Minimum NHS Contribution	£271,772	£114,255	Output data is based on the number of occupied bed days YTD
59	Rehab support	Walsall Cardiac Rehabilitation Trust	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£325,486	£163,190	
60	Primary Care	Enhanced Primary Care to Nursing Home (inc D2A beds)	Integrated Care Planning and Navigation	Care navigation and planning			NA		Primary Care		NHS			Private Sector	Minimum NHS Contribution	£292,147	£134,411	
61	Demand pressures	Intermediate Care (bed and non bed based)	Other				NA		Other	Placements in Independent Sector nursing &	NHS			Private Sector	ICB Discharge Funding	£2,533,216	£1,224,683	
63	Winter Pressures	Winter pressures	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)	0	0	NA	Number of placements	Social Care	0	NHS	0.0%		NHS	Minimum NHS Contribution	£250,000	£0	