London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Agenda

Wednesday 11 September 2024 at 6.30 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch live on YouTube: youtube.com/hammersmithandfulham

MEMBERSHIP

Councillor Bora Kwon (Chair) - Cabinet Member for Adult Social Care and Health
Councillor Alex Sanderson – Deputy Leader (with responsibility for Children and Education)
Dr James Cavanagh – H&F GP
Carleen Duffy – Healthwatch H&F
Caroline Farrar - HCP Managing Director
Dr Nicola Lang – Director of Public Health
Katharine Willmette – Interim Director of Adult Social Care
Jacqui McShannon – Executive Director of People's Services
Sarah Bright - Director of People's Commissioning, Transformation and Partnerships
Susan Roostan – H&F ICB Borough Director
Sue Spiller – Chief Executive Officer, SOBUS
Detective Chief Inspector Mark Staples – Metropolitan Police

Nominated Deputy Members
Councillor Natalia Perez – Chair of Health and Adult Social Care Policy and Accountability Committee
Councillor Helen Rowbottom – Chair of Children and Education Policy and Accountability Committee
Nadia Taylor – Healthwatch, H&F

CONTACT OFFICER: David Abbott
Governance and Scrutiny
Email: David.Abbott@lbhf.gov.uk
Web: www.lbhf.gov.uk/committees

Members of the public and press are welcome, but spaces are limited so please contact David.Abbott@lbhf.gov.uk if you'd like to attend. The building has disabled access.

Date Issued: 03 September 2024
Date Updated: 06 September 2024

London Borough of Hammersmith & Fulham

Health & Wellbeing Board
Agenda

Item **Pages**

1. MEMBERSHIP CHANGES 2024/25

To note the following membership changes for the 2024/25 municipal year:

- Replace Councillor Ben Coleman with Councillor Bora Kwon
- Replace Philippa Johnson with Caroline Farrar, HCP Managing Director
- Replace Linda Jackson with Katharine Willmette, Interim Director of Adult Social Care

To agree the following addition to the membership:

- Add Sarah Bright, Director of People's Commissioning, Transformation and Partnerships as a non-voting member

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.

4. MINUTES AND ACTIONS 4 - 11

To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.

5. HEALTH AND WELLBEING STRATEGY 2024-2029 12 - 34

This item presents the Health and Wellbeing Strategy 2024-2029 for approval.

(Updated on 6 September 2024)

6. SOCIAL CARE POSITION STATEMENT AND CQC UPDATE (VERBAL UPDATE)

Katharine Willmette to provide a verbal update on the Social Care Position Statement and CQC inspection.

7. BETTER CARE FUND PLAN 2024 - 2025 AND QUARTER 1 REPORT 2024 - 2025 35 - 65

This Better Care Fund (BCF) paper sets out the London Borough of Hammersmith & Fulham and the H&F Integrated Care Board's proposed plan for 2024 – 2025 and the BCF quarter 1 report which were submitted to NHS England on 5 July 2024 and 29 August 2024 respectively.

8. ICB UPDATE (VERBAL)

Susan Roostan to provide a verbal update on the work of the Integrated Care Board.

9. WORK PROGRAMME

To suggest items for the Board's work programme.

10. DATES OF FUTURE MEETINGS

To note the following dates of future meetings:

- 11 December 2024
- 19 March 2025

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Tuesday 12 March 2024

PRESENT

Councillor Ben Coleman (Chair) (Deputy Leader and Cabinet Member for Health and Social Care)
Carleen Duffy (Healthwatch H&F)
Linda Jackson (Strategic Director of Independent Living (DASS))
Detective Chief Inspector Mark Staples (Met Police)
Dr James Cavanagh (H&F GP)

Nominated Deputy Members
Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)
Nadia Taylor (Healthwatch H&F)

Guests, officers and other attendees
Julius Olu (Assistant Director – Commissioning and Partnerships)
Helen Byrne (Head of Commissioning, Public Health)
Eve Penman (Public Health Officer)
Hilary Tovey (ICB Health Equity team)
Shad Haibatan (SOBUS)
David Abbott (Head of Governance)

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Alex Sanderson and Jacqui McShannon.

Nadia Taylor joined the meeting remotely.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES AND ACTIONS

The Board agreed the minutes of the meeting held on 20 September 2023 as an accurate record.

4. BETTER CARE FUND QUARTER 3 SUBMISSION 2023-2025

Julius Olu (Assistant Director for Independent Living, Commissioning & Partnerships) presented the item which set out Hammersmith & Fulham Council and the H&F Integrated Care Board's Better Care Fund quarter 3 submission 2023 - 2025 to NHS England detailing expenditure and outputs. He noted that the document had been submitted on the 9th of February with the agreement of Councillor Coleman and it was being presented to the Board for formal ratification.

Councillor Natalia Perez asked how performance was measured. Julius Olu noted that the quarterly submissions to NHS England followed a standard template that covered planned and actual activity. He added that there were regular service review meetings to track performance and give partners an opportunity to raise issues. Linda Jackson gave the example of reablement and some of the metrics that were tracked, including time spent at home.

The Chair noted that the submission said data was not available in three areas and two areas were marked as not on track to meet their target. He asked how that fit with the assessment that we were meeting the national requirements. Julius Olu said there were some quality issues with the data and assured the Board they had met the requirements.

The Chair noted that flu vaccine uptake in the borough had been low and asked why it was given a tick if the outcome was poor. Julius Olu said the tick suggested a service was in place. He said any queries about performance could be fed back to the ICB.

Nadia Taylor asked what mechanisms there were for hospitals when discharging patients to ensure there was adequate provision in place for patients at home. She gave the example of an elderly patient who may have a carer and asked how they would be assessed. Linda Jackson said it was outside of the scope of the Better Care Fund but acknowledged the Discharge Hub had identified areas for improvement. The Chair requested an item for a future meeting on the discharge arrangements from hospital, with a particular view to the patient experience. Councillor Perez asked that the item include a section on how patients with additional needs were supported through discharge process. The Board agreed the item for inclusion on the work programme.

ACTION: Linda Jackson

RESOLVED

1. That the Health & Wellbeing Board retrospectively agreed the BCF quarter 3 report that enabled submission to NHS England by the 9 February 2024 deadline.

2. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

5. PUBLIC HEALTH UPDATE ON ORAL HEALTH IN HAMMERSMITH AND FULHAM

Helen Byrne (Head of Commissioning, Public Health) and Hilary Tovey (ICP Health Equity team) presented the report which gave a summary of the borough's plan for oral health and access to NHS dental services.

Helen Byrne said the plan aimed to reduce tooth decay and increase access to dentistry. She noted that within Hammersmith & Fulham, only 40% of children and 44% of adults had access to dentistry. The Chair asked what lack of access meant in this context. Helen Byrne said there were 30 dentists in the borough, but officers didn't have data on how many NHS places were available. She said services were not promoting oral health early enough to young families and dentistry was not embedded into the early life health checks. She said officers wanted to work across the system to build a consistent oral health offer. Hilary Tovey said there needed to be a whole system response including better access to dentists and improved oral health promotion. Helen Byrne added that oral health was also an issue for adults, particularly in vulnerable populations like refugees, asylum seekers, and the homeless.

Councillor Natalia Perez asked if the solutions to these problems would involve the voluntary sector as she felt they were well placed to reach the groups we needed to engage. Helen Byrne said charities and the voluntary sector would be consulted on how best to communicate with different communities.

Shad Haibatan (SOBUS) felt there was a need for more granular data because different communities had different levels of poverty, distrust, and exclusion. He noted that SOBUS worked closely with diverse communities and health was a key area of focus for them.

Hilary Tovey said one of the challenges was that dentists could choose to offer either NHS or private places. The Chair said the dentists' contract was the key factor because currently it paid less to offer NHS places.

The Chair asked if the ICB could directly commission more dentists. Hilary Tovey said the ICB could not grant licenses for new dentists, but it had looked at using delegated commissioning to provide incentives for existing dentists. In 2024 the ICB had allocated £2.7m for enhanced Unique Dental Activities (UDAs) for new patients

to get people back to regularly seeing a dentist. She noted that since starting the programme there had been an increase in the number of new patients.

Nadia Taylor said it was a complex problem with many factors contributing to the current crisis. She noted that in her role as a School Governor she had seen the impact of the reduction in funding and services, and the cost-of-living crisis also had a big impact. She added that Healthwatch had produced a detailed report on the impact of the cost-of-living crisis and dental treatment was shown to be one of the most difficult services to access.

Carleen Duffy said residents regularly called Healthwatch to ask which dentists took NHS patients. There was an online list, but dentists were responsible for updating it and it was often out of date.

The Chair asked which public body was responsible for dentists in the local area. Helen Tovey said NHS London was responsible for dentists and the ICB was responsible for prevention and promotion of oral health services. The Chair asked if we could keep the information about NHS places updated ourselves. Hilary Tovey said we could make the information available in school settings.

Carleen Duffy reported that the Healthwatch survey showed 120 people out of 240 had or anticipated not being able to use dentist in the next 12 months. And many people didn't know about low band payments or what services were available. She suggested that a represented from the dental health team attend Healthwatch's family day.

The Chair noted that one of the ICBs stated intentions was to improve access to dentistry in areas of higher need and asked what they were doing to address that. Hilary Tovey said she could provide an update after the meeting.

ACTION: Hilary Tovey

The Chair asked how much difference the Government's plan would make in practice. Helen Tovey said there needed to be a consistent message, with local agreement around NHS places and dentists needed to keep their information up to date. She added that it was important there was a complete pathway, with both community dentistry and general practice services available where necessary.

Linda Jackson addressed the Board and noted that the paper set out the problem and the current gaps. The challenge for teams now was to come up with a more detailed plan, including measurements for success. She said the plan should also highlight areas that were outside of local control and needed to be raised at a national level. The Chair agreed and requested a further report with clear measures and success outcomes.

ACTION: Linda Jackson / ICB

Councillor Perez asked that Healthwatch share their findings so they could be considered and incorporated into any future plans.

ACTION: Carleen Duffy

Councillor Perez asked if schools could have an updated list of dentists accepting NHS patients. The Chair also asked how officers and the ICB were planning to work with local schools to encourage pupils to keep their teeth healthy. Helen Tovey said the ICB were working with CLCH to go into schools, and she could provide feedback once the work had started. The Chair requested a plan for improving oral health in schools.

ACTION: Helen Tovey

The Chair asked for more detail on what the changes to the Healthy Schools programme were and their impact on children's oral health. Helen Tovey said historically there was a Health Schools coordinator who helped schools, then they were removed, and schools were left to organise the programme themselves. Schools felt the transition was poorly handled and there was a lack of coordination.

The Chair thanked everyone for their contributions. He said he was disappointed at the current situation but was glad it was on the agenda and was a priority for the ICB. He said there were good opportunities with schools and Family Hubs, and he looked forward to seeing a more detailed action plan.

RESOLVED

1. Support the development of a Hammersmith and Fulham specific oral health plan aligned with the North West London Integrated Care System approach to improving child oral health.

2. Support the approach to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Hammersmith and Fulham population.

3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed.

6. PUBLIC HEALTH UPDATE ON SUICIDE PREVENTION IN H&F

Helen Byrne (Head of Commissioning, Public Health) introduced the report that provided an update on the incidence of deaths by suicide in Hammersmith and

Fulham and the work at both strategic and operational levels in the Council to examine the context and develop learnings to inform targeted and universal approaches for reducing the rate and preventing further occurrences.

Helen Byrne was joined by Eve Penman (Public Health Officer) who was beginning a contract to focus specifically on suicide prevention in the borough. She addressed the board and noted the following points:

- Hammersmith & Fulham had the highest suicide rate in London.
- The majority were male aged between 25 and 35, many with known mental health problems and drug and alcohol problems.
- Officers were working with partners to collect data and information on suicide attempts and incidents of self-harm to build a fuller picture of the problem.
- The Council was supported by the Listening Place, an award-winning volunteer-led suicide prevention organisation.
- Officers were working with partners to update the prevention strategy from 2020. They were also working with families who had lost loved ones to suicide.
- Key risk factors included contact with the criminal justice system, housing need, unemployment, and bereavement.

Helen Byrne noted that officers intended to bring the draft action plan to the Board in June 2024.

ACTION: Helen Byrne

Shad Haibatan (SOBUS) said it was sad that Hammersmith & Fulham had the highest suicide rate in London. He noted that mental health was a big factor, along with isolation, and early intervention was key. He wanted partners and communities to work together to tackle this issue. He also raised concerns about the promotion of suicide amongst certain groups of young people online.

Councillor Natalia Perez expressed her condolences to families who had lost someone from suicide. She noted that the risk factors included housing need and employment status – and asked about the role of the advice sector and if there was any preventative support they could give.

Helen Byrne said there was a lot of support available to people, but it was usually only accessed at the point of crisis. The Council wanted to take a more holistic approach and ensure people were aware of help and support earlier to prevent people getting to crisis point. Officers planned to work on this issue with partners like the Listening Place, H&F Law, Citizen's Advice Bureau, and housing providers.

The Chair asked about the work with housing providers. Eve Penman said work was being initiated with Council housing officers to offer suicide prevention training and

promote wellbeing services through them. Helen Byrne said the goal was that all frontline staff would get access to training.

Nadia Taylor asked why Hammersmith & Fulham had the highest suicide rate. Eve Penman said there were a range of factors and that more analysis needed to be done before coming to a robust conclusion.

The Chair noted that from September 2023, the police in England had stopped responding to metal health calls if there was no risk to life or crime being committed. He asked if there had been any impact on suicide numbers as a result. Linda Jackson said local police representatives had reported no impact on hospital or ambulance services from the change, but it had freed up officer time. Detective Chief Inspector Mark Staples agreed. He commented that the new policy was to ensure people were seen by the right service. The police had not seen any detrimental effects, but it would continue to be monitored.

Councillor Perez asked if young people being bullied on social media was an area of concern. Helen Byrne said they would be working with schools and looking at the different types of support that was available to young people. Officers were also working with the Youth Council to help develop training.

The Chair asked about the impact of the Listening Place. Eve Penman said they had done great work and were very effective when it came to prevention. They also referred clients on to other services for advice on employment and help with their finances.

A member of the public addressed the Board and spoke about a family member who had been involved with social services and the justice system and was at risk of suicide when they were younger. The Chair asked if young people involved with the justice system would be included in the strategy. Eve Penman said they would and noted officers would be co-producing the strategy with affected groups, in addition to partners such as the Police, Children's Services, and the Local Safeguarding Board.

The Chair thanked everyone for attending and for their contributions to the discussion.

RESOLVED

1. That the Health and Wellbeing Board noted the current context relating to suicide prevention in the borough; and provides feedback to inform the development of a new suicide prevention strategy for the borough.

7. WORK PROGRAMME

The following items were requested and agreed in the meeting:

- An item on discharge arrangements from hospital, with a particular view to the patient experience. To a section on how patients with additional needs were supported through discharge process.
- Dentistry and Oral Health – a detailed plan with clear measures and success outcomes. Should also highlight areas that were outside of local control and needed to be raised at a national level.
- Suicide prevention draft action plan in June 2024.

8. DATES OF FUTURE MEETINGS

The following dates of future meetings were noted:

- 26 June 2024
- 11 September 2024
- 11 December 2024
- 19 March 2025

9. DISCUSSION OF EXEMPT ELEMENTS (IF REQUIRED)

Not required.

Meeting started: 6.30 pm
Meeting ended: 8.30 pm

Chair .....

Contact officer: David Abbott
Governance and Scrutiny
Tel: 07776 672877
Email: David.Abbott@lbhf.gov.uk

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 11 September 2024

Subject: Health and Wellbeing Strategy 2024-2029

Report author: Dr Nicola Lang, Director of Public Health

Responsible Director: Jacqui McShannon, Executive Director of People's Services

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SUMMARY

Producing a Health and wellbeing strategy is a key function of the Director of Public Health (DPH) in a local authority. Department of Health guidance notes that 'within their local authority, DsPH also need to be able to: be an active member of the health and wellbeing board, advising on and contributing to the development of joint strategic needs assessments and joint health and wellbeing strategies, and commission appropriate services accordingly'[1]. While most of the community engagement took place in 2022, several iterations of the strategy were developed since then. This was mainly to ensure that the strategy was informed by what residents said, as well the latest data.

RECOMMENDATIONS

1. That the Health & Wellbeing Board approves the Health and Wellbeing Strategy 2024-2029

Wards Affected: All

Background Papers Used in Preparing This Report

None.

List of Appendices

Appendix 1 – Health and Wellbeing Strategy 2024-2029

[1] DsPH in local government roles and responsibilities (word doc)

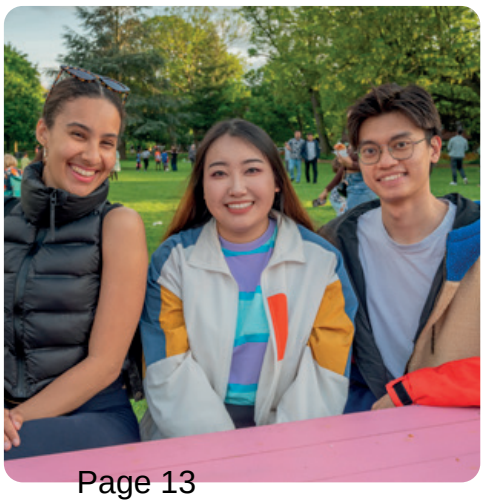
h&f
hammersmith & fulham

Health and Wellbeing Strategy
2024 to 2029








Contents

Foreword

We want residents in Hammersmith & Fulham to live longer, happier and healthier lives.

For this, we need an environment, and health and care services that work equally for everyone and in which everyone feels confident.

No one knows better than our residents how we can best support them. That's why we've listened and connected with local community, neighbourhood and faith groups as well as local businesses and the NHS.

We've implemented their feedback to create this new strategy which lays out how we will improve our current health and wellbeing offer for everyone in H&F.

We learnt a lot as a council during the Covid-19 pandemic – not least that many Black residents were reluctant to take the Covid vaccine. This was down to a long-standing lack of trust in the healthcare system as a result of lived experience.

We're determined to change that. That's why we've worked so closely to build trust by connecting with communities across Hammersmith & Fulham. Our mission is to close the gap in health inequities for all our residents.

We'll do this by improving access to good housing, a decent education and a safe environment.

It's all part of our ambition to create a stronger, safer and kinder borough.

Councillor Alex Sanderson
Deputy Leader of H&F Council

Cabinet Member for
Children and Education

Councillor Bora Kwon
Cabinet Member for
Adult Social Care and Health

Introduction

Hammersmith & Fulham is a diverse borough, and we're committed to ensuring a healthy and vibrant community for all.

We recognise historical disparities in life expectancy and health based on birthplace, current residence and resources. Our Health and Wellbeing Strategy aims to reduce these inequities and improve the health of every resident in Hammersmith & Fulham.

Informed by resident feedback and best practices, we used the **Marmot principles** to shape this strategy.

We listened to our residents' concerns about building trust in health discussions, especially the disparities highlighted by the Covid-19 pandemic. Input from our residents has informed the strategy and addressed inequities while embracing diversity.

We understand that promoting equitable health and wellbeing is not simply a matter of offering the same resources to everyone but rather addressing the unique needs of diverse communities and individuals.

Our strategy recognises that every person's path to wellbeing is shaped by their experiences, culture and circumstances. By embracing this diversity, we can pave the way for more inclusive healthcare solutions.

Our renewed ambition focuses on tackling the deep roots of health inequities. Through this strategy, we will create conditions that support every person in this borough to be well, whether independently or with targeted services.

We must improve the building blocks for good health in Hammersmith & Fulham by enhancing access to education, secure employment, good housing and reducing the impact of poverty and discrimination.

We will continue to collaborate with residents and partners in a way which is forward-thinking and based on sound evidence and best practices. With these strong foundations, all residents will have the right building blocks to live longer, healthier, happier lives.

Marmot principles

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen preventive measures against illness
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

Hammersmith & Fulham at a glance

Snapshot of Hammersmith & Fulham

Context

Hammersmith & Fulham is the sixth most densely populated of London's 33 local authority areas, with 11,287 residents per square km compared to London which is 5,701 per square km, and England only 432 per square km. 39 per cent of residents are born outside the UK, which is similar to London which has 38 per cent of residents born outside of the UK, but more than England, at 14 per cent of residents born outside the UK.

Life expectancy

Life expectancy varies across wards in the borough, with a lower life expectancy in more deprived (poorer) areas. The difference in life expectancy is 6.5 years for men (77.0 years in Hammersmith Broadway and 83.5 years in Palace Riverside), while for women the difference in life expectancy is 9.5 years for women (81.3 in Fulham Broadway and 90.8 years in Addison). We can compare these figures with London which has a life expectancy of 79 years for men, and 83 years for women, and England, which also has an average life expectancy of 79 years for men, and 83 years for women.

Risk factors

Hammersmith & Fulham has more expensive rents and more housing pressures than most other London boroughs.

78 per cent of adults are economically active, similar to both London and England which have 76 and 76 per cent economically active respectively.

Like the majority of London boroughs, Hammersmith & Fulham exceeds the WHO guidelines for Nitrogen dioxide (NO_2), Particles (PM10) and Particles (PM2.5).

Sixth
most densely populated of London's 33 local authority areas

77 years
life expectancy in Hammersmith Broadway

78%
of adults are economically active

Hammersmith & Fulham at a glance

Snapshot of Hammersmith & Fulham (continued)

Start of life

The percentage of children in low-income families is at 13 per cent, lower than both London, at 16 per cent, and England, at 20 per cent.

Hammersmith & Fulham has a rate of 67 per 10,000 children under 18 in care compared to London which has a rate of 51 per 10,000 children in care, and England with a rate of 71 per 10,000 children in care. There were 216 children in care in 2022.

The prevalence of obesity amongst reception (8 per cent) and year six children (19 per cent) is lower than the London (9 per cent and 25 per cent respectively) and England (9 per cent and 23 per cent respectively in 2022/2023).

Living well

In 2022, the rate of all new STI diagnoses was 2,292 per 100,000 population, where the London rate is 1,357 per 100,000 and England is at 694 per 100,000.

53 per cent of adults in H&F were either overweight or obese in 2022/2023, London has 57 per cent, and England with 64 per cent of adults either overweight or obese.

7 per cent of patients registered with a GP practice in the borough have been diagnosed with hypertension in 2022/2023, where the London and England prevalence is 11 per cent and 14 per cent respectively.

Current suicide rates are 11.0 per 100,000 compared to 7 and 10 per 100,000 persons for London and England respectively.

Ageing well

In 2019, 26 per cent of all those aged 60 or over experienced income deprivation, compared to the England average of 14 per cent (no data available for London).

The mortality rate from cancer amongst those 65 and over, is 1,067 per 100,000, where London is 951 and England 1,030 per 100,000 people.

The emergency hospital admission rate due to falls in people aged 65 and over was 2,469 per 100,000 population in 2022/2023, compared to 2,071 for London, and 1,933 for England per 100,000.

13%
of children are in low-income families

53%
of adults in H&F were either overweight or obese in 2022/2023

26%
of all those aged 60 or over experienced income deprivation

Hammersmith & Fulham at a glance

Investing in health and wellbeing

More than 1,000,000

The number of universal free breakfasts given to primary-aged children in the borough since 2019.

2,800 electric vehicle charging points

We have London's densest network. Residents are never more than 400m from a charge.

Hammersmith & Fulham is leading the electric vehicle revolution by giving residents the confidence to make the switch. We are on a mission to reduce pollution and improve air quality by 2030.

Keeping residents safe

We have invested in 1,850 state-of-the-art CCTV cameras and a new Law Enforcement Team.

Our Law Enforcement Team is one of the largest such teams anywhere in Britain. They work proactively with emergency services to help keep our residents and visitors safe.

Preserving world-class parks and green spaces

H&F Council was recently awarded our 21st Green Flag, a prestigious recognition given to the best parks in the country.

Parks and green spaces provide a variety of health benefits by promoting physical activity, connection to nature and opportunities for community engagement.

Investing in community-led change

In the face of reduced government spending, we remain committed to being a compassionate council and to empowering local communities.

We have invested more than £3.3 million through the third sector investment fund (3SIF) and have funded more than 40 groups to run more than 50 services.

Thorough response to the cost-of-living crisis

Our dedicated cost-of-living phone line supports residents in need. We received more than 12,000 calls in 2023. More than 160 residents have been helped to get more than £325,000 in benefits.

We've had a total support package worth £10 million in 2022 and 2023. Our dedicated cost-of-living advice team, along with our excellent voluntary and community services, are helping residents access essentials, such as food, clothing and heat for their homes.

£21,000,000

Amount invested per year in free home care for elderly and disabled residents. We are the only council in the country to do so.

By abolishing care charges, we refocused our energy on supporting independent and purposeful living for residents.

Homes for the future

We're building 3,000 new affordable homes for local residents as well as working hard to improve our existing housing stock in H&F as we continue to invest in modernisation and refurbishment works on our properties.

Developing the strategy

Hammersmith & Fulham Council does things with residents, not to them. Co-production is deeply embedded in all areas of our work.

We have consistently championed collaboration to create strong bonds within the community.

This strategy was co-produced with various stakeholders across the borough, emphasising marginalised voices. We've focused on making public services better, boosting community resilience and improving health for everyone.

A comprehensive co-production campaign ran for a year, including interviews, surveys, discussions and focus groups with:

- more than 420 residents
- 31 community, neighbourhood and faith groups
- 63 businesses
- council colleagues
- NHS services.

Insights from shared stories and conversations shaped the direction and tone of this strategy.

A person-centred and inclusive approach helped us better understand the experience of people and organisations in the borough. We also integrated our existing local commitments to build on the good things we are already doing in H&F.

A detailed explanation is presented in Appendix A: Creating the Health And Wellbeing Strategy for Hammersmith & Fulham.

Special thanks

Thank you to all those involved for your invaluable insight, practical suggestions and constructive criticism. The result has been a living document which outlines how we will work together to address avoidable differences in health outcomes so that every child has the best start to life and all residents live longer, healthier lives.

A list of expert community organisations who have engaged in this project is included in Appendix B: Hammersmith & Fulham health equity organisations, strategies and resources.

What we were told

When it comes to living well and in good health, what is important to you?

You said

In no particular order:

- Safe and secure housing.
- Affordable healthy food.
- A supportive community.
- Not living in poverty.
- Green spaces and efforts to address the impact of pollution.
- Compassionate services.
- Knowledge of services available and easy access.
- Social spaces to connect.
- Making decisions for yourself.

Even better if... What is needed to improve the health and wellbeing of those in Hammersmith & Fulham?

You said

- Greater involvement in decision-making opportunities – More obvious opportunities for all residents to inform plans that impact their lives.
- Increased training and employment opportunities that are affordable, accessible and local.
- More authentic community connections – Sharing ideas and knowledge held within the community to all, including those in public services.
- Everyone must live with dignity – A secure home with nutritious food to eat and the means to prepare it.
- Support services that are not complex or overwhelming to navigate.
- All residents across the borough benefit from secure green spaces and clean air.

Responding to feedback

Health inequities are avoidable and must be addressed.
To improve the health and wellbeing of all, our primary focus should be on enhancing the lives of those with the worst health outcomes the fastest.

A healthier future for all in Hammersmith & Fulham is attainable and must involve everyone in the process.

The way we work:

- is rooted in a deep commitment to equity for all protected characteristics, taking an anti-racist approach whilst building on the trust residents have in us
- recognises the importance of collaboration to find novel solutions to pressing challenges
- will continuously uphold the insights, knowledge and capabilities within the wider community, actively working to amplify existing strengths
- builds on achievements in Hammersmith & Fulham, using learnings to inform opportunities for improvement
- recognises the diversity of experiences across the borough and use dynamic data and evidence to inform our decision-making.

Our priorities

Overview

The vision at the centre of the Health and Wellbeing Strategy is that everyone in Hammersmith & Fulham will live in safety and with dignity.

We aim to ensure that all residents are safe and our services uphold the dignity of residents with particular consideration given to those who are most in need.

Priority 1

Address key health issues innovatively and proactively so that people stay as healthy as possible for as long as possible

The outcomes we want to achieve

- People live healthier lives, and ill health is mitigated by improved access to early and appropriate help and resources, particularly amongst those facing multiple disadvantages.
- Expansion of grassroots-informed public health interventions to prevent the spread of infectious disease.
- Proactively address the health consequences of trauma and adverse child and adulthood experiences.

Priority 2

Amplify community strengths and capabilities to tackle health inequities

The outcomes we want to achieve

- People are better connected and feel safer within their own communities.
- People, particularly those most affected by health inequities, can influence and inform initiatives that impact them.
- More people of diverse backgrounds are empowered to engage meaningfully in their communities and lead positive change through research, community participation, volunteering and civic involvement.

Priority 3

Cultivate the conditions necessary for people to flourish and build their resilience

The outcomes we want to achieve

- Fewer people live in poverty and are more food and energy-secure.
- People are safe within their homes and in the borough.
- People can access fair, fulfilling local employment opportunities.

Priority 4

Eliminate the barriers to information and mitigate misinformation

The outcomes we want to achieve

- People have access to the necessary information, advice and support they need promptly and in a way that works for them.
- Improved health and wellbeing of all, particularly for the most vulnerable in the community, is an explicit concern of all services in Hammersmith & Fulham and is reflected in strategies, activities and collaborative efforts.

Priority 1

Address key health issues innovatively and proactively so that people stay as healthy as possible for as long as possible

Outcome 1

People live healthier lives as ill health is mitigated by improved access to early and appropriate help and resources, particularly amongst those facing multiple disadvantages

What we'll do to achieve this outcome

- Continue to work in partnership to address the inequities that negatively impact mental health and wellbeing.
- Acknowledge structural racism as one of the key causes of health inequities and work alongside NHS colleagues and communities to develop solutions that tackle differential outcomes and experiences.
- Develop a system-wide approach to reducing smoking and vaping, including stopping young people from starting and providing access to person-centred stop cessation services.

Outcome 2

Expansion of grassroots-informed public health interventions to prevent the spread of infectious disease

What we'll do to achieve this outcome

- Collaborate across the borough to further health improvement programmes and services at the neighbourhood level.
- Utilise a transparent framework to inform practical and evidence-based options to improve community health and wellbeing.

Outcome 3

Proactively address the health consequences of trauma and adverse child and adulthood experiences

What we'll do to achieve this outcome

- Embed a broader public health approach to addressing domestic abuse.
- Work with community members and organisations to improve access to responsive, appropriate and compassionate mental health support and services.

Relevant to the delivery of this strategy – useful links

- NHS England Core 20PLUS5
- Hammersmith & Fulham Early Intervention Strategy (pdf)
- Ending Gang Violence and Exploitation Strategy (pdf)
- H&F Violence Against Women and Girls Strategy (pdf)
- Health matters: community-centred approaches for health and wellbeing
- Young Hammersmith & Fulham Foundation Theory of Change (pdf)

Case study

Becoming a dementia-friendly community:
Hammersmith & Fulham's Dementia Strategy in action

Hammersmith & Fulham Council and its partners have won recognition from the Alzheimer's Society, the UK's leading dementia charity, for our work to create a dementia-friendly community. H&F Dementia Action Alliance has worked with H&F Council to improve diagnosis rates, increase awareness and provide better information about local support services for residents.

Our work has included producing an H&F Dementia Information Guide, which is handed out to residents at the time of diagnosis. We've also formed a dementia partnership board to oversee a dementia strategy for H&F.

With the alliance, local people living with dementia have designed a support course for those recently diagnosed. The programme focuses on sharing experiences to help regain confidence after a diagnosis. Course graduates become the tutors for the next cohort.

Together, we have also raised awareness about dementia at events across H&F. This includes a dementia fair highlighting local support offers and working with the Visiting Angels and Walfinch Home Care to host a monthly network of memory cafés.

We've also brought in 'The Virtual Dementia Tour Bus'. This is an immersive experience that allows the participant to understand the cognitive challenges faced by people

living with dementia and then prompts them to consider the needs of the roughly 1,337 residents living with dementia in the borough.

This experiential learning approach reduces barriers to information and facilitates opportunities to ask questions and improve knowledge in a supportive environment, a commitment outlined in Hammersmith & Fulham's Dementia Strategy.

Across H&F, residents with dementia are also supported by their neighbours and local businesses, who have created welcoming spaces open to anyone living with memory issues.

Fulham based dance school, DanceWest, runs free Dance for Dementia classes for residents with dementia, and the Queen's Club offers free, weekly tennis classes for adults living with dementia. While the Hurlingham Club, in partnership with Fulham Football Club, host monthly dementia-friendly lunches supported by staff who are trained as dementia friends. Nubian Life also offers a support programme for carers living or working in H&F.

Priority 2

Building on the strengths and capabilities of our communities to tackle health inequity

Outcome 1

People are better connected and feel safer within their own communities

What we'll do to achieve this outcome

- Expand on opportunities to strategically further community-based and -led initiatives focused on improving connections and addressing the roots of inequity with health partners, voluntary organisations and Local Authority partners.

Outcome 2

People, particularly those most affected by health inequities, are able to influence and inform initiatives that impact them

What we'll do to achieve this outcome

- Further our 'no decision about you, without you' commitment by reframing ways of involvement and collaboration to encourage participation in design, decision making and evaluating opportunities.
- Promote awareness of the functions and opportunities within the council and local NHS services.

Outcome 3

More people of diverse backgrounds are empowered to lead positive change through community participation, volunteering and civic involvement

What we'll do to achieve this outcome

- Continue to collaborate and strengthen relationships with voluntary organisations, resident groups and the faith sector to ensure that approaches taken are appropriate, recognising the strengths and expertise within the community.

Relevant to the delivery of this strategy – useful links

- Hammersmith & Fulham Resident Involvement Strategy (pdf)
- Our Equalities Plan means business (pdf)
- Nothing About Disabled People Without Disabled People Report
- North West London ICB public involvement strategy
- North West London Inequalities Strategy
- Hammersmith & Fulham Climate and Ecology Strategy (pdf)

Priority 3

Cultivate the conditions necessary for people to flourish and build their resilience

Outcome 1

Fewer people live in poverty and are more food and energy secure

What we'll do to achieve this outcome

- Build on existing successes, such as universal free breakfast to every primary school pupil in the borough, by encouraging whole system approaches to address food poverty for people of all ages.
- Further efforts outlined in the '**Household Support Fund**' plan in response to the cost-of-living crisis by connecting to and innovating with diverse actors in the borough.

Outcome 2

People are safe within their homes and in the borough

What we'll do to achieve this outcome

- Explore collaborative approaches to ensuring good housing, working across all organisations, bringing in expertise to provide the best possible outcomes
- Proactively address gang-related harms to health through appropriate early intervention efforts and community resilience models, along with partners across the borough.
- Further efforts outlined in the Women's Night Safety Charter and support hyper-local and borough-wide initiatives to ensure a safer environment for women and girls.

Outcome 3

People can access fair, fulfilling local employment opportunities

What we'll do to achieve this outcome

- Continue to address the root causes of poverty through the Industrial Strategy.
- Implement a 'Hammersmith & Fulham first' approach to opportunities and training, furthering local and accessible education, employability, training and English language opportunities for all.

Relevant to the delivery of this strategy – useful links

- Disabled Peoples Housing Strategy
- Older People's Commission
- Homelessness and Rough Sleeping Strategy
- Hammersmith & Fulham Climate and Ecology Strategy (pdf)
- Industrial Strategy: 'Economic Growth for Everyone'
- Ending Gang Violence and Exploitation Strategy (pdf)
- H&F Violence Against Women and Girls Strategy (pdf)
- Hammersmith & Fulham Healthier Catering Commitment
- Our Equalities Plan means business (pdf)
- Fuel Poverty Strategy
- Women's Safety

Priority 3

Case study

Addressing food poverty at the heart of the community: The Nourish Hub

The Nourish Hub is a community kitchen in Shepherds Bush that promotes social inclusion and tackles food insecurity and waste.

Hammersmith & Fulham Council has supported the hub as part of our Nourish Project to end food poverty and tackle the climate emergency. The Nourish Hub offers a wholesome community meal to the public, Monday to Friday from 12 noon to 2pm on a 'donate what you can' basis.

The hub also enables residents to develop life skills such as growing fresh food, cooking low-cost nutritious meals, social skills and supporting members of the community to connect and start new friendships.

Priority 4

Eliminate the barriers to information and mitigate misinformation

Outcome 1

People have access to the necessary information, advice and support they need promptly and in a way that works for them

What we'll do to achieve this outcome

- Continue to appreciate the complex nature of people's lives and layered health and social needs.
- Work collaboratively and innovatively with services across the borough, identifying the best way to achieve positive outcomes for all work.
- Engage with communities and faith groups in open discussions about the importance of childhood immunisations to improve our vaccination uptake and keep our children, elderly and most vulnerable protected against preventable diseases.

Outcome 2

Improved health and wellbeing of all, particularly the most vulnerable in the community, is an explicit concern of all services in Hammersmith & Fulham and is reflected in strategies, activities, and collaborative efforts

What we'll do to achieve this outcome

- Deepen partnerships between the local authority and NHS services, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool together resources, budgets and networks to improve services for residents.

Appendices








Appendix A

Approach – 'Create The Health And Wellbeing Strategy For Hammersmith & Fulham' workshop

Workshop details and structure

Context

As health improvements cannot rely solely on the health sector alone, a whole-of-society approach (where multiple stakeholders including civil society, voluntary associations, individuals, families, local authority, commissioners, etc) offers a valuable opportunity to create impactful, sustainable and actionable change. With a focus on equity, ownership and accountability, the participation of all members of the society is key to making positive changes.

Workshop intention

Key questions to be answered through the activities

- What the key issues are for them in terms of their overall quality of life?
- What services and resources do they value?
- What would they wish to change or augment in order to improve their own health and/or quality of life and that of those in their community?

Notes: Adapt structure as required. Critical focus is placed on facilitating a supportive environment.

Key takeaway: Opinions, priorities, tangible concerns, knowledge and values communicated through various mediums.

Opening: 5 mins

- Introductions
- Housekeeping
- Verbal consent collection

Setting the scene: 10 mins

- Purpose of this interactive workshop
- Activities planned, expected outcomes and timeline

Thinking about the different factors in our lives that impact our health. Discuss openly and put on screen and then share the slide with icons or share the slide if groups are less talkative so early on. (Prompts should be wide and/or specific: Housing, jobs, where you live, green spaces etc food etc. Not just physical health. Consider food security, cost of living, price of food etc. internet etc. Transport. Crime)

- Working conditions (our work environment/how far we travel for work/underemployment and unemployment)
- Conditions of our neighbourhoods (Green spaces? Lots of traffic? Lots of pollution? Littering?)
- Housing conditions
- Income
- Health care services
- Safety
- Education
- Access to nutritious foods
- Social and community networks
- Individual lifestyles

Appendix A

Workshop details and structure (continued)

Activities

Activity 1

Post it notes + discussion 20 mins in group + 15 mins of discussion

What do you think are the biggest issues in your community? Talk about this with those on your table, and write these out on a post it note. Feel free to be creative and draw! Even though you are discussing with those at your table,it is important that you put down your own ideas as well! XX and I will be going around each table to hear what you have to say.

Keep the slide on screen.

Break: 10 mins.

Activity 2

Stickers 20 mins

When in need of support, where do you go? Write these out together on the drawing paper with those on your table. Place a red/green/yellow sticker indicate to how easy it is to access these spaces to meet your health needs. Again, XX and I will be going around each table to hear the discussion and offer any clarity needed.

Activity 3

Even Better If (Creating Our Future): 20 mins + 15 mins of sharing

Our last activity! If you could re-imagine a better/enhanced quality of life for you and those in your community, what would that look like? Who would be the key participants or what resources would be needed? Reference the issues from activity 1.

"If I needed help with X (issue) I would want to go to XX (space, service, environment) because it would XXX (reason)" or If I needed help with X (issue), then XX needs to happen.

We must discuss this with our table members here, as they may have some knowledge of existing services/support that can be enhanced!

Closing and next steps: 5 mins

Reiterate what is to come following this (Verify and refine feedback with each group once all workshops have been done, the expected release date of the strategy).

Give thanks for holding space together and for photos.

Appendix B

Hammersmith & Fulham health equity organisations, strategies and resources

Relevant to the delivery of this strategy

- Homelessness and Rough Sleeping Strategy
- Hammersmith & Fulham Climate and Ecology Strategy (pdf)
- Industrial Strategy: 'Economic Growth for Everyone'
- Ending Gang Violence and Exploitation Strategy (pdf)
- H&F Violence Against Women and Girls Strategy (pdf)
- Hammersmith & Fulham Healthier Catering Commitment
- Our Equalities Plan means business (pdf)
- NHS England Core 20PLUS5
- Hammersmith & Fulham Early Intervention Strategy (pdf)
- Health matters: community-centred approaches for health and wellbeing
- Improving Our Public's Health: The Public Health Strategy for Hammersmith & Fulham (pdf)
- Young Hammersmith & Fulham Foundation Theory of Change (pdf)
- Hammersmith & Fulham Resident Involvement Strategy (pdf)
- Nothing About Disabled People Without Disabled People Report
- North West London ICB public involvement strategy
- North West London Inequalities Strategy

Links to the webpage preview of this strategy

- Foreword
- Introduction
- At a glance
- Developing the strategy
- What we were told
- Our priorities
- Priority 1
- Priority 2
- Priority 3
- Priority 4
- Appendix A and B

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LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 11 September 2024

Subject: Better Care Fund (BCF) Plan 2024 – 2025 and Quarter 1 report 2024 – 2025

Report author: Julius Olu, Assistant Director for Independent Living, Commissioning & Partnerships, Peoples Services, H&F

Responsible Director: Katharine Willmette, Interim Director Adult Social Care (DASS) and Sue Roostan, Borough Director, H&F ICB

SUMMARY

This Better Care Fund (BCF) paper sets out the London Borough of Hammersmith & Fulham (H&F) and the H&F Integrated Care Board (ICB)'s proposed plan for 2024 – 2025 and the BCF quarter 1 report. Both of which were submitted to NHS England on 5 July 2024 and 29 August 2024 respectively.

NHS England requires the BCF plan and quarterly reports to be approved by the Health and Wellbeing Board (HWB) or the board's Chair on behalf of the HWB where submission deadlines do not align with the sitting of the board. Where NHS England submissions precede the sitting of the board, HWB Chair's approvals will need to be ratified at the next HWB.

RECOMMENDATIONS

1. That the Health & Wellbeing Board, ratifies the planned total expenditure and the proposed schemes in the plan for 2024-2025 (Appendix 1).

2. That the Health and Wellbeing Board ratifies the BCF quarter 1 report for 2024- 2025 (Appendix 2).

3. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Creating a compassionate council	The Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital and supporting people to get home as soon as they are well.

Background Papers Used in Preparing This Report
None.

1. EXECUTIVE SUMMARY

1. In accordance with the statutory duties and powers given to the Health and Wellbeing Board (HWB) by the Health and Social Care Act 2012, the Board's Terms of Reference in Hammersmith & Fulham Council's constitution include overseeing the development and use of the Better Care Fund (BCF) by the Council and the H&F Integrated Care System (ICS).

2. For clarity, the Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital. Residents that do require admission to hospital are supported to get home as soon as they are well.

3. The H&F BCF plan submitted to NHS England details the following:

    - Planned income and expenditure
    - Planned performance targets against BCF metrics (avoidable admission, falls, discharge to normal place of residence & residential admissions).

4. A notable highlight in the 2024-2025 plan is the continued ICB discharge funding in 2024/25. This ensures the improvements to our bridging service utilisation, model standardisation, and further embedding of the model continues to reduce delays for pathway 1[1] patients. In addition this will ensure more patients get access to timely care at home which reduces the risk of deterioration due to unnecessary hospital stays and that more patients have the opportunity to recover at home as the most appropriate support for their on-going care will be identified through an assessment at home.

[1] Hospital discharge and community support guidance

5. The BCF plan submission deadline date set by NHS England was 10 June 2024. The H&F HWB did not sit on 26 June 2024 which meant Councillor Ben Coleman the Chair of the H&F HWB Board at the time had to review and approve the final version of the BCF plan 2024 – 2025 before officers submitted it to NHS England. The Chair gave approval on 15 June 2024.

6. The HWB is asked to ratify the BCF plan 2024 - 2025 which is enclosed with this paper.

7. The BCF quarter 1 report 2024 - 2025 focuses on the use of hospital discharge funding as stipulated in by NHS England and details the following:

    - Planned and actual expenditure to date
    - Planned and actual outputs delivered to date

8. The BCF quarter 1 report submission deadline date set by NHS England was 29 August 2024. The Chair of the H&F HWB Board approved the final version of the BCF quarter 1 report before officers submitted it to NHS England on 29 August 2024.

9. The HWB is asked to ratify the BCF quarter 1 submission 2024 - 2025 which is enclosed with this paper.

HWB BCF requirements

10. The HWB is required to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2024-25 continue to be met through the delivery of joint BCF plan[2]

11. The four national conditions are as follows:

    - National condition 1: Plans to be jointly agreed – This continues to be met.

    - National condition 2: Implementing BCF Policy Objective 1: *Enabling people to stay well, safe and independent at home for longer* – This continues to be met as the H&F BCF planning template 2024 - 2025 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off through the HWB Chair's action on the H&F HWB on 5 July 2024. The enclosed quarter 1 submission template also detail planned versus delivered outputs to date for the BCF funded services.

    - National condition 3: Implementing BCF Policy Objective 2: *Providing the right care in the right place at the right time* – This continues to be met as the H&F BCF planning template 2024 - 2025 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off through the HWB Chair's action on the H&F HWB on 5 July 2024. The

[2] Better Care Fund planning

enclosed quarter 1 submission template also detail planned versus delivered outputs to date for the BCF funded services.

- National condition 4: *Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services*. – This continues to be met as the H&F BCF planning template 2024 - 2025 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off through the HWB Chair's action on the H&F HWB on 5 July 2024. The enclosed quarter 1 submission template also detail planned versus delivered outputs to date for the BCF funded services showing the NHS contribution to adult social care and NHS commissioned out of hospital services.

12. The key purposes of BCF reporting are as follows:

- To confirm the status of continued compliance against the requirements of the fund (BCF)

- In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans

- To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics

- To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

List of Appendices

Appendix 1 - BCF 2024 – 2025 planning template
Appendix 2 - Quarter 1 submission 2024 – 2025

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 1.3.0

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.

		Complete:
Health and Wellbeing Board:	Hammersmith and Fulham	Yes
Completed by:	Julius Olu, Carol Lambe, Chakshu Sharma	Yes
E-mail:	Julius.olu@lbhf.gov.uk; carol.lambe@nhs.net; chakshu.sharma@n	Yes
Contact number:	0777 585 1619	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 HWB is expected to sign off the plan:		Yes

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Bora	Kwon	Bora.Kwon@lbhf.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Rob	Hurd	rob.hurd@nhs.net	Yes
	Additional ICB(s) contacts if relevant		Carol	Lambe	carol.lambe@nhs.net	Yes
	Local Authority Chief Executive		Sharon	Lea	Sharon.Lea@lbhf.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Katharine	Willmette	katharine.willmette@lbhf.gov.uk	Yes
	Better Care Fund Lead Official		Julius	Olu	Julius.Olu@lbhf.gov.uk	Yes
	LA Section 151 Officer		Sukvinder	Kalsi	Sukvinder.Kalsi@lbhf.gov.uk	Yes
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 -->	H&F Borough Director, NWL ICB		Sue	Roostan	susanroostan@nhs.net	
	Finance Lead , H&F Borough, NWL ICB		Pooja	Maniar	poojamaniar@nhs.net	
	Programme Manager , H&F Borough , NWL ICB		Chakshu	Sharma	chakshu.sharma@nhs.net	

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: Hammersmith and Fulham

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,631,323	£1,631,323	£0
Minimum NHS Contribution	£18,135,401	£18,135,401	£0
iBCF	£10,027,236	£10,027,236	£0
Additional LA Contribution	£7,518,282	£7,518,282	£0
Additional ICB Contribution	£4,421,746	£4,421,746	£0
Local Authority Discharge Funding	£2,343,005	£2,343,005	£0
ICB Discharge Funding	£1,584,046	£1,584,046	£0
Total	**£45,661,039**	**£45,661,039**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£5,153,567
Planned spend	£10,268,144

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£7,867,257
Planned spend	£7,867,257

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)	60.3	43.3	58.2	51.1

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	2,317.7	2,294.0
	Count	436	432
	Population	19101	19101

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)	96.7%	96.7%	95.7%	97.0%

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	330	308

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: Hammersmith and Fulham

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)	6	0	3	0	0	1	0	0	3	0	2	0	7	1	4	1	1	2	1	1	4	1	3	1
Short term domiciliary care (pathway 1)	5	0	1	0	0	1	0	1	1	0	4	0	6	1	2	1	1	2	1	2	2	1	5	1
Reablement & Rehabilitation in a bedded setting (pathway 2)	5	1	2	1	1	2	0	1	2	0	6	0	7	3	5	3	6	8	4	4	5	7	11	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)	5	0	1	0	0	1	0	0	1	0	5	0	6	1	2	0	1	1	1	0	2	1	6	1

Average LoS/Contact Hours per episode of care	
Full Year	Units
40	Contact Hours per package
30	Contact Hours per package
30	Average LoS (days)
0	Average LoS (days)
42	Average LoS (days)

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.

British red cross supports pathway 0 patients to return home from hospital with practical support such as food shopping, topping up heating meters, escorting home, welfare checks etc.

Capacity - Hospital Discharge		Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing											
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	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.	57	57	57	57	57	57	58	59	57	58	52	60	1	1	1	1	1	1	1	1	1	1	1	1
Reablement & Rehabilitation at home (pathway 1)	Estimated 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												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	37	37	37	37	37	37	37	37	37	37	36	40	1	1	1	1	1	1	1	1	1	1	1	1
Short term domiciliary care (pathway 1)	Estimated 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												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	31	31	31	31	31	31	31	31	31	31	31	32	2	2	3	2	5	6	4	3	3	7	5	5
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated 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 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.	32	32	32	32	32	32	32	32	32	32	32	34	1	1	1	0	1	0	1	0	1	1	1	1
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)	10	10	10	10	10	10	10	10	10	10	10	10												

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	**5190**	**5363**	**5190**	**5363**	**5363**	**5190**	**5363**	**5190**	**5363**	**5363**	**4844**	**5363**
Reablement & Rehabilitation at home (pathway 1)	Total	**51**	**57**	**54**	**57**	**57**	**56**	**58**	**59**	**54**	**58**	**50**	**60**
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	10	11	10	11	11	11	11	11	10	11	10	12
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	40	45	43	45	45	44	46	47	43	46	40	47
	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	1	1	1	1	1	1	1	1	1	1	0	1
	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Total	**32**	**37**	**36**	**37**	**37**	**36**	**37**	**36**	**36**	**37**	**32**	**40**
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	6	7	7	7	7	7	7	7	7	7	6	8
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	26	30	29	30	30	29	30	29	29	30	26	32
	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**26**	**30**	**29**	**30**	**30**	**29**	**31**	**30**	**29**	**31**	**25**	**32**
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	4	5	5	5	5	5	5	5	5	5	4	5
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	22	25	24	25	25	24	26	25	24	26	21	27
	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	THE HILLINGDON HOSPITALS 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
Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	THE HILLINGDON HOSPITALS 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)												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**27**	**32**	**31**	**32**	**32**	**31**	**32**	**32**	**31**	**32**	**27**	**34**
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	5	6	6	6	6	6	6	6	6	6	5	6
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes

IMPERIAL COLLEGE HEALTHCARE NHS TRUST	22	26	25	26	26	25	26	26	25	26	22	28	Yes
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes
(blank)													Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Hammersmith and Fulham

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)	8	2	14	33	28	7	4	12	30	28	24	33
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	10	10	10	10	10	10	10	10	10	10	10	10
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
10	Contact Hours
20.2	Contact Hours
100	Contact Hours
30	Average LoS
0	Contact Hours

Checklist

Complete:

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
Social support (including VCS)	Monthly capacity. Number of new clients.	74	74	74	74	74	86	86	86	120	120	120	120
Urgent Community Response	Monthly capacity. Number of new clients.	89	89	90	91	92	89	89	90	91	92	92	91
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	50	41	23	54	46	51	48	52	60	47	47	49
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Yes
Yes
Yes
Yes
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
Social support (including VCS)	66	72	60	41	46	79	82	74	90	92	96	87
Urgent Community Response	89	89	90	91	92	89	89	90	91	92	92	91
Reablement & Rehabilitation at home	40	31	13	44	36	41	38	42	50	37	37	39
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

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Hammersmith and Fulham

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Hammersmith and Fulham	£1,631,323
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£1,631,323**

Complete: Yes

Local Authority Discharge Funding	Contribution
Hammersmith and Fulham	£2,343,005

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
		£1,584,046	
Total ICB Discharge Fund Contribution	£0	£1,584,046	

Yes

iBCF Contribution	Contribution
Hammersmith and Fulham	£10,027,236
Total iBCF Contribution	**£10,027,236**

Yes

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Hammersmith and Fulham	£6,970,920	£7,518,282	Revenue Base Budgets. This updated figure of £7518,282 inculdes £355,128 slippage against the 2023-24 Disabled Facilities Grant, to be utilised in 2024-25
Total Additional Local Authority Contribution	**£6,970,920**	**£7,518,282**	

Yes

NHS Minimum Contribution	Contribution
NHS North West London ICB	£18,135,401
Total NHS Minimum Contribution	**£18,135,401**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
NHS North West London ICB	£4,282,523	£4,421,746	To meet Inflationary uplifts/contractual obligations
Total Additional NHS Contribution	**£4,282,523**	**£4,421,746**	
Total NHS Contribution	**£22,417,924**	**£22,557,147**	

Yes

	2024-25
Total BCF Pooled Budget	**£45,661,039**

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

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

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: Hammersmith and Fulham

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure	Balance
DFG	£1,631,323	£1,631,323	£0
Minimum NHS Contribution	£18,135,401	£18,135,401	£0
iBCF	£10,027,236	£10,027,236	£0
Additional LA Contribution	£7,518,282	£7,518,282	£0
Additional NHS Contribution	£4,421,746	£4,421,746	£0
Local Authority Discharge Funding	£2,343,005	£2,343,005	£0
ICB Discharge Funding	£1,584,046	£1,584,046	£0
Total	**£45,661,039**	**£45,661,039**	**£0**

Required Spend

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

	2024-25 Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,153,567	£10,268,144	£0
Adult Social Care services spend from the minimum ICB allocations	£7,867,257	£7,867,257	£0

Checklist

Column complete:

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

>> Incomplete fields on row number(s):

58, 59, 60, 61, 62, 63, 64, 67, 68, 71, 72, 79, 81, 83, 84, 87, 91, 92, 94, 97, 101, 102, 104, 105, 272, 273, 274, 275

									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	New/ Existing Scheme	Previously entered Expenditure for 2024-25 (£)	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
001	NHS Community Service - Anticipatory Care	Anticipatory care planning and delivery	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£437,760	£416,796	6%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
002	Community Independence Service (ICB)	Community Independence Service - Health Element	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£3,879,871	£3,694,066	51%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
003	Community Neuro	Community Neuro	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£969,817	£923,373	13%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
004	Falls Prevention	Commmunity based Falls Prevention service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£231,749	£220,650	3%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
005	Original 256 (Stroke Pathway & Open Age)	Original 256 (Stroke Pathway & Open Age)	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£50,368	£47,956	100%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
006	NHS Community Service - Ageing Well Rapid Response	Ageing Well Rapid Response	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£379,903	£361,709	5%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
007	Red Cross	Red Cross	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£71,766	£68,329	0%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
008	Safeguarding	Safeguarding	Care Act Implementation Related Duties	Safeguarding					Community Health		NHS			Local Authority	Minimum NHS Contribution	Existing	£47,070	£47,070	7%	No	Minimum uplift of 5.66% applied
009	Community Equipment	Community Equipment	Assistive Technologies and Equipment	Community based equipment		13568	2890	Number of beneficiaries	Community Health		NHS			Local Authority	Minimum NHS Contribution	Existing	£1,213,082	£1,213,082	59%	No	Agreed allocation - 60:40 ICB/LA split based on performance
010	Night Nursing	Community night nursing service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£74,234	£70,679	1%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
011	Community Matrons	Community matrons	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£463,534	£441,335	6%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%

012	Intermediate care Beds (Alexandra Ward) – CLCH	Bed based intermediate care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		154	43	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£556,446	£529,798	40%	Yes	incorrect activity data provided in 23/24 plan (not H&F only - included Bi Borough)
013	Intermediate care Beds (Athlone Ward) – CLCH	Bed based intermediate care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		154	76	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£823,598	£784,156	60%	Yes	incorrect activity data provided in 23/24 plan (not H&F only included bi-borough)
014	Tissue Viability	Community tissue viability service	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£190,236	£181,125	3%	Yes	23/25 plan assumed a 5.6% uplift. Actual uplift 0.6%
015	District Nursing	District nursing care in community	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£878,712	£1,268,019	12%	Yes	this includes additional £431k district nursing funding not previously included in BCF plan
016	Community Independence Service - Joint Element	Community Independence Service - Joint Element	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,176,168	£1,176,168	7%	No	Minimum uplift of 5.66% applied
017	S256 Transfer to Social Care	Reablement & Packages of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£6,014,663	£6,014,663	35%	No	Minimum uplift of 5.66% applied
018	Care Act	Care Act Implementation Services	Care Act Implementation Related Duties	Other	Care Act				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£676,427	£676,427	93%	No	Minimum uplift of 5.66% applied
019	Farm Lane PFI	Contract Beds - Care UK	Residential Placements	Nursing home		18	32	Number of beds	Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£1,507,590	£1,556,415	21%	Yes	Cap & Collar Contractual uplift of 3.5% is agreed
020	St Vincent PFI	Contract Beds - Care UK	Residential Placements	Nursing home		13	30	Number of beds	Continuing Care		NHS			Local Authority	Additional NHS Contribution	Existing	£1,726,344	£1,785,931	24%	Yes	Cap & Collar Contractual uplift of 3.5% is agreed
021	PFI Contract Monitoring	Contract Monitoring	Enablers for Integration	Programme management					Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£26,349	£26,349	17%	No	
022	Direct Payment	Direct Payment/ (Personal Budget)	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£42,938	£44,655	49%	Yes	ICB confirmation that Provider uplift Inflation of 4% is agreed.
023	Joint Equipment Contract Monitoring	Contract Monitoring	Enablers for Integration	Programme management					Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£16,194	£16,194	10%	No	
024	LD Placement Reviewing Officer Dual Diagnosis Worker	LD Placement Reviewing Officer	Workforce recruitment and retention					WTE's gained	Mental Health		NHS			Local Authority	Additional NHS Contribution	Existing	£28,407	£53,164	39%	Yes	Correction of incorrect value in 23/25 plan.
025	Carer's Advice, Info & Support	Carer's Advice, info and support service	Workforce recruitment and retention	Carer advice and support related to Care Act duties			1	WTE's gained	Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£44,989	£44,989	61%	No	
026	Look Ahead North East Cluster	Look Ahead North East Cluster	Housing Related Schemes						Mental Health		NHS			Local Authority	Additional NHS Contribution	Existing	£68,600	£71,344	6%	Yes	ICB confirmation that Provider uplift Inflation of 4% is agreed.
027	London Cyrenians North West Cluster	London Cyrenians North West Cluster	Housing Related Schemes						Mental Health		NHS			Local Authority	Additional NHS Contribution	Existing	£23,627	£24,572	2%	Yes	ICB confirmation that Provider uplift Inflation of 4% is agreed.
028	Housing Support (PATHS)	Housing Support (PATHS)/ Hospital Liaison Scheme	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Mental Health		NHS			Local Authority	Additional NHS Contribution	Existing	£23,659	£23,659	0%	No	
029	Dual Diagnosis Worker	Dual Diagnosis Worker	Personalised Care at Home	Mental health /wellbeing					Mental Health		NHS			Local Authority	Additional NHS Contribution	Existing	£28,408	£28,408	32%	No	
030	Groundswell Peer Support	Groundswell Peer Support	Personalised Care at Home	Mental health /wellbeing					Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£16,160	£16,806	18%	Yes	ICB confirmation that Provider uplift Inflation of 4% is agreed.
031	Contract Monitoring for Support Housing Projects	Contract Monitoring for Supporting Housing Projects	Enablers for Integration	Programme management					Mental Health		NHS			Local Authority	Additional NHS Contribution	Existing	£14,696	£14,696	9%	No	
032	S256 Recurrent Reablement	Enhanced Bolstering	Home-based intermediate care services	Reablement at home (to support discharge)		347	57	Packages	Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£267,755	£267,755	100%	No	
33	7 Day Social Work Service (Formerly System Resilience)	7 Day Social Work Hospital Discharge Service	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			Local Authority	Additional NHS Contribution	Existing	£446,807	£446,807	3%	No	

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: Hammersmith and Fulham

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.

In previous planning submissions (including 2023-24) we have used acute SUS data combined with pathway proportions from the national discharge to calculate our discharge demand and capacity figures.
For the 24/25 plan, we have used Oct-March 2023-24 discharge actuals from OPTICA (a discharge reporting and management tool) to inform our discharge demand modelling. As a sector, North West London ICS is focusing efforts into making the outputs of OPTICA the single source of Truth. The tool was rolled out in 2023-24 but there were some issues around data over the first six months and this has therefore been excluded. Whilst we are confident of the pathway delineations in the discharge data, there is a cohort of data which has been recorded as unknown, which we have split out proportionally to actuals present. We have applied an 1% growth to demand for 24/25 in line with our local intelligence.
Across North West London there is an on-going process of data improvement and embedding of use OPTICA tool so we expect this will become more accurate over time, but would note that as this is a new tool there could be under-reporting and or misallocation of discharge demand which could then represent the impression of a capacity surplus, which may not be accurate.
For 24/25 we have sourced our pathway 2 capacity data from our community NHS Trusts – who have undertaken a data improvement exercise to more accurately report by borough, however, this has meant we

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?

Yes, we identified that bridging had a significant impact in 23/24, however, we also recognised that to see benefits we need to better utilise the capacity and embed the model over a longer time period. As such this will continue in our 24/25 plan. We are also making improvements to align and standardise delivery models, harmonise KPIs and develop specific targets around delay reduction.
However, we identified that step down beds in care homes had a limited impact across a range of metrics and as such are not continuing this provision through the additional discharge fund. This does not present a gap as we continue to maximise our NHS bed stock for P2 patients as well other community services improvements (e.g. implementation of common core specifications across community services).

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

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

whilst the step down beds have not proven beneficial, the use of extra care as an alternative to residential care has been It was slow to start as this is a new concept for the provider, however this has now settled. Residents are returning home or going into extra care as an alternative. The speed to move to extra care needs further work, to reduce LOS. Bridging continuing is positive, as noted sometimes we have to extend the time someone receives bridging to maximise independence. A review of reablement services will also further support a reduction in delays from hospital.

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

The improvements to bridging utilisation, model standardisation, reporting improvements and further embedding of the model, will translate in reduced delays for pathway 1 patients, ensuring more patients get access to timely care at home which reduces the risk of deterioration due to unnecessary hospital stays. More patients will have opportunity to recover at home, ensuring the most appropriate support for their on-going care can then be identified through assessment.

The local operational model for a Bridging Service was set up on the following principles:
- Timeframe: The goal is to deliver up to 5 days of care to patients ready for discharge, with a maximum of 12 hours from the point of readiness.
- Care Capacity: Each day, a predetermined amount of care capacity is available to accommodate patients ready for discharge, streamlining the process.
- Assessment at Home: Patients are assessed at home post-discharge to determine the most suitable care plan, which may include reablement, longer-term care packages, or care home placement if required.

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.

For community bed capacity for P2 discharges, the ICB and Las worked closely with the NHS Community provider collaborative to develop accurate position on P2 capacity. This is reflective of plan within the NHS operating plan. Note we have not reported NHS community demand within the capacity tab, to avoid double counting of capacity. H&F do not have NHS delivered step up beds that solely receive referrals from community. As above assessment of step down beds in care homes has found the impact to be limited as such this has not been commissioned for 24/25 centrally.

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.

Following quarterly analysis of the shared data across UEC providers ; the urgent community response projection was uplifted by 5% in accordance with the known increase in demand relating to UEC. Our community beds projections have been based on 2024 data, as such we believe the real time impact of UEC has therefore been factored into planning. Market sustainability plans also identify maximising voids in extra care.

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 inter

Approach to using Additional Discharge Funding to improve

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

We are commissioning bridging, complex care beds and complex care at home to reduce delays across pathways 1 and 3, which will see improvements in terms of timely discharge, reduced hospital stays and complications and recovery in people's usual place of residence. Continued use of discharge monies for step down in extra Care being negotiated.

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?

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

- **Local learning from 23-24**
- **the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**

We have undertaken a review of all winter schemes, which includes assessment of the impact of the bridging service to discharge patients home, step down beds in care homes and complex care at home. The assessment demonstrated that bridging had a significant impact in terms with 5,000 patients supported by bridging, approximately 81% discharged within 12 hours of being discharge-ready and 3,645 patients leaving the hospital within 12 hours. We identified that bridging had a significant impact, however, we also recognised that to see benefits we need to better utilise the capacity and embed the model over a longer time period. As such this will continue in our 24/25 plan. We are also making improvements to align and standardise delivery models, harmonise KPIs and develop specific targets around delay reduction.
We identified that step down beds in care homes had a limited impact across a range of metrics and as such are not continuing this provision through the additional discharge fund. Part of the challenge is that the homes used already take local authority and CHC patients and are generally not rehabilitative environments. Instead we have made extensive improvements on our NHS bed stock, such as all referrals being routed through our ICE (intermediate care escalation) hub to ensure that our capacity in our units is maximised. We did find that complex care beds had a positive impact and as such these are continuing to be commissioned. We also found that a range of measures that are part of the package to get people to their usual place had a positive impact and these are continuing. In reviewing the findings of the national evaluation of the additional discharge funding 2022/23 we have found that the short term nature of the funding impacted our ability to recruit and develop a long term model of delivery. Our reflections align with the conclusions of the national review including challenges of recruitment and retention, developing long term models of delivery and need for more proportionate returns.

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?"

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?

At a central level we are standardising additional discharge funding reporting and metrics and have locally developed implementation trajectories to ensure that schemes deliver impact and funds are used effectively. Strategically the impact of this is overseen by the discharge steering group and operationally issues resolved through borough AD and system discharge escalation process.

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: Hammersmith and Fulham

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.	Complete:
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	60.9	43.0	39.2	34.2	We used our 23/24 figure to forecast 24/25 assumptions and then applied 1% reduction.	There are a number of programmes underway which will give us increased ability to hold more complex patients within the community and therefore potentially support reductions in admissions. This work is complex and as such we do not want to overstate the potential impact. The centrally led NW London work that could impact on admissions over the next six months is as follows: • The development of our virtual wards programme • Continued roll out of post covid syndrome clinics • Respiratory hub-lets • Continued work roll out of virtual monitoring	Yes
	Number of Admissions	85	60	-	-			
	Population	183,295	183,295	-	-			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Indicator value	60.3	43.3	58.2	51.1			Yes

>> 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	2,317.7	2,317.7	2,294.0	The 24/25 plan was taken by reducing the 23/24 baseline by 1%. The 24/25 baseline was calculated using the latest published National Outcome Framework Falls data, the latest data published was 21/22. The methodology to set the 23/24 baseline was as follows; 22/23 estimated actual was set to equal the 21/22 published data then the 23/24 estimated actual was calculated by applying a percentage reduction to the 22/23 estimated actual.	In H&F, we have a falls prevention service. The service provides assessment, advice, exercise and strength and balance groups for older people who are at risk of falling. The service aims to prevent falls and unnecessary admission to hospital by seeing a patient before an injurious fall occurs or after a fall to rebuild stength, balance and confidence. This assessment will identify falls risk factors and rehabilitation needs. Individuals are then invited to join an 8-week physical activity	Yes
	Count	436	436	432			Yes
	Population	19,101	19101	19101			Yes

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.	
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)	Quarter (%)	95.3%	95.3%	97.1%	96.7%	The 24/25 plan was set by increasing the 24/25 forecasted position by 1%. The 24/25 forecasted position was calculated using the data published by the national BCF team and used the latest data available and the movement between quarters to create the forecast. The forecast for H&F was Q1 96.5%, Q2 96.5%, Q3 95.4% and Q4 96.8%	We are continuing a focus as a sector on improving our discharge levels and are implementing measures to improve flow by local and sector partnership working and internal improvements within trusts and our integrated care hubs. Whilst we expect some improvements, we are not making significant changes in terms capacity in out of hospital immediately, though this remains our longer term plan. The local schemes/initiatives supporting this metric are: - Early discharge planning - Home first	Yes
	Numerator	2,931	3,099	3,009	2,645			
	Denominator	3,075	3,251	3,098	2,736			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Quarter (%)	96.7%	96.7%	95.7%	97.0%			Yes
	Numerator	3,500	3,724	3,839	4,043			
	Denominator	3,618	3,851	4,013	4,167			Yes

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	329.8	316.1	504.8	308.1	There has been an increase in short term placements that became permanent placements. Residents became settled and it proved difficult for them to return to their usual place of residence-	The use of extra care beds as a step down , rather that step down in residential care has proven to work. In 24/25 we will maximise the use of these. We also envisage our continued use of brokerage to support this plan.	Yes
	Numerator	63	72	115	72			Yes
	Denominator	19,101	22,780	22,780	23,367			

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

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

Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Hammersmith and Fulham

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
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	Yes				Yes
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update						
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes				Yes
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected 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?		Yes				Yes
Additional discharge funding	PR5	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes				Yes

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	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?		Yes				Yes

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes				Yes
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?		Yes				Yes

Better Care Fund 2024-25 Quarter 1 Reporting Template

1. Guidance for Q1

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), Ministry of Housing, Communities and Local Government (MHCLG), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The addendum to the Policy Framework and Planning Requirements published in March 2024 provides further information on the reporting requirements for 24-25.

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 against BCF plans, actual outputs against planned, and progress against metrics
3) To identify areas of challenge and good practice to inform national conversations around support requirements
4) To enable the use of this information for national partners to inform future planning frameworks and for local areas to inform improvements

The information submitted within reports should be used by ICBs, local authorities, HWBs and service providers to understand and improve both planning processes and the integration of health, social care and housing.

Q1 reporting will only focus on the Discharge Fund.

Requirement

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. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs for Q1 for schemes against planned values and scheme types.

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 24-25 BCF plans.

You should complete the remaining fields ***(highlighted yellow)*** with incurred expenditure and actual numbers of outputs delivered in Q1.
- Actual expenditure to date in column J. Enter the amount of spend to date on the scheme.
- Outputs delivered to date in column L. If a unit is shown in colmn L for a scheme, enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. If no unit is attached, enter NA.

For reporting of outputs, the collection only relates to scheme types that include 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

- **Implementation issues in columns N and O -** 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.

3. Spend and activity (new schemes)

At the top of tab 3, in cell I3, there is a hyperlink leading you to the "add new schemes" section.

For any additional Discharge Fund schemes that have been introduced in Q1, please fill in the details of these schemes in the "add new schemes" section.

If no new schemes have been introduced since the 24-25 plan then this can be left blank.

Better Care Fund 2024-25 Quarter 1 Reporting Template

2. Cover

Version 1.0

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:	Hammersmith and Fulham
Completed by:	Julius Olu, Carol Lambe, Chakshu Sharma
E-mail:	julius.olu@lbhf.gov.uk; carol.lambe@nhs.net; Chakshu.sharma@n
Contact number:	078875240208 753 4022 07775851619
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. Spend and activity	Yes
3.Spend and activity (new schemes)	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Quarter 1 Reporting Template

3. Spend and activity (Discharge Fund only)

Add new schemes existing schemes

Selected Health and Wellbeing Board: Hammersmith and Fulham

Checklist	Yes	Yes	Yes	Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	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.
34	ICB Discharge Funding - Bridging care	Bridging service to support patients on P1 pathway to be discharged home sooner	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process	ICB Discharge Funding	£654,100	£163,503	-	143		No	
36	ICB Discharge Funding	Reviewing Officers x 2	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process	ICB Discharge Funding	£110,000	£0		0		Yes	Reviewing Officers (Pathway 1 Discharge Social Workers) Staff started in July so no outputs for Q1 to report.
37	LA Discharge Funding	Hospital Discharge Programme	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process	Local Authority Discharge Funding	£2,343,005	£592,036	-	165		No	
52	Community Based Schemes - Rehab beds in Furness Ward, Willesden. Line 2 of 2	Shared scheme to improve access to and outcomes for pathway 2 rehab for all age, all NW London patients	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting	Bed-based intermediate care with rehabilitation (to support	ICB Discharge Funding	£120,574	£30,144	57	10	Number of placements	No	
53	Supporting patients where there is unclear commissioning (non-CHC)	To facilitate discharge for patients not meeting CHC or ASC criteria e.g.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge	ICB Discharge Funding	£220,584	£0	-	0		Yes	Delayed until September, due to the time it is takes to recruit and deploy additional staffing resource to deliver the scheme. Issues are resolved and resource confirmed from September onwards.
54	Strategic Support from NWL ICB Central Team	Central ICB Support for Borough based teams	Workforce recruitment and retention	Local recruitment initiatives	ICB Discharge Funding	£50,500	£12,625	1	1	WTE's gained	Yes	We are forecasting to spend all by end of year – recruitment happening and anticipated start September.
55	Pathway 3 Capacity for complex needs	Health funding for complex care patients in P3 beds/other settings. For conditions	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£428,288	£0	8	0	Number of placements	Yes	Due to start in September 2024 and is being jointly commissioned with bi-borough.