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

Checklist

Complete:

Hospital Discharge

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing												Capacity surplus (including spot puchasing)												Checklist
	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	Yes
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	Yes
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	Yes
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	Yes
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	Yes

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

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.

Checklist: Yes

Capacity - Hospital Discharge

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing												Checklist
		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	Yes
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													Yes
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	Yes
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													Yes
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	Yes
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													Yes
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	Yes
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													Yes
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	Yes
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													Yes

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	Checklist
Total Expected Discharges:	Total Discharges	**5190**	**5363**	**5190**	**5363**	**5363**	**5190**	**5363**	**5190**	**5363**	**5363**	**4844**	**5363**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**51**	**57**	**54**	**57**	**57**	**56**	**58**	**59**	**54**	**58**	**50**	**60**	Yes
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	10	11	10	11	11	11	11	11	10	11	10	12	Yes
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	40	45	43	45	45	44	46	47	43	46	40	47	Yes
	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	1	1	1	1	1	1	1	1	1	1	0	1	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
Short term domiciliary care (pathway 1)	Total	**32**	**37**	**36**	**37**	**37**	**36**	**37**	**36**	**36**	**37**	**32**	**40**	Yes
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	6	7	7	7	7	7	7	7	7	7	6	8	Yes
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	26	30	29	30	30	29	30	29	29	30	26	32	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
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**26**	**30**	**29**	**30**	**30**	**29**	**31**	**30**	**29**	**31**	**25**	**32**	Yes
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	4	5	5	5	5	5	5	5	5	5	4	5	Yes
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	22	25	24	25	25	24	26	25	24	26	21	27	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
Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0	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
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**	Yes
	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	5	6	6	6	6	6	6	6	6	6	5	6	Yes
	HUMBER TEACHING NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes

	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	22	26	25	26	26	25	26	26	25	26	22	28
	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
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Yes
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Yes
Yes
Yes
Yes
Yes
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:

Checklist
Yes
Yes
Yes
Yes
Yes

Capacity - Community		Please enter refreshed expected capacity:											
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
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

Checklist
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

Checklist
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

	2024-25		
Running Balances	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:	Linked KLOEs (For information)
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