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.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

https://future.nhs.uk/bettercareexchange/view?objectId=143133861

- Technical definitions for the guidance can be found here:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: https://future.nhs.uk/bettercareexchange/view?objectID=116035109

Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to usual place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

4. Residential Admissions:

- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.

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:	Stockport		Yes
Completed by:	Jon Wilkie		Yes
E-mail:	Jon.Wilkie@stockport.gov.uk		Yes
Contact number:	0161 4744357		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 17/07/2024	<< Please enter using the format, DD/MM/YYYY	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Keith	Holloway	cllr.Keith.Holloway@stockport.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Caroline	Simpson	Caroline.Simpson@stockport.gov.uk	Yes
	Additional ICB(s) contacts if relevant		Philippa	Johnson	philippa.johnson1@nhs.net	Yes
	Local Authority Chief Executive		Caroline	Simpson	Caroline.Simpson@stockport.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Sarah	Dillon	Sarah.Dillon@stockport.gov.uk	Yes
	Better Care Fund Lead Official		n/a	n/a	N@a	Yes
	LA Section 151 Officer		Michael	Cullen	Michael.Cullen@stockport.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 -->						

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

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: Stockport

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£3,147,749	£3,147,749	£0
Minimum NHS Contribution	£27,557,919	£27,557,919	£0
iBCF	£9,711,282	£9,711,282	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£2,269,178	£2,269,178	£0
ICB Discharge Funding	£2,602,087	£2,602,087	£0
Total	**£45,288,215**	**£45,288,215**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£7,831,179
Planned spend	£7,942,351

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£11,745,642
Planned spend	£18,295,468

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)	237.9	249.6	252.5	214.9

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	2,236.9	2,169.8
	Count	1333	1319
	Population	59604	60796

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)	92.6%	92.6%	92.6%	92.6%

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	597	471

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: Stockport

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)	0	0	0	0	-2	-1	1	0	0	0	0	0	0	0	0	0	-2	-1	1	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (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
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)	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

Average LoS/Contact Hours per episode of care		
Full Year	Units	Checklist
37	Contact Hours per package	Yes
35	Contact Hours per package	Yes
21	Average LoS (days)	Yes
30	Average LoS (days)	Yes
30	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.

Discharge back home for less complex discharges without formal rehabilitation or reablement
Supporting people being discharge from hospital to either home or placement setting. Hospital discharge support operates 7 days a week and works with Stockport residents aged 18+,
offering a variety of support to ensure a safe discharge home and to help avoid readmittance to the hospital. This includes; Wellbeing calls and visits, Home assessments – for cleans and to ensure safe to return home, Furniture move/ removal, Cleans of property to enable discharge home, Care call TEC services, Key safes, Shops to enable discharge home, Equipment delivery, Signposting to other services, Accompanied transport. Our estimation is that 2,163 people will access this service.

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.	70	70	69	68	68	70	71	70	70	73	69	71	0	0	0	0	0	0	0	0	0	0	0	0	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.	166	174	178	153	175	182	190	185	183	196	170	186	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (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
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	122	120	124	129	125	128	130	129	123	132	124	130	0	0	0	0	0	0	0	0	0	0	0	0	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)	4	4	3	3	3	3	3	3	3	3	3	3													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.	38	39	40	42	39	38	39	36	38	35	33	36	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)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	6	6	6	6	5	4	4	4	4	4	4	4													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	**3024**	**3138**	**3166**	**2979**	**2980**	**2896**	**2968**	**2859**	**3114**	**3211**	**2803**	**3185**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**70**	**70**	**69**	**68**	**70**	**71**	**70**	**70**	**70**	**73**	**69**	**71**	Yes
	STOCKPORT NHS FOUNDATION TRUST	63	63	62	61	63	64	63	63	63	66	62	64	Yes
	OTHER	7	7	7	7	7	7	7	7	7	7	7	7	Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
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	(blank)													Yes
	(blank)													Yes
Short term domiciliary care (pathway 1)	Total	**166**	**174**	**178**	**153**	**175**	**182**	**190**	**185**	**177**	**196**	**170**	**186**	Yes
	STOCKPORT NHS FOUNDATION TRUST	150	157	160	138	158	164	171	166	159	177	153	167	Yes
	OTHER	16	17	18	15	17	18	19	19	18	19	17	19	Yes
	(blank)													Yes
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	(blank)													Yes
	(blank)													Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**122**	**120**	**124**	**129**	**125**	**128**	**130**	**129**	**123**	**132**	**124**	**130**	Yes
	STOCKPORT NHS FOUNDATION TRUST	110	108	112	116	112	115	117	116	111	119	112	117	Yes
	OTHER	12	12	12	13	13	13	13	13	12	13	12	13	Yes
	(blank)													Yes
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Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	STOCKPORT 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
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**38**	**39**	**40**	**42**	**39**	**38**	**39**	**36**	**38**	**35**	**33**	**36**	Yes
	STOCKPORT NHS FOUNDATION TRUST	34	35	36	38	35	34	35	32	34	31	30	32	Yes
	OTHER	4	4	4	4	4	4	4	4	4	4	3	4	Yes
	(blank)													Yes
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	(blank)													Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Stockport

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)	-31	-27	-28	-24	-22	-25	-27	-32	-21	-28	-34	-42
Urgent Community Response	-7	-2	-3	-2	0	-5	-4	-4	-3	-2	-1	-1
Reablement & Rehabilitation at home	-6	-9	-6	-1	-5	-2	-4	-4	-11	-1	-5	-6
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	-1	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
11	Contact Hours
29	Contact Hours
37	Contact Hours
21	Average LoS
0	Contact Hours

Checklist

Complete:

Checklist
Yes
Yes
Yes
Yes
Yes

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Social support (including VCS)	Monthly capacity. Number of new clients.	658	605	612	533	495	551	601	717	470	636	759	922	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	10	15	9	17	18	16	12	13	7	22	16	15	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	12	11	13	18	18	16	19	11	6	26	17	9	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	3	4	3	3	2	3	3	3	2	3	3	3	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Social support (including VCS)	689	632	640	557	517	576	628	749	491	664	793	964	Yes
Urgent Community Response	17	17	12	19	18	21	16	17	10	24	17	16	Yes
Reablement & Rehabilitation at home	18	20	19	19	23	18	23	15	17	27	22	15	Yes
Reablement & Rehabilitation in a bedded setting	3	4	3	3	2	3	3	3	3	3	3	3	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Stockport

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Stockport	£3,147,749
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£3,147,749**

Complete: Yes

Local Authority Discharge Funding	Contribution
Stockport	£2,269,178

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Greater Manchester ICB	£1,896,673	£2,602,087	
Total ICB Discharge Fund Contribution	£1,896,673	£2,602,087	

Yes

iBCF Contribution	Contribution
Stockport	£9,711,282
Total iBCF Contribution	**£9,711,282**

Yes

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

Yes

NHS Minimum Contribution	Contribution
NHS Greater Manchester ICB	£27,557,919
Total NHS Minimum Contribution	**£27,557,919**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£27,557,919**	**£27,557,919**	

Yes

	2024-25
Total BCF Pooled Budget	**£45,288,215**

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: Stockport

<< Link to summary sheet

	2024-25		
Running Balances	Income	Expenditure	Balance
DFG	£3,147,749	£3,147,749	£0
Minimum NHS Contribution	£27,557,919	£27,557,919	£0
iBCF	£9,711,282	£9,711,282	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£2,269,178	£2,269,178	£0
ICB Discharge Funding	£2,602,087	£2,602,087	£0
Total	**£45,288,215**	**£45,288,215**	**£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	£7,831,179	£7,942,351	£0
Adult Social Care services spend from the minimum ICB allocations	£11,745,642	£18,295,468	£0

Checklist

Column complete:

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

>> Incomplete fields on row number(s):

81, 82, 83, 86, 87, 89

									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
1	Neighbourhood LA Services	Investment into community based social care services	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£3,150,330	£3,150,330	7%	No	
1	Neighbourhood Medicine Management	Management of community pharmacy drugs and prescriptions	Community Based Schemes	Other	Medicines Management				Community Health		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£150,368	£150,368	0%	No	
1	Neighbourhood Community Nursing	Investment into community based health services.	Community Based Schemes	Integrated neighbourhood services					Community Health		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£591,969	£591,969	1%	No	
1	Neighbourhood End of Life	End of life care aligned to acute trust.	Community Based Schemes	Other	End of Life Care				Community Health		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£159,231	£159,231	0%	No	
1	Neighbourhood Community Mental Health	Investment into community based mental health services.	Community Based Schemes	Integrated neighbourhood services					Mental Health		LA			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£418,532	£418,532	1%	No	
1	Neighbourhood Services - Enhanced Support	Additonal neighbourhood social care service.	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£605,455	£605,455	1%	No	
2	Reablement	Step up and Step down reablement services	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		216		Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,225,552	£1,225,552	3%	No	
3	Equipment	Provision of equipment to support independent living	Assistive Technologies and Equipment	Community based equipment		3978		Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£734,617	£734,617	2%	No	
3	Equipment	Provision of equipment to support independent living	Other						Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£100,000	£100,000	0%	No	
4	Demographic / Demand / Price Inflation for ASC	Supporting Adult Social Care care management provision	Other						Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£10,307,986	£10,307,986	23%	No	
5	Carers Services	One off carers payments and associated staffing costs.	Carers Services	Other	One off carers payments and associated	933		Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£756,380	£756,380	2%	No	
6	LD Tenancy - Stockport Road Apartments	Supported accommodation for LD clients.	Residential Placements	Supported housing		5		Number of beds	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£699,148	£699,148	2%	No	
7	BCF Programme - service delivery	Contribution to the operational and strategic support for the BCF schemes	Enablers for Integration	Programme management					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£70,000	£70,000	0%	No	
8	Early Supported Discharge	Support to discharge services.	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£553,000	£553,000	1%	No	
9	Telecare	Telecare services	Assistive Technologies and Equipment	Assistive technologies including telecare		809		Number of beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£93,000	£93,000	0%	No	
10	Demographic / Demand / Price Inflation for ASC	Supporting Adult Social Care care management provision	Other						Social Care		LA			Local Authority	iBCF	Existing	£1,809,000	£1,809,000	4%	No	
10	Demographic / Demand / Price Inflation for ASC	Supporting Adult Social Care care management provision	Other						Social Care		LA			Local Authority	iBCF	Existing	£6,619,067	£6,619,067	15%	No	

10	Demographic / Demand / Price Inflation for ASC	Supporting Adult Social Care care management provision	Other						Social Care		LA			Local Authority	IBCF	Existing	£1,283,215	£1,283,215	3%	No	
11	Disabled Facilities Grant (CAPITAL) (Housing)	All aspects of mandatory and discretionary adaptations.	DFG Related Schemes	Adaptations, including statutory DFG grants		298	324	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG	Existing	£2,885,856	£3,147,749	7%	Yes	Updated aligned to additional confirmed DFG allocation
12	ASC Discharge Funding	To support pathway 1 direct discharges from hospital.	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		0		Packages	Social Care		LA			Local Authority	Local Authority Discharge	New	£0	£0	1%	No	
12	ASC Discharge Funding	To support pathway 2 direct discharge from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		419	419	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	New	£2,260,101	£2,269,178	4%	Yes	Updated aligned to confirmed ASC Discharge Funding
13	Carers	Provides short term respite care placements, mainly for people at home who have complex needs and whose families need a break	Carers Services	Respite services		158	180	Beneficiaries	Continuing Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£322,607	£316,281	1%	Yes	Change in inflationary uplift applied to 23/24 contract value
14	Saffron Ward MH - Step Up / Step Down beds	Contribution to Saffron Ward whichis a 20 bed step down facilitity for patients suffering from predominately delirium, dementia and depression.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation accepting step up and step down users		126	126	Number of placements	Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£1,009,548	£995,692	2%	Yes	Change in inflationary uplift applied to 23/24 contract value
15	Community Falls Service	Community Falls Service - Steady in Stockport	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£175,217	£172,812	0%	Yes	Change in inflationary uplift applied to 23/24 contract value
16	Dementia	Diagnostic Support Worker	Community Based Schemes	Integrated neighbourhood services					Mental Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£36,343	£38,241	0%	Yes	Change in inflationary uplift applied to 23/24 contract value
17	Expanded Patient Education	Provision of patient education programmes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£134,334	£132,490	0%	Yes	Change in inflationary uplift applied to 23/24 contract value
18	Continuing Health Care	Fund to support CHC in the spot purchasing of beds when D2A beds are not available, to enable people to leave hospital in a timely manner. In addition it funds additional 1:1 support where necessary	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		345	254	Number of placements	Continuing Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,759,464	£1,826,061	4%	Yes	Change to refect cost of spot purchase placements. Number of placements changed to reflect revised LoS assuptions for spot purchased beds
19	Bluebell Ward - New Model of care for ward	Bluebell is a 25-bedded D2A facility managed by Stockport NHS Foundation Trust based at The Meadows	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		326	300	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,582,391	£2,562,727	6%	Yes	Change in inflationary uplift applied to 23/24 contract value. Number of placements changed to reflect revised assuption based on 23/24 activity
20	GP Development scheme	General practice input into community services and supporting the neighbourhood model	Community Based Schemes	Integrated neighbourhood services					Primary Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£964,981	£951,736	2%	Yes	Change in inflationary uplift applied to 23/24 contract value
21	Mental Health	Mental health Crisis response and liaison service	Urgent Community Response						Mental Health	IM&T	NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£739,835	£729,680	2%	Yes	Change in inflationary uplift applied to 23/24 contract value
22	Stockport Health and Care Record	It is a single shared patient record from health and social care in a unified view to authorised professionals	Enablers for Integration	Integrated models of provision					Other	IM&T	NHS			Private Sector	Minimum NHS Contribution	Existing	£181,631	£181,631	0%	No	
23	Staff resource supporting the Stockport Health and Care Record	Localities contribution to the GM Care Record. Ongoing management of Stockport Health and Care Record	Enablers for Integration	Programme management					Other		NHS			NHS	Minimum NHS Contribution	Existing	£36,000	£35,000	0%	Yes	Change in inflationary uplift applied to 23/24 contract value
24	Commissioning of D2A Beds	To support pathway 2 discharges from hospital.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		346	325	Number of placements	Community Health		NHS			Private Sector	ICB Discharge Funding	New	£1,896,673	£2,602,087	4%	Yes	Change in the number of beds commssioned and the cost per bed. The number of placements planned has changed to reflect the number of beds commssioned

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: Stockport

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.

The Stockport system has improved the detail and accuracy of the data around discharges into each pathway and as a result revised the numbers around Pathway 1 discharges in particular. These updated figures, alongside the work on further embedding home first have driven the planning around demand and therefore capacity for 2024/25. There is an assumption that the numbers of people coming through acute trusts will increase over this financial year by 6% and that this will impact on people coming through the discharge pathways.

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?

The additional focus on reablement and pathway 1 discharges more broadly which has developed through Q3 and Q4 of 2023/24 will continue into 2024/25. Gaps in capacity have not been identified at this point but the system will continue to develop the iterative approach to ensuring sufficient capacity is in place to support flow through the acute hospital system in particular using the data developed. The system will also continue to review the impact on individuals and seek to prioritise services which deliver the best outcomes for people in terms of their independence. There are also systems in place to optimise the block booked capacity for hospital discharge pathways and there is continued development around where there is additional capacity required to minimise the time required to access this capacity.

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

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

The focus on avoiding admissions; for example having a social worker in the local acute trust emergency department is projected to reduce the need for admissions into the hospital, ensuring that people can return home without the need for an acute admission. The local acute trust High Intensity use service is an example of how the system is seeking to deliver impact for people locally and support the system as a whole. By identifying people who are using A&E frequently, alternative pathways and support is being established. The system locally has seen impact from the use of the Urgent and Emergency Social Care Fund and is looking to build on the approaches taken with the addtional funding in place. Recent increased flexibility in the use of domiciliary support which has been developed in consultation with the market locally, is beginning to show an impact on the rate of admissions into residential and nursing care which remains a priority locally. By being able to access intensive support in your own home on a short term basis the system is seeking to delay the need for residential and nursing care for individuals.

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

System partners locally are reviewing Standard Operating Procedures for commissioned support through pathway 1 and pathway 2 in particular to ensure that discharges and interventions from professionals are timely and optimise the impact for individual people who are leaving hospital. The review and analysis of outcomes for people who have left hospital across the pathways will provide information to both focus the interventions but also to iteratively make better decisions about what pathways people leave the hospital on and the support that is commissioned to enable this to happen. The intensive domiciliary support development in Q4 of 2023/24 are an example of this and relects the approach that system partners are seeking to take with the care market to improve outcomes by developing new models of support with providers.

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.

The assumptions around intermediate care capacity and demand have been developed alongside urgent and emergency care recovery plans with system partners. In particular supporting the improvement of accident and emergency performance on the target of 78% of patients being admitted transferred or discharged within 4 hours by March 2025. These plans seek to further optimise the use of care transfer hubs as well as a sustained focus on earliest early discharge planning and seven day discharge arrangements whilst embedding the home first approach to support people in their own homes wherever possible. The approach will continue to analyse the data with regular system flow meetings and focus areas to iteratively improve support to individuals and flow through the system.

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.

The system has collectively developed 30, 60 and 90 day plans to impact on emergency and urgent care demand with the anticipated support and impact being integrated into demand and capacity planning for intermediate care. There are specific plans within the emergency and urgent care performance improvement plan which relate directly to intermediate care which will facilitate improvement across the system. For example support into step up community beds by primary care through crisis response on virtual wards well enable services to respond to same day need and better avoid hospital admissions. Another example is the use of the community discharge to assess bed base which will be reviewed to make maximise utilisation supporting flow and length of stay in those bed bases.

Approach to using Additional Discharge Funding to improve

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 intermediate care?

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.		
The Better Care Fund plan is part of a system wide integrated approach to address delays in discharge and drive better outcomes for local people. There is a particular focus on accident and emergency waiting time performance and the developments across the urgent and emergency care performance improvement plan set out to improve this but also two support a reduction in bed occupancy and patient staying more than 14 & 21 days in an acute setting. This approach to the use of additional discharge funding is in line with the relevant better care fund schemes approach, strategically maximising the impact of funding allocated locally.	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 o Local learning from 23-24 o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)		
Local learning from the work undertaken in 2023-24 has been used in developing the capacity and demand for 2024/25 with one example being around the impact of introducing greater flexibility into pathway 1 discharge packages and driving swifter discharges. This is continue to drive the system priorities around home first and support flow through the acute system. Again the system has reflected the learning from the national evaluation of the 2022/23 funding with a broader plan to support system improvements being the implementation of a new role around brokerage to support the co-ordination of discharge where people are leaving acute trusts via pathway 2 or 3.	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?		
The iterative approach to reviewing system data, impact on system pressures and the outcomes for individuals described will ensure that the funding is used strategically to maximise impact and to address the developing needs of the population and system as it develops and evolves. The metrics around admissions are a key part of the local BCF approach and embedded within many schemes so the projected target within the metrics tab can be achieved, the system schemes also focus on falls prevention and management within individuals' usual place of residence so there is furher projected progress on that metric. There are further impacts anticipated from schemes within the BCF funding which will support a greater number of people to return home directly following an acute episode with synergistic benefits to the rates of admission to residential and nursing care. There are challenges conditions anticipated through the data analysed and capacity and demand predictions made but the platform and actions for progress against these priorities seek to drive improvement in these areas.	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?

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: Stockport

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	245.3	257.3	239.1	204.0	Improvements in flow into and through SDEC seen in Q4 of 2023/24 and the positive impact in reducing the numbers of avoidable ACSC admissions is the basis for seeking improved performance in 2024/25. This is aligned to the aspiration to reduce NEL admissions by 3%.	We are seeking to build on improvements in flow into and through SDEC which were noted as part of the performance monitoring for 2023/24 through and this will have had a direct positive impact in reducing the numbers of avoidable ACSC admissions. Through daily discharge review meetings, regular Multi Agency Discharge Events (MADE), and identifying patients who can be supported using 24 hour step up care as opposed to admission.	Yes
	Number of Admissions	834	875	-	-			
	Population	295,243	295,243	-	-			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Indicator value	237.9	249.6	252.5	214.9			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	2,322.4	2,236.9	2,169.8	There has been a continuing downward trend in falls from 2022/23 following an increase in 2021/22 and system partners are keen to consolodate the reduction whilst seeking a further 3% decrease in this indicator.	The ongoing focus on frailty will continue and system partners are working to widen the work that has taken place. For example the work in a specific locality in Stockport to drive down admissions into hospital from care homes. This focus on frailty and prevention has been part of the success on this target and further investment is required to continue and develop the positive outcomes.	Yes
	Count	1,451	1333	1319			Yes
	Population	61,445	59604	60796			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 (%)	92.4%	92.1%	92.6%	92.6%	As a system, Stockport is seeking to increase this indicator to the 2023/24 national average of 92.6%. Performance on this metric has been stable and the plan represents a challenge across system partners.	Systems partners are continuing to embed the home first ethos into systems and practice locally with a number of initiatives aiming to drive an increase in the proportion of people returning directly home. For example, the system is working with providers to deliver a robust 24/7 home support offer at the point of discharge which is reviewed every few days to enable people to receive sustainable levels of home support where this is required as opposed to leaving the hospital via a D2A bed.	Yes
	Numerator	6,443	6,493	6,005	6,000			
	Denominator	6,976	7,048	6,485	6,479			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Quarter (%)	92.6%	92.6%	92.6%	92.6%			
	Numerator	6,744	6,814	6,269	6,264			Yes
	Denominator	7,283	7,358	6,770	6,764			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	597.3	556.4	491.0	471.0	Stockport is continuing to drive the development of the suppport offer for people to remain in their own home, especially following a period in hospital. A reduction of 3% to build on the recent progress in this area will stretch the system but provides a sustainable level of improvement.	multi disciplinary involvement in discharge destination decisions whilst someone is in hospital, swifter flow through the hospital system and greater flexibility of support intensity to manage periods of ill health or stress are key areas of development in Stockport and are anticipated to drive further improvement in this area.	Yes
	Numerator	356	340	300	291			Yes
	Denominator	59,604	61,105	61,105	61,783			

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: Stockport

	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	n/a			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	n/a			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	n/a			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	n/a			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	n/a			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	n/a			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	n/a			Yes