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 al 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. olease enter the followine 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.

Health and Wellbeing Board:	Oxfordshire	
Completed by:	Ian Bottomley	
E-mail:	ian.bottomley@oxfordshire.gov.uk	
Contact number:	07532 132975	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Thu 04/07/2024	<< Please enter using the format, DD/MM/YYYY

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Liz	Leffman	liz.leffman@oxfordshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	Nick	Broughton	nick.broughton1@nhs.net
	Additional ICB(s) contacts if relevant		Dan	Leveson	daniel.leveson@nhs.net
	Local Authority Chief Executive		Martin	Reeves	martin.reeves@oxfordshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Karen	Fuller	karen.fuller@oxfordshire.gov.uk
	Better Care Fund Lead Official		Pippa	Corner	pippa.corner@oxfordshire.gov.uk
	LA Section 151 Officer		Lorna	Baxter	lorna.baxter@oxfordshire.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

#REF!

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	#REF!
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: Oxfordshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£7,262,808	£7,262,808	£0
Minimum NHS Contribution	£52,132,104	£52,132,104	£0
iBCF	£10,705,289	£10,705,289	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£2,501,441	£2,501,441	£0
ICB Discharge Funding	£5,718,165	£5,718,165	£0
Total	**£78,319,807**	**£78,319,807**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£14,811,329
Planned spend	£20,602,315

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£32,734,242
Planned spend	£34,900,303

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)	171.5	159.7	181.9	176.2

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,027.0	1,802.0
	Count	2779	2480
	Population	130843	130843

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)	92.0%	92.0%	93.5%	95.0%

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	358	284

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	No
	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: Oxfordshire

Hospital Discharge

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing												Capacity surplus (including spot purchasing)											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3
Short term domiciliary care (pathway 1)	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3
Reablement & Rehabilitation in a bedded setting (pathway 2)	21	-10	-7	12	11	19	-3	6	-19	-1	6	-9	21	-10	-7	12	11	19	-3	6	-19	-1	6	-9
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3)	-13	-9	-10	-13	-14	-20	-19	-19	-19	-9	-15	-9	-13	-9	-10	-13	-14	-20	-19	-19	-19	-9	-15	-9

Average (ish) Contact Hours per episode of care	
Full Year	Units
4	Contact Hours per episode
4	Contact Hours per package
28	Average unit (days)
28	Average unit (days)
28	Average unit (days)
28	Average unit (days)

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

Oxfordshire commission Age UK Oxfordshire to provide step down support on a social prescribing model. This focuses on supporting patients and families where people are within PF3but also simplement P1 where the discharge would benefit from access to non-core community services. This service works across all bed bases. In 2023/24 2266 people were supported in or on their return home from hospital. 1850 were followed up post discharge.

Capacity - Hospital Discharge		Reflected planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing											
Particular Areas	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	258	260	265	266	266	270	279	280	280	282	275	298	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Annotated average time from referral to commencement of service (days). All packages (planned and spot purchased)	5.8	5.5	5.2	4.9	4.6	4.6	4.3	4	4	4	3.7	3.4												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	95	100	105	105	105	110	115	115	115	115	110	110	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Annotated average time from referral to commencement of service (days). All packages (planned and spot purchased)	5.8	5.5	5.2	4.9	4.6	4.6	4.3	4	4	4	3.7	3.4												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	166	165	170	166	177	172	162	165	160	163	165	160	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Annotated average time from referral to commencement of service (days). All packages (planned and spot purchased)	8.2	8.2	8	8	8	7.5	7.5	8	8	8	9.5	9.5												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Annotated average time from referral to commencement of service (days). All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0												
Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	25	105	105	0	0	0	0
Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3)	Annotated 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												

Demand - Hospital Discharge		Please enter reflected expected no. of referrals											
Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Total Expected Discharges:	Total Discharges	525	560	552	562	555	585	610	579	551	575	562	568
Reablement & Rehabilitation at home (pathway 1)	Total	258	260	265	266	266	270	279	280	280	282	275	298
	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	258	260	265	266	266	270	279	280	280	282	275	298
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	Oxford 1												
	Oxford 2												
	Oxford 3												
	Oxford 4												
	Oxford 5												
	Oxford 6												
	Oxford 7												
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	Oxford 10												
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	Oxford 14												
	Oxford 15												
	Oxford 16												
	Oxford 17												
	Oxford 18												
	Oxford 19												
	Oxford 20												
Short term domiciliary care (pathway 1)	Total	95	100	105	105	105	110	115	115	115	115	110	110
	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95	100	105	105	105	110	115	115	115	115	110	110
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	Oxford 1												
	Oxford 2												
	Oxford 3												
	Oxford 4												
	Oxford 5												
	Oxford 6												
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	Oxford 17												
	Oxford 18												
	Oxford 19												
	Oxford 20												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	169	166	165	170	166	177	172	162	165	160	163	165
	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	165	162	161	166	162	173	168	158	161	156	159	161
	OTHER	4	4	4	4	4	4	4	4	4	4	4	4
	Oxford 1												
	Oxford 2												
	Oxford 3												
	Oxford 4												
	Oxford 5												
	Oxford 6												
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	Oxford 15												
	Oxford 16												
	Oxford 17												
	Oxford 18												
	Oxford 19												
	Oxford 20												
Other short term bedded care (pathway 2)	Total	0	0	0	0	0	0	0	0	0	0	0	0
	OXFORD UNIVERSITY 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
	Oxford 1												
	Oxford 2												
	Oxford 3												
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	Oxford 17												
	Oxford 18												
	Oxford 19												
	Oxford 20												
Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3)	Total	13	6	10	13	13	20	19	19	9	15	9	15
	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	12	5	9	12	12	19	18	18	8	14	8	14
	OTHER	1	1	1	1	1	1	1	1	1	1	1	1
	Oxford 1												
	Oxford 2												
	Oxford 3												
	Oxford 4												
	Oxford 5												
	Oxford 6												
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	Oxford 17												
	Oxford 18												
	Oxford 19												
	Oxford 20												

Checklist

Complete:

Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Oxfordshire

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	Average LoS/Contact Hours: Full Year	Units	Checklist: Complete:
Social support (including VCS)	39	70	80	70	64	52	55	51	157	14	12	39	1	Contact Hours	Yes
Urgent Community Response	53	55	60	60	49	45	0	-20	-20	-35	0	-10	24	Contact Hours	Yes
Reablement & Rehabilitation at home	4	1	4	1	1	4	1	4	1	1	10	1	40	Contact Hours	Yes
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0	0	Average LoS	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	0	Contact Hours	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: Complete:
Social support (including VCS)	Monthly capacity. Number of new clients.	420	420	420	420	420	420	420	420	420	420	420	420	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	430	430	430	430	430	430	430	430	430	430	430	430	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	70	70	70	70	70	70	70	70	70	70	70	70	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	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: Complete:
Social support (including VCS)	381	350	340	350	356	368	365	369	263	406	408	381	Yes
Urgent Community Response	377	375	370	370	381	385	430	450	450	465	430	440	Yes
Reablement & Rehabilitation at home	66	69	66	69	69	66	69	66	69	69	60	69	Yes
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0	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: Oxfordshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Oxfordshire	£7,262,808
DFG breakdown for two-tier areas only (where applicable)	
Cherwell	£1,352,465
Oxford	£1,550,428
South Oxfordshire	£1,691,152
Vale of White Horse	£1,787,710
West Oxfordshire	£881,053
Total Minimum LA Contribution (exc iBCF)	**£7,262,808**

Local Authority Discharge Funding	Contribution
Oxfordshire	£2,501,441

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	£55,139	£0	It has been confirmed that ADF will not be available from
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£5,718,000	£5,718,165	
Total ICB Discharge Fund Contribution	£5,773,139	£5,718,165	

iBCF Contribution	Contribution
Oxfordshire	£10,705,289
Total iBCF Contribution	**£10,705,289**

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**	

NHS Minimum Contribution	Contribution
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	£497,921
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£51,634,183
Total NHS Minimum Contribution	**£52,132,104**

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	**£52,132,104**	**£52,132,104**	

	2024-25
Total BCF Pooled Budget	**£78,319,807**

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

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: Oxfordshire

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure	Balance
DFG	£7,262,808	£7,262,808	£0
Minimum NHS Contribution	£52,132,104	£52,132,104	£0
iBCF	£10,705,289	£10,705,289	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£2,501,441	£2,501,441	£0
ICB Discharge Funding	£5,718,165	£5,718,165	£0
Total	**£78,319,807**	**£78,319,807**	**£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	£14,811,329	£20,602,315	£0
Adult Social Care services spend from the minimum ICB allocations	£32,734,242	£34,900,303	£0

Checklist

Column complete:

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

!!! Critical errors detected !!!

This is usually due to cutting and pasting into cells - Please start over from the last working copy of this template or contact the BCF Team for support: england.bettercarefundteam@nhs.net

									Planned Expenditure						
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
1	Disabled Facilities Grant	Home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		1050	1150	Number of adaptations funded/people	Other		LA			Local Authority	DFG
2	Home Improvement Agency	Home adaptation service and minor works to people's homes	DFG Related Schemes	Other	Delivery of DFG works	0	0	Number of adaptations funded/people	other	District housing authority	LA			Local Authority	Minimum NHS Contribution
3	Integrated Community Equipmnent	Equipment service	Assistive Technologies and Equipment	Community based equipment		21500	22000	Number of beneficiaries	Social Care		Joint	44.5%	55.5%	Private Sector	Minimum NHS Contribution
4	Telecare	telecare services	Assistive Technologies and Equipment	Assistive technologies including telecare		4750	5000	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution
5	Care homes	Nursing home placements	Residential Placements	Nursing home		226	226	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution
6	Home care	Support for people at home	Home Care or Domiciliary Care	Domiciliary care packages		295333	29533	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Minimum NHS Contribution
8	Market resilience	Provider fee uplifts (in year and historic)	Care Act Implementation Related Duties						Social Care		LA			Private Sector	iBCF
9	Workforce	Care worker recruitment and retention initiatives	Workforce recruitment and retention					WTE's gained	Social Care		LA			Private Sector	iBCF

10	Extra Care Housing	Extra care housing as an alternative to residential care	Housing Related Schemes						Social Care		LA			Private Sector	Minimum NHS Contribution
11	Information, advice, community development and	Information, advice, advocacy and community development capacity	Prevention / Early Intervention	Social Prescribing					Social Care		LA			Charity / Voluntary Sector	iBCF
12	Community Capacity	Grant funding to increase community capacity and alternatives to formal care	Prevention / Early Intervention	Other	Community grants caoacity				Social Care		LA			Charity / Voluntary Sector	iBCF
13	Homelessness Alliance	Support funding to homelessness MDT	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	Minimum NHS Contribution
14	Carer support	Advice, support and grants programme for carers	Carers Services	Carer advice and support related to Care Act duties		42350		Beneficiaries	Social Care		Joint	32.5%	67.5%	Charity / Voluntary Sector	Minimum NHS Contribution
15	Falls prevention	Strength and balance classes for oeople at risk of falling	Prevention / Early Intervention	Other	Strenght and balance classes for at risk people				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
16	Falls service	Assessment and tailored support for people at high risk of falls	Prevention / Early Intervention	Other	Clinical support to high risk fallers				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
17	Night sitting	Homecare capacity for people at end of life	Urgent Community Response						Continuing Care		NHS			Private Sector	Minimum NHS Contribution
18	Hospital at Home North Oxon	Community interventions to support UCR in supporting people at home	Urgent Community Response						Community Health		NHS			Private Sector	Minimum NHS Contribution
19	Hospital at Home South Oxon	Community inommunityu entions ty suppout UCR in suppouting people at home	Urgent Community Response						Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
20	Virtual ward escalation	Medical assessment and step up service in the community	Urgent Community Response						Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
21	Reablement	D2A provision to Home First approaches on discharge and in the community	Home-based intermediate care services	Reablement at home (to support discharge)		3000	3000	Packages	Social Care		Joint	43.0%	57.0%	Private Sector	Minimum NHS Contribution
22	Home First MDT	Clinical triage, assessment and case allocation to Home First providers	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution
23	Hospital social work team	Clinical triage, assessment and case allocation to support social care discharge	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF
24	P2 Discharge to Assess beds	Reablement bed pathway	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		1300	750	Number of placements	Community Health		Joint	67.9%	32.1%	Private Sector	Minimum NHS Contribution
25	P2 pathway MDT	Reablement bed pathway MDT	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution
26	P2 Community Hospital beds	Bed-based intermediate care with rehabilitation (to support discharge) recovery	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		1244	1100	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
27	NHS ADF to be allocated	Further schemes to be finalsied in Q2 2324	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			NHS Community Provider	ICB Discharge Funding
28	LA ADF to be allocated	Further schemes to be finalsied in Q2 2324	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Private Sector	Local Authority Discharge
29	Trusted Assessment	Expanded TA service to cover P1 restarts and P3	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		LA			Private Sector	Local Authority Discharge
30	Interim expansion of P2 pathway	Additonal short-term therapy and provider support to P2 beds	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		0	0	Number of placements	Social Care		NHS	80.0%		Private Sector	ICB Discharge Funding
31	SALT care home pilot to support discharge	Specialist input to support complex discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			NHS Community Provider	ICB Discharge Funding

32	Surge capacity	Provisiob for additional NH beds in winter	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		50	0	Number of placements	Social Care		LA			Private Sector	Local Authority Discharge
33	Delirium pathway beds	Specialist step down beds to support complex discharges	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		72	0	Number of placements	Social Care		LA			Private Sector	Local Authority Discharge
34	MH step down pathway	Beds and associated MDT to support discharge for people with severe mental illness	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		160		Number of placements	Other	VCSE	NHS			Charity / Voluntary Sector	ICB Discharge Funding
35	MH discharge funding	Grant resource to support complex MH discharges	Personalised Budgeting and Commissioning						Mental Health		LA			NHS Mental Health Provider	Local Authority Discharge
36	MH support to care homes	Complex in reach to residential to support discharge	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health		NHS			NHS Community Provider	ICB Discharge Funding
37	Personality Disorder discharge	Dedciated discharge planning and navigation for people living with personality disorder	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding
38	MH OT support	Dedicated OT support to increase flow home from MH acute beds	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding
39	MH social work	Dedicated social work support to increase flow home from MH acute beds	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health		LA			NHS Mental Health Provider	Local Authority Discharge
40	OP OOH discharge support	Extended hours service to support older people's MH acute discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding
41	LDA intensive discharge support	Aditional case manager input to manage complex LDA discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Other	LDA community team	LA			NHS Community Provider	Local Authority Discharge
41	LDA housing capacity development	Development caoacity to support housing options on discharge for complex LDA service users	Housing Related Schemes						Other	LDA community team	LA			Local Authority	Local Authority Discharge
42	LD nurse discharg support	In-reach specialist LD nurses to complement acute in-patient specialist team to manage discharges from acute	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Other	LDA community team	NHS			NHS Community Provider	ICB Discharge Funding
43	Demand and capacity	IT and BI capacity to monitor and deploy resource management	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity					Other	Cross sector	NHS			Private Sector	ICB Discharge Funding
7	Home care2	Support for people at home	Home Care or Domiciliary Care	Domiciliary care packages		95012	95012	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF

Back to top

Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding
44	Integrated Neighbourhood teams	** Expansion of PCN led MDT to support admission avoidance of complex people into hospital, reducing LOS, enabling	Community Based Schemes	Integrated neighbourhood services			500 new patients		Primary Care		NHS			NHS Community Provider	ICB Discharge Funding
45	Virtual Ward capacity	** Hospital outreach service to support community capacity, UCR and INT and provides wraparound support to help	Community Based Schemes	Integrated neighbourhood services			4200 pick ups		Community Health		NHS			NHS Acute Provider	ICB Discharge Funding
46	High Intensity User Project	** MDT to support people with complex MH presentations and follow up in the community. The HIU service works in	Community Based Schemes	Integrated neighbourhood services			750 patients		Community Health		NHS			NHS	Local Authority Discharge
47	D2A expansion	D2A costs including live in and waking nights support to reablement	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			180 live in packages		Social Care		LA			Private Sector	Local Authority Discharge
48	Redesign of P2 reablment and D2A	Development of MH and complex nursing beds for D2A P2 pathway	High Impact Change Model for Managing Transfer of Care	Other	P2 beds		40 complex discharges		Community Health		LA			Private Sector	Local Authority Discharge
49	Care worker capacity	**Training and new starter/retention grants for care workers to provide the workforce to deliver D2A and support	Care Act Implementation Related Duties	Other	Market sustainability				Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge
50	Care Home resilience	**Training and MDT programme to increase care home resilience around NEL and sustainable, timely discharge at	Enablers for Integration	Integrated models of provision					Primary Care		NHS			NHS	Local Authority Discharge
51	Intermediate care model	Created P1 rehab capacity	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	ICB Discharge Funding
52	CYP respiratory pilot	**Community intervention to support NEL avoidance and provide early supported discharge for children and	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			50 CYP avoiding admission		Community Health		NHS			NHS Community Provider	ICB Discharge Funding
53	LDA admission avoidance	**Building on the previous adults community discharge grant, this scheme funds adjustments that avoid hospital	Housing Related Schemes						Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge
54	LDA safe spaces	**Resourcing a new step up facility to provide people with learning disabilities and autism with safe interiors. This aims	Housing Related Schemes						Social Care		LA			Private Sector	Local Authority Discharge
55	MH Housing discharge pathway	Dedicated embedded housing workers to support discharge from acute MH beds	Housing Related Schemes				72 discharges		Social Care		NHS			Charity / Voluntary Sector	ICB Discharge Funding
56	CAMHS transition and discharge	Dedicated posts to supprot CYP into adults who are also using in-patient acute services	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Mental Health Provider	ICB Discharge Funding
57	Weekend discharge MDT	Increasing P1 discharge capacity at weekends	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)			600 discharges		Acute		NHS			NHS Acute Provider	ICB Discharge Funding

58	Heart Failure outreach	**Heart failure patients present a clinical risk and so can be challenging to discharge and can have longer, often	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			112 NEL avoided		Community Health		NHS			NHS Acute Provider	ICB Discharge Funding
59	Alcohol support into ED	**Expansion of alcohol services to support people attending ED and follow up in community. Alcohol-related	Integrated Care Planning and Navigation	Assessment teams/joint assessment			100 NEL avoided		Acute		NHS			NHS Acute Provider	ICB Discharge Funding
60	Reablement bed pathway	Reprofiled P2 reablement bed capacity	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)			750 placements	Number of placements	Community Health		Joint	76.0%	24.0%	Private Sector	Minimum NHS Contribution
62	Virtiual Ward 2	Contribution to scheme 45	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution
63	System integrated staffing	Commissioning and operaitonal integrated roles	Integrated Care Planning and Navigation	Care navigation and planning					Other	System posts	Joint	50.0%	50.0%	NHS	Minimum NHS Contribution
64	Communications Plan for D2A and winter	**Public engagement. There has been significant local opposition to SSHB closures which we've	Other		Communications				Social Care		NHS			Local Authority	ICB Discharge Funding
67	Paediatric discharge support	Pharmacy support to discharges	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			Reduced LoS		Acute		NHS			NHS Acute Provider	ICB Discharge Funding
68	Integrated Community Equipment	Equipment service	Assistive Technologies and Equipment	Community based equipment			22000	Number of beneficiaries	Social Care		Joint	53.0%	47.0%	Private Sector	Minimum NHS Contribution
69	Integrated single point of access	Single front door; technical system integration and scheduling tools; clinical back fill for development 2425	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	ICB Discharge Funding
70a	Frailty assessment and discharge	Expanded SDEC capacity to support discharge flow for 0 day LoS and reduce NEL for winter 2425 (6MM)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Acute		LA			NHS Acute Provider	Local Authority Discharge
70b	Frailty assessment and discharge	Expanded SDEC capacity to support discharge flow for 0 day LoS and reduce NEL for winter 2425 (6MM)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Acute		NHS			NHS Acute Provider	ICB Discharge Funding
70c	Frailty assessment and discharge	Expanded SDEC capacity to support discharge flow for 0 day LoS and reduce NEL for winter 2425 (6MM)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Acute		NHS			NHS Acute Provider	Minimum NHS Contribution

Further guidance for completing Expe

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

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

2023-25 Revised Scheme types

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

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

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

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

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

nditure sheet

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

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

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Sub type
1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other
1. Independent Mental Health Advocacy 2. Safeguarding 3. Other
1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other

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

1. Data Integration
2. System IT Interoperability
3. Programme management
4. Research and evaluation
5. Workforce development
6. New governance arrangements
7. Voluntary Sector Business Development
8. Joint commissioning infrastructure
9. Integrated models of provision
10. Other

1. Early Discharge Planning
2. Monitoring and responding to system demand and capacity
3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge
4. Home First/Discharge to Assess - process support/core costs
5. Flexible working patterns (including 7 day working)
6. Trusted Assessment
7. Engagement and Choice
8. Improved discharge to Care Homes
9. Housing and related services
10. Red Bag scheme
11. Other

1. Domiciliary care packages
2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)
3. Short term domiciliary care (without reablement input)
4. Domiciliary care workforce development
5. Other

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

1. Bed-based intermediate care with rehabilitation (to support discharge)
2. Bed-based intermediate care with reablement (to support discharge)
3. Bed-based intermediate care with rehabilitation (to support admission avoidance)
4. Bed-based intermediate care with reablement (to support admissions avoidance)
5. Bed-based intermediate care with rehabilitation accepting step up and step down users
6. Bed-based intermediate care with reablement accepting step up and step down users
7. Other

1. Reablement at home (to support discharge)
2. Reablement at home (to prevent admission to hospital or residential care)
3. Reablement at home (accepting step up and step down users)
4. Rehabilitation at home (to support discharge)
5. Rehabilitation at home (to prevent admission to hospital or residential care)
6. Rehabilitation at home (accepting step up and step down users)
7. Joint reablement and rehabilitation service (to support discharge)
8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)
9. Joint reablement and rehabilitation service (accepting step up and step down users)
10. Other

1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other
1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other
1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other

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

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
The 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.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.

Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: Oxfordshire

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 t 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 capacity and demand plan is derived from performance in 2023-24 as recorded in the Oxfordshire UEC data return that is reviewed monthly by th DISCHARGE

The plan reflects Oxfordshire's continued roll out of Discharge to Assess to take people home. All people are now discharged to assess and the figures actuals which have been increased to reflect the need to divert more people from P2/P3 to P1 to achieve the 95% target (see metrics tab). Commissio any "spot" purchasing is carried out within our Live Well at Home framework as part of core D2A. Within D2A we will continue to purchase live-in and reablement at home.

This version of the demand and capacity template reflects our planned reduction of P2 reablement beds as part of the move to D2A. This version DOE P2 BEDS. We are still working on the operational opportunities to reduce LoS in both reablement and rehab beds and reduce the current wait to ente

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

In 2023/24 we increased our support to reablement pathways by rolling out D2A and building in live in and waking nights capacity and capability to m for rehab in a bedded setting. Within bedded settings we have reduced our P2 reablement capacity and are working with our remaining providers to complex nursing D2A and for people with resolving delirium and more complex dementias. These people may be on a CHC and/or long-term residenti intermediate care pathway to support more people with rehabilitation needs at home rather than in a community hospital bed. This project is still in alongside Home First D2A staff in care providers to assure that people can receive therapy plans at home wherever possible. We will also be explorin support into these programmes to extend and integrate rehab and exercise. We will also in 24/25 review the team that supports people in reablemer reablement plans in bedded settings.

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

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

We plan to reduce the number of NEL as set out in the metrics by 5% for admitted in-patients and 5% for fallers. We will also increase the number of evaluate the opportunities to expand or target these approaches: >65 fallers and >18 admitted NEL inpatients only amount to 30-35% of the total NE risk that NEL activity with the BCF groups does not necessarily map onto the discharge population. This research will be reflected in the final submitte Failure readmissions and fallers in certain parts of the County and/or who are conveyed out of hours. These opportunities are still being evaluated as

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

We will continue with the implementation of Home First D2A and increase the number of people going home to 95%. D2A has confirmed that in man quickly to full independence if we can get them back to their own community and resources. We have reduced the MOFD LoS in all pathways during 2 D2A and the implementation of more trusted assessor approaches across our pathways. The TOC hub is moving into oversight of all hospital discharg LoS across these. We are changing the scope of some of our remaining P2 reablement beds to accept the more complex delirium, dementia and CHC- implemented and are expanding our MH step down pathway to avoid lengthy move on delays for complex patients (in acute as well as MH beds). We funded beds in July 24 that specifies care needs and inputs required to reduce the level of debate and delay for patients on P3. We are underpinning t care homes and community to improve care home resilience. We will expand the Care Homes discharge model commenced in 23/24 to add in psychi an admission for people with very complex dementia presentations.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICE

The BCF Working Group has developed these plans with AHP leads from Community and Acute trusts as well as the Local Authority fully engaged. This would otherwise have to go into P2 rehab beds and that forms part of our plans for 2425. The BCF plan has been developed in parallel to the system U and in consultation with the Place Based Partnership. This is a highly integrated system planning approach. We have system leads for UEC and Home I TOC manager

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?

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

The data deployed in this plan has been derived to a large extent from the System UEC datapack that is reviewed by UEC Board every month. The pac
developed by system BI leads from acute, community, mental health and social care. Data is complimented by Public Health data which has been use
inequalities.
There is a system BI group which we plan to expand further during 2425 using these funds to increase the system perspective on activity and identify
developing our BI modelling for 2526. We are identifying KLOE (eg readmissions from P1 discharges; admission from deprived areas; LoS for people in
in the development in this plan. We are looking across data sources especially in relation to falls and NEL: we have identified a spike in ambulance dis
and performance data across a number of commissioners and services. A big focus is to improve analysis of community health and mental health data
acute and social care.

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.

EDADF funds our Discharge to Assess service, which has significantly reduced delays to discharge in Oxfordshire. Over the last year, MOFD LoS for pe
11 days to 5.8. This is a considerable shift from our discharge performance previously. This year's plan will therefore continue to reduce MOFD LoS ar
taking people home first and carrying out assessments there instead of in hospital, we are removing the assessment and brokerage delay in sourcing
the scope of care packages awarded post-assessment, meaning our population is receiving supportive care which is tailored to their independence ne
capacity to reduce discharge delays, ADF is also paying for additional costs to providers of D2A (non chargeable assessment period of 72hrs) and for li

The D2A model has enabled Oxfordshire to build capacity for discharge and improve flow. However with capacity increased, we are now finding that
Oxfordshire system. We are seeing increased discharge activity year on year due to an increase in NEL. Many of our longer LoS are complex patients, i

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**

The ADF spend for 24/25 has been reprofiled in several ways: there is a shift away from P2 spend to Home First D2A to reflect the impact of the latter discharge to usual place of residence. We have increased spend in non-elective avoidance to reflect the concern that we will not be able to keep pace door and, given the challenges with discharging more complex patients, it is better to support this cohort outside of a hospital setting. We have retair into care home resilience; and we have continued to invest in non-BCF metric pathways both to reflect pressures on beds in MH, LDA and CYP wards, complex groups and also to improve outcomes for these groups in line with health inequalities. Hospital social work teams have been reorganised arc and there are further moves towards integration of care assessment and delivery in the community. We are investing in infrastructure posts around c Home First lead) to improve system flow in and out of hospital, and in capacity around BI to ensure we can map the impact of our approach. We are a from the public, parts of our system and from our local Healthwatch and Health Scrutiny Committee is that we must do more to engage the public an

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 referenc

We have introduced a productivity test for all ADF schemes and other new schemes that are proposed or extended into 24/25. This has required proj days saved, admissions avoided and how these might be realised in 25/26. This approach has worked out from the BCF metrics and extended to inclu planning pathways. Additionally the approach to the allocation of funds in 24/25 from within the BCF has been to align these with other funding (eg U funding across ICB, Public Health and adult social care) to obtain best value for the funds available in terms of sustainability and impact. These decisio by both the UEC Board and the Place Based Partnership. The implementation, spend and impact will be monitored monthly in these fora during 24/25 planning for 2025/26. The PBP has also authorised the review of key areas of spend and activity where there are clearly system wide opprtunities to r support into care homes; support for complex people who are homeless within acute hospital and housing pathways.

:han 250 words) and should address the questions and Key lines

	Linked KLOEs (
Checklist Complete:	
Yes	Does the HWB show that analysis of demand a considered when calculating their capacity and
Yes	Does the plan describe any changes to commis issues? Does the plan take account of the area's capaci levels of demand over the course of the year an services?

e in place to address any gaps in capacity?

ıe UEC Board. The plan in summary reflects:

; for "reablement" or "short-term care" are extraploated from
oned capacity has been increased to reflect these numbers and
l waking nights support so that more people can receive

ES NOT INCLUDE ASSUMPTIONS RE REDUCING LENGTH OF STAY IN
r these pathways from acute. These figures will be updated in the

ıitigate the need for P2 beds where there is not a medical need
reprofile a proportion of the remaining bed stock for more
ial pathway. During 2024/25 we will be developing our
development but will involve community OT and PT working
g the opportunity to build in our existing VCSE delivered exercise
ıt/D2A beds to align the skill mix to support delivery of

people seen in acute and community SDECs. We are continuing to L admitted to acute settings in Oxfordshire and there is significant d plan. We have identified specific challenges around Heart part of the implementation of this plan.	Yes	Has the plan (including narratives, expenditure template set out actions to ensure that services and well at home by avoiding admission to hosp discharged from hospital to an appropriate servi
y cases people who were listed for long-term care can move 23/24 and plan to further that in 24/25 through the embedding of e pathways (including MH) and we have opportunities to reduce level D2A patients to avoid delays in those settings. We have launch a new care homes framework for social care and CHC this work with support to develop MDT between primary care, atry support to increase flow especially back to care homes after	Yes	Has the plan (including narratives, expenditure template set out actions to ensure that services and well at home by avoiding admission to hosp discharged from hospital to an appropriate servi
3 and reflected in BCF and NHS capacity and demand plans.		
s work has highlighted the gap in a P1 alternative for rehab that UEC plan and both have been managed through the UEC Board First funded through this plan working with the system funded	Yes	Does the plan set out how demand and capacity authority, trusts and ICB and reflected these cha capacity and demand plans?
Yes	Yes	

of intermediate care. k is owned and led by the ICB Place System UEC Director and d to identify hotspots of NEL activity which reflect local health value. As part of the implementation of this plan we are specific rural geographies) to monitor key areas of risk identified positions from telecare responder services by comparing contract a which at present is not at a level of analysis or manipulation as	Yes	Has the area described how shared data has be
ople on P1 during 23/24 almost halved, reducing from a mean of nd focus on discharges to increase flow through P1 and P2. By packages from hospital beds. We are also seeing a reduction in eds. To continue supporting this service and build market ve in and waking nights support during reablement periods. complexity is one of the key barriers to timely discharge in the i.e with mental health, homelessness, learning disability/autism	Yes	Does this plan contribute to addressing local perfor Is the plan for spending the additional discharge gra
.gov.uk)		

r initiative and to increase our ability to deliver metric 8.3 - e with discharge demand without turning off the tap at the front ned a focus on infrastructure/system capability with more support to build system resilience and expertise in supporting these more ound a D2A "follow people out model" to enable faster discharge, coordination and deployment (System UEC director, TOC lead, also investing in a communications programme as key feedback d reduce levels of objection by families and communities to home	Yes	Does the plan take into account learning from th the national evaluation of 2022/23 funding?"
e to BCF objectives and metrics?		
ects to evidence the financial impact of initiaties in terms of bed de the impact on MH, LDA and CYP NEL avoidance and discharge JEC funding allocated from the ICB, prevention and inequalities ns have been developed within joint commissioning and ratified 5 to assure the delivery of BCF and other plans and to inform eprofile investment for efficiency and impact where indicated: eg	Yes	Does the BCF plan (covering all mandatory func being used in a way that supports the objectives against the fund's metric?

For information)

nd capacity secured during 2023-24 has been
demand assumptions?

ssioned intermediate care to address gaps and

ity and demand work to identify likely variation in
ıd build the capacity needed for additional

plan and intermediate care capacity and demand are available to support people to remain safe pital or long-term residential care and to be ice?

plan and intermediate care capacity and demand are available to support people to remain safe pital or long-term residential care and to be ice?

y assumptions have been agreed between local anges in UEC activity templates and BCF

een used to understand demand and capacity for different types of inte

mance issues and gaps identified in the areas capacity and demand plan?

nt in line with grant conditions?

ıe impact of previous years of ADF funding and

ding streams) provide reassurance that funding is
s of the Fund and contributes to making progress

#REF!

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: Oxfordshire

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	191.8	179.7	176.0	176.0	During 2324 we have confirmed that NEL under this metric include 0 LoS attendances in our acute SDECs and so we have set a target that 1. INCREASES the number of people seen in SDEC along the same trajectory as 2324 (14.85%) and 2. REDUCES the number of NEL admissions to inpatients to 95% of the 2021/22 out turn This leaves a net position of a reduction in 0.9%. The quarterly weighting reflects annual performance.	BCF is funding the extension of Integrated neighbourhood teams and Virtual Wards which together with UCR are increasingly supporting more complex people in the community. We are also funding targeted pieces of work in 2425 around Heart Failure readmissions and assessment capacity in acute settings.
	Number of Admissions	1,491	1,397	-	-		
(See Guidance)	Population	726,530	726,530	-	-		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	171.50596	159.71837	181.91489	176.19342		

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

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,802.0	2,027.0	1,802.0	We have assumed that plans for 2324 will deliver in 2425. Oxfordshire has been on a reducing trajectory until 2324 and we have reinstated our 2324 plan. Our performance in Q4 was in line with the plan.	The BCF funds falls and preventative services and also our Care Home Support Service. We are still in this version evaluating the system wide or tactical approaches to further improvements within existing service alignments. We know that certain PCN geographies do less well and also there are issues re out of hours services esclating to acute rather than using available services.
	Count	2,480	2779	2480		
	Population	130,843	130,843	130,843		

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	Quarter (%)	91.0%	91.7%	92.5%	93.0%	Firstly we have set a reduction on NEL for both LTC and for falls to mitigate the risk of creating avoidable demand for discharge services. In 2023/24 we have reduced the MOFD LoS for P1 and have sufficient capacity to meet existing P1 demand including the use of live-in and waking nights provision to avoid use of a bed. However we need to divert 35-40 people a week from P2/P3 to P1 to deliver the plan in year. This diversion has been built into the trajectory towards 95%.	Establishment of the TOC Hub which now directs discharge from all of the bed bases. Expansion of D2A including live-in and waking nights support to reablement and short-term care and assessment. To support the diversion from P2 rehab we have made provision to increase the community rehab pathway during 24/25. This work will commence in Q2 and inform plans for 25/26
	Numerator	11,511	11,977	11,840	11,625		
	Denominator	12,644	13,060	12,800	12,500		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	92.0%	92.0%	93.5%	95.0%		
	Numerator	11,510	11,921	12,138	12,661		
	Denominator	12,511	12,958	12,982	13,327		

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	357.7	325.8	296.9	283.8	Oxfordshire is focussed on Home First and strengths-based approaches to care assessment and planning and will continue to reduce the length of time in which older people live away from their own communities wherever possible. We have set a further modest reduction for 24/25.	30% of people who fall within this measure are self-funders who have depleted their own capital and become the Council's own responsibility. We are exploring how we can make more use of extra care and domiciliary options to support people within existing BCF funded provision and will develop support to self-funders who are considering moving to residential care.
	Numerator	468	450	410	400		
	Denominator	130,843	138,108	138,108	140,953		

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

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

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update	
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4 & PR6**	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?	
Additional discharge funding	**PR5**	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?	
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	PR 4 and PR6 are dealt with together (see above)	
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?	

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