

Health and Wellbeing Board Sub-Committee

Date: Thursday 13 June 2024
Time: 9.30 am
Venue: Committee Room 2, Shire Hall

Membership

Councillor Margaret Bell (Chair)
Councillor Sue Markham
Councillor Jerry Roodhouse
Councillor Penny-Anne O'Donnell

Nuneaton & Bedworth Borough Council representative (TBC following May 2024 elections)
Councillor Sandra Smith
Councillor Jim Sinnott
Councillor Liz Coles
Councillor Adam Daly

Warwickshire County Council Officers: Shade Agboola, Nigel Minns and Pete Sidgewick

Coventry and Warwickshire Integrated Care Board: Danielle Oum (Vice-Chair)

Provider Representatives: Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Sue Noyes (University Hospitals Coventry & Warwickshire), Dianne Whitfield (Coventry and Warwickshire Partnership Trust)

Healthwatch Warwickshire: Elizabeth Hancock / Chris Bain

Police and Crime Commissioner: Emma Daniells (Deputy PCC)

Items on the agenda: -

1. General

(1) Apologies

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

2. Better Care Fund Plan 2024/25

3 - 34

A report requesting approval of the final version of the updated Better Care Fund Plan for 2024/25, along with a request to note the Addendum to the Better Care Fund Policy and Planning Requirements for 2024/25.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

To download papers for this meeting scan here with your camera



Disclaimers

Webcasting and permission to be filmed

Please note that this meeting will be filmed for live broadcast on the internet and can be viewed on line at warwickshire.public-i.tv. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. Any changes to matters registered or new matters that require to be registered must be notified to the Monitoring Officer as soon as practicable after they arise.

A member attending a meeting where a matter arises in which they have a disclosable pecuniary interest must (unless they have a dispensation):

- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests relevant to the agenda should be declared at the commencement of the meeting.

The public reports referred to are available on the Warwickshire Web
<https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1>

This page is intentionally left blank

Health and Wellbeing Board Sub-Committee

13 June 2024

Better Care Fund Plan 2024/25

Recommendations

That the Health and Wellbeing Board:

1. Notes the Addendum to the Better Care Fund Policy and Planning Requirements for 2024/25;
2. Notes that the previously approved and assured Better Care Fund Plan for 2023-25 and this updated Better Care Fund Plan for 2024/25 contributes to the wider Health and Wellbeing Board's prevention priorities as well meeting the Better Care Fund national conditions; and
3. Approves the final version of the updated Better Care Fund Plan for 2024/25, in line with the recommendation and delegation of the Health and Wellbeing Board on 23 September 2015, as submitted to NHS England on the 10th June 2024.

1. Executive Summary

- 1.1 The Better Care Fund (BCF) is a programme spanning both local government and the NHS which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

Better Care Fund Policy Framework 2023-25

- 1.2 The Better Care Fund Plan for 2023-25 was approved by a sub-committee of Health and Wellbeing Board (HWB) on 19th July 2023. Following that approval, the national BCF team advised that there would be some changes to the BCF policy and planning requirements for 2024/25 and that an updated BCF Plan may need to be submitted to NHS England for approval.
- 1.3 An Addendum to the BCF Policy Framework for 2023-25 was published on 28 March 2024, detailing the changes required for 2024/25.
- 1.4 The Addendum to the BCF Policy Framework 2024/25, requires that updated BCF plans consist of:
 - A completed BCF planning template, including:
 - Any changes to planned expenditure and funding,

- Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams,
- Revised ambitions and plans for performance against four BCF national metrics, based on performance in 2023/24, and
- An updated intermediate care and short-term capacity and demand plan.

1.5 The deadline for submission of the updated BCF plan to NHS England was 10th June 2024. Following approval by Coventry and Warwickshire Integrated Care Board and the Council, the plan was submitted by the deadline. Due to the tight timescales required for preparation and approval of the plan, the plan process allows for HWBB approval to follow submission. The HWBB is now requested to approve the final version of the plan submitted to NHS England.

National Conditions

1.6 The Better Care Fund Policy Statement for 2024/25 provides continuity to previous years of the programme. The policy framework outlines the four national conditions as set out below (alongside an update in relation to the current position):

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board - That a BCF Plan, covering all mandatory funding contributions has been agreed by Health and Wellbeing Board (HWB) areas and minimum contributions (specified in the BCF allocations and grant determinations) are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006) by the constituent local authorities (LAs) and Integrated Care Boards (ICBs).
2. Implementing BCF Policy Objective 1: enabling people to stay well, safe and independent at home for longer.
3. Implementing BCF Policy Objective 2: providing the right care in the right place at the right time
4. Maintaining the NHS:
 - a. contribution to adult social care in line with the uplift to the NHS minimum contribution – There has been no change to the contribution to social care from the Coventry and Warwickshire Integrated Care Board via the BCF which has already been agreed and meets or exceeds the minimum expectation. For Warwickshire the minimum contribution is: £17.051m in 2024/25.
 - b. investment in NHS commissioned out-of-hospital services - There has been no change to the specific proportion of the area's allocation to be invested in NHS commissioned out-of-hospital services, while supporting integration plans. For Warwickshire the minimum expenditure is: £13.627m in 2024/25.

- 1.7 The Coventry and Warwickshire Integrated Care Board and the local authority are required to confirm compliance with the above conditions to the HWB. Compliance with the national conditions is confirmed through the planning template. Spend applicable to these national conditions is calculated in the planning template based on scheme-level expenditure data.
- 1.8 There has been engagement in agreeing changes to the plan, including with District and Borough Councils through the Housing Partnership Board, with South Warwickshire University NHS Foundation Trust and with the Integrated Care Board and other NHS partners through the Joint Commissioning Board and Care Collaborative Consultative Forum.
- 1.9 Similar to last year, local areas are required to submit updated capacity and demand, which is incorporated in the BCF Planning Template. This includes:
- expected demand for intermediate care services (and other short-term care) to help people remain independent at home (including support aimed at avoiding unnecessary hospital admissions and support following discharge from hospital);
 - Services to support this recovery including rehabilitation and reablement; and
 - expected capacity to meet this demand.
- 1.10 Demand and Capacity - At present the data and our BCF Plan indicates that there may potentially be additional bedded capacity in Pathway 2, which gives the local system some flexibility during pressures. However, this is not the perception of health and social care operational colleagues and so utilisation of this capacity will be kept under regular review.

2. Financial Implications

- 2.1 Funding contributions for 2024/25 are detailed in the table below.
- 2.2 The Board is asked to note that a total budget of £374.313m is included in our current two-year BCF section 75 agreement. This is £25.743m less than the total in the table below, which reflects the updated 2024/25 budget for adult social care aligned budgets and the Disabled Facilities Grant which has recently been confirmed.

	2024/25			Notes or changes to 2023/24
	Pooled Contribution	Aligned Allocation	Total Budget	
	£'000	£'000	£'000	
Minimum NHS ring-fenced from ICB allocation	47,762	116,799	164,562	Nationally set allocation increased by 5.66%
Disabled Facilities Grant (DFG)	5,589	-	5,589	Allocation increased from £5.124m
Warwickshire County Council Improved Better Care Fund (iBCF)	15,133	-	15,133	Allocation has remained the same for the last 3 years, creating a cost pressure
ICB Discharge Fund	4,970	-	4,970	Allocation has increased by £1.45m

WCC Discharge Fund	3,536	-	3,536	Allocation has increased by £1.41m
Warwickshire County Council	-	206,266	206,266	Aligned base social care budgets increased by £25m
Total Pooled Contribution	76,990			
Total Additional Aligned Allocation		323,065		
Total Budget			400,056	

- 2.3 As the HWBB is aware, the iBCF and Discharge Fund allocations are temporary and are confirmed on an annual basis. In order to counter the risk inherent in temporary funding, all new initiatives are either temporary or commissioned with exit clauses. There are, however, a number of areas where the funding is being used to maintain statutory social care spending and this would require replacement funding if the BCF was removed without replacement. This risk continues to be noted in Warwickshire County Council's annual and medium-term financial planning.
- 2.4 Our BCF Plan indicates a funding shortfall relating to Pathway 1 discharge capacity. At the time of writing this report, meetings are underway with the Warwickshire Care Collaborative partners to discuss this issue and options to mitigate the risk to operational activity.
- 2.5 Similar to previous years the County Council continues as the pooled budget holder for the fund.
- 2.6 The County Council also continues to align Out of Hospital service provision and funding through the Better Care Fund with Coventry and Warwickshire Integrated Care Board to support closer integration as part of plans for moving to an Integrated Care System and transition of the Better Care Fund to the Care Collaborative Committee.
- 2.7 Our updated local BCF Plan for 2024/25 meets the requirements set out in the Addendum to the BCF Policy Framework and Planning Requirements and was submitted to NHS England for assurance on the 10 June 2024.

3. Environmental Implications

None.

4. Supporting Information

Metrics

- 4.1 There has been one change to the national metrics that must be included in BCF plans in 2024/25, with the removal of the Reablement annual metric. Ambitions have been agreed between the local authority and the ICB, to ensure they are consistent with other plans, and then signed off by the HWB.

- 4.2 The framework retains one existing metric which impacts the local authority from previous years; older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
- 4.3 The measures relating to:
- avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population),
 - emergency hospital admissions due to falls for adults aged 65 or over, and
 - discharge to usual place of residence
- have also been retained. Areas need to agree expected levels and how services commissioned through the BCF will minimise these.
- 4.4 The proposed ambitions for 2024/25 and rationale are set out in the Planning Template.
- 4.5 Locally we will continue to monitor progress quarterly against the BCF metrics set out above through the Joint Commissioning Board and Care Collaborative Committee.

5. Timescales associated with the decision and next steps

- 5.1 Prior to review by the Health and Wellbeing Board, the updated BCF Plan for 2024/25 has been reviewed and approved by:

Review and Approval	Date
Warwickshire County Council – Social Care & Health Directorate Leadership Team	29/05/24
Partnership - Joint Commissioning Board	04/06/24
Integrated Care Board - Finance and Performance Committee	05/06/24
Warwickshire County Council - Corporate Board	05/06/24
NHS Submission Deadline	10/06/24
Partnership - Health and Wellbeing Board	13/06/24
Partnership - Warwickshire Care Collaborative	20/06/24

Regional and National Assurance

- 5.2 NHS England will approve BCF plans in consultation with the Department for Health and Social Care and the Department for Levelling Up, Housing and Communities. Assurance processes will confirm that national conditions are met, ambitions are agreed for all national metrics and that all funding is pooled, with relevant spend agreed. Assurance of plans will be led by Better Care Managers (BCMs) with input from NHS England and local government representatives and will be a single stage exercise based on a set of key lines of enquiry. A cross-regional calibration meeting will be held after regions have submitted their recommendations, bringing together representatives from each region. Once approved - NHS England, as the accountable body for the

NHS minimum contribution to the fund, will write to areas to confirm that the NHS minimum funding can be released.

Assurance activity	Date
Addendum to BCF planning requirements received	28 th March 2024
BCF planning submission from local HWB areas (agreed by Integrated Care Board and Warwickshire County Council) sent to national BCF Team at NHS England	10 th June 2024
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	10 th – 15 th July 2024
Cross regional collaboration	15 th July 2024
Approval letters issued giving formal permission to spend (NHS minimum)	31 st July 2024
All section 75 agreements to be signed and in place	30 th September 2024

- 5.3 Following approval of the plan the existing 2-year BCF Section 75 agreement for 2023-25 will be varied to reflect any changes where required. At this point all conditions will then be met.

Appendices

Appendix 1 – BCF 24/25 Planning Template.

Background Papers

1. None.

	Name	Contact Information
Report Author	Rachel Briden, Integrated Partnership Manager and Kate Harker, Head of Older People Commissioning	rachelbriden@warwickshire.gov.uk , kateharker@warwickshire.gov.uk
Director	Zoe Mayhew Chief Commissioning Officer (Health and Care)	zoemayhew@warwickshire.gov.uk
Executive Director	Becky Hale Executive Director for Social Care & Health	beckyhale@warwickshire.gov.uk
Portfolio Holder	Councillor Margaret Bell, Portfolio Holder for Adult Social Care & Health	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): None – this is a County wide report

Other members: Councillors Barker, Drew, Holland and Rolfe

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 an at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.
4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.
5. Please use the comment boxes alongside to add any specific detail around this additional contribution.
6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.
8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.2.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS 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:	Warwickshire
Completed by:	Rachel Briden, Integrated Partnership Manager, Warwickshire Cou
E-mail:	rachelbriden@warwickshire.gov.uk
Contact number:	07768332170
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 13/06/2024 << 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	Councillor	Margaret	Bell	margaretbell@warwickshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Chief Officer	Phil	Johns	philip.johns@nhs.net
	Additional ICB(s) contacts if relevant	Chief Finance Officer	Madi	Parmar	madi.parmar@nhs.net
	Local Authority Chief Executive	Chief Executive	Monica	Fogarty	monicafogarty@warwickshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Executive Director	Becky	Hale	beckyhale@warwickshire.gov.uk
	Better Care Fund Lead Official	Chief Commissionin	Zoe	Mayhew	zoemayhew@warwickshire.gov.uk
	LA Section 151 Officer	Strategic Director	Rob	Powell	robpowell@warwickshire.gov.uk
	Leader of the Council	Councillor	Isobel	Seccombe OBE	isobelseccombe@warwickshire.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	#REF!
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board:

Warwickshire

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£5,589,863	£5,589,863	£0
Minimum NHS Contribution	£47,762,805	£47,762,805	£0
iBCF	£15,133,281	£15,133,282	-£1
Additional LA Contribution	£206,268,110	£206,268,110	£0
Additional ICB Contribution	£116,799,909	£116,799,909	£0
Local Authority Discharge Funding	£3,536,104	£3,536,104	£0
ICB Discharge Funding	£4,970,000	£4,970,000	£0
Total	£400,060,073	£400,060,073	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£13,627,052
Planned spend	£30,710,869

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£17,051,936
Planned spend	£17,051,936

[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)	183.3	173.8	197.6	208.1

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,962.0	1,881.3
	Count	2505	2401
	Population	127644	129785

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)	95.8%	95.8%	95.8%	95.8%

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	784	693

[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:

Warwickshire

Hospital Discharge	Capacity surplus. Not including spot purchasing											
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
Reablement & Rehabilitation at home (pathway 1)	-197.1018	-159.565	-140.6003	-181.4361	-186.7103	-161.2338	-161.2412	-175.8513	-205.8856	-151.7866	-189.5869	-215.4909
Short term domiciliary care (pathway 1)	90	90	90	90	90	90	90	90	90	90	90	90
Reablement & Rehabilitation in a bedded setting (pathway 2)	31.107646	15.904331	13.788055	28.529901	35.622539	29.62262	32.771034	36.731502	45.72923	24.516228	55.081406	30.944712
Other short term bedded care (pathway 2)	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)	-7	-10	-9	-5	-7	-12	-9	-19	-9	-10	-12	-15

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.

There are 2 main types of support for people who may be discharged down Pathway 0 who may be on the cusp or care or less complex discharges.

The estimated number of people who will receive these services are:

Hospital to Home (including Safe & Well check and Falls risk assessment where appropriate) (April 24 to Mar 25) - 95, 142, 112, 93, 115, 109, 119, 121, 106, 119, 122, 101. Total = c1,354

Hospital Social Prescribing (April 24 to Mar 25) - 51, 52, 51, 52, 52, 51, 52, 51, 52, 52, 47, 52. Total = c615

General Note: All return to Care Home with same level of support is not included in this return as classed as P0.

Capacity - Hospital Discharge		Refreshed planned capacity (not including spot purchased 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
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	267	259	280	257	255	259	282	273	264	271	259	271
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	90	90	90	90	90	90	90	90	90	90	90	90
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	5.52	5.52	5.52	5.52	5.52	5.52	5.52	5.52	5.52	5.52	5.52	5.52
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	126	126	127	124	126	127	127	127	127	129	128	126
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	10.21	10.21	10.21	10.21	10.21	10.21	10.21	10.21	10.21	10.21	10.21	10.21
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
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	8	12	10	8	9	13	10	21	11	11	13	17
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)	18.6	18.6	18.6	18.6	18.6	18.6	18.6	18.6	18.6	18.6	18.6	18.6

Demand - Hospital Discharge		Please enter refreshed expected no. of referrals:											
Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Total Expected Discharges:	Total Discharges	2797.8117	2945.8871	3449.3342	3379.4302	3182.0814	3179.3072	3245.9921	3363.6334	3312.9132	3214.262	3227.2014	3656.651

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
-197.1018	-159.565	-140.6003	-181.4361	-186.7103	-161.2338	-161.2412	-175.851286	-205.885584	-151.786647	-189.58685	-215.490883
100	95	107	104	103	104	96	104	100	98	97	98
35.107646	19.904331	19.788055	31.529901	39.622539	34.62262	37.771034	42.731502	51.7292301	31.5162276	62.0814063	34.9447117
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours per episode of care	
Full Year	Units
11.5	Contact Hours per package
13.2	Contact Hours per package
28	Average LoS (days)
0	Average LoS (days)
36	Average LoS (days)

Capacity that you expect to secure through 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
0	0	0	0	0	0	0	0	0	0	0	0
10	5	17	14	13	14	6	14	10	8	7	8
4	4	6	3	4	5	5	6	6	7	7	4
0	0	0	0	0	0	0	0	0	0	0	0
7	10	9	5	7	12	9	19	9	10	12	15

Page 22

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Warwickshire

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)		0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response		0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home		0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting		0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care		0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
0	Contact Hours
27	Contact Hours
56	Contact Hours
28	Average LoS
0	Contact Hours

Capacity - Community		Please enter refreshed expected capacity:											
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	1166	1166	1166	1310	1310	1310	1368	1368	1368	1338	1338	1338
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	75	151	191	198	216	191	205	172	224	235	178	208
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1	1	1
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Demand - Community		Please enter refreshed expected no. of referrals:											
Service Type		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response		1166	1166	1166	1310	1310	1310	1368	1368	1368	1338	1338	1338
Reablement & Rehabilitation at home		75	151	191	198	216	191	205	172	224	235	178	208
Reablement & Rehabilitation in a bedded setting		1	1	1	1	1	1	1	1	1	1	1	1
Other short-term social care		0	0	0	0	0	0	0	0	0	0	0	0

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board:

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Warwickshire	£5,589,863
DFG breakdown for two-tier areas only (where applicable)	
North Warwickshire	£866,667
Nuneaton and Bedworth	£1,802,050
Rugby	£782,325
Stratford-on-Avon	£1,048,696
Warwick	£1,090,125
Total Minimum LA Contribution (exc IBCF)	£5,589,863

Local Authority Discharge Funding	Contribution
Warwickshire	£3,536,104

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Coventry and Warwickshire ICB	£4,666,667	£4,970,000	Amendment to contribution of Discharge funding for
Total ICB Discharge Fund Contribution	£4,666,667	£4,970,000	

IBCF Contribution	Contribution
Warwickshire	£15,133,281
Total IBCF Contribution	£15,133,281

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Warwickshire	£180,988,215	£206,268,110	
Total Additional Local Authority Contribution	£180,988,215	£206,268,110	

NHS Minimum Contribution	Contribution
NHS Coventry and Warwickshire ICB	£47,762,805
Total NHS Minimum Contribution	£47,762,805

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Coventry and Warwickshire ICB	£116,799,909	£116,799,909	
Total Additional NHS Contribution	£116,799,909	£116,799,909	
Total NHS Contribution	£164,562,714	£164,562,714	

	2024-25
Total BCF Pooled Budget	£400,060,073

16	W-IBCF 13 End of Life Rapid Response	End of Life rapid response costs in the community (hospice costs)	Personalised Care at Home	Physical health/wellbeing					Community Health	LA		Charity / Voluntary Sector	IBCF	Existing	£252,000		0%	No	Budget for 24/25 has not changed from submission
17	W-IBCF 14 - Falls Prevention	Contribution to falls care-coordination and Multi-Factorial Assessments	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health	LA		NHS Community Provider	IBCF	Existing	£37,000		1%	No	Budget for 24/25 has not changed from submission
18	W-IBCF 16 - Adults with Autism	Community Outreach Offer supporting Admission Prevention by reducing	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	4074				Community Health	LA		Local Authority	IBCF	Existing	£295,000	£280,000	6%	Yes	Budget reduced
19	W-IBCF 17 - Residential Respite Care	Enables WCC to cease charging based on standard residential care protocols	Carers Services	Respite services	400			Beneficiaries	Social Care	LA		Local Authority	IBCF	Existing	£250,000		11%	No	Budget for 24/25 has not changed from submission
20	W-IBCF 19 - Protecting older people community	Contributions to: Residential and nursing care fee rates	Residential Placements	Care home	72	67		Number of beds	Social Care	LA		Private Sector	IBCF	Existing	£3,300,671	£3,201,282	2%	Yes	Budget contribution reduced
21	W-IBCF 20 - Protecting older people community	Contributions to: Care at Home fee rates	Home Care or Domiciliary Care	Domiciliary care packages	107149	100740		Hours of care (Unless short-term in which	Social Care	LA		Private Sector	IBCF	Existing	£2,523,500	£2,450,000	2%	Yes	Budget contribution reduced
22	W-IBCF 21 - Protecting NHS budgets through	Contributions to: Extra Care Housing Waking Nights Cover	Home Care or Domiciliary Care	Domiciliary care packages	32018	31085		Hours of care (Unless short-term in which	Social Care	LA		Private Sector	IBCF	Existing	£545,900	£530,000	0%	Yes	Budget contribution reduced
23	W-IBCF 22 - Provider Learning and Development	Funds provider (health and social care) support, training and learning and specialist	Enablers for Integration	Workforce development		3			Community Health	LA		Local Authority	IBCF	Existing	£357,410	£347,000	47%	Yes	Budget reduced. Now funds 3 FTEs
24	W-IBCF 25, 27 and 28 - Demand pressures relating	Direct funding contributing towards budget pressures and capacity as a result of	Community Based Schemes	Other				Community social care staffing	Social Care	LA		Local Authority	IBCF	Existing	£3,852,000		79%	No	Budget for 24/25 has not changed from submission
25	W-IBCF 26 - Dementia Support in the community	Dementia days ops, dementia navigators and dementia carer support services	Care Act Implementation Related Duties	Other				Dementia services	Social Care	LA		Private Sector	IBCF	Existing	£501,000		73%	No	Budget for 24/25 has not changed from submission
26	W-IBCF 18 & 30 Resources	Resources to support joint commissioning, the BCF Programme and system	Enablers for Integration	Programme management		3			Social Care	LA		Local Authority	IBCF	Existing	£304,880	£207,000	28%	Yes	Budget reduced. Now funds 3 FTEs
27	W-IBCF 23 - Specialist support for providers	OT and quality assurance support to ensure providers access all support available to	Enablers for Integration	Workforce development		3.5			Social Care	LA		Local Authority	IBCF	New	£193,640	£188,000	25%	Yes	Budget reduced. Now funds 3.5 FTEs
28	Carers Breaks (base BCF)	Carers respite	Carers Services	Respite services	760			Beneficiaries	Community Health	NHS		NHS Mental Health Provider	Minimum NHS Contribution	Existing	£1,140,964	£1,140,964	49%	No	Budget for 24/25 has not changed from submission
29	Out of hospital - WN, Rugby and SW (base BCF)	OOH community step up and step down support	Personalised Care at Home	Physical health/wellbeing					Community Health	NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£17,216,355	£17,216,355	28%	No	Budget for 24/25 has not changed from submission
30	Discharge to Assess Beds - D2A (base BCF)	P2 step down beds	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)	464			Number of placements	Community Health	NHS		Private Sector	Minimum NHS Contribution	Existing	£1,360,658	£1,360,658	62%	No	Budget for 24/25 has not changed from submission
31	Joint Funded Packages (base BCF)	Joint Funded Packages	Home Care or Domiciliary Care	Domiciliary care packages	10129			Hours of care (Unless short-term in which	Continuing Care	NHS		Private Sector	Minimum NHS Contribution	Existing	£2,493,156	£2,493,156	2%	No	Budget for 24/25 has not changed from submission
32	Joint Funded Packages - base BCF	Joint Funded Placements	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Continuing Care	NHS		Private Sector	Minimum NHS Contribution	Existing	£705,545	£705,545	0%	No	Budget for 24/25 has not changed from submission
33	Joint Funded Packages - base BCF	Joint Funded Placements	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Continuing Care	NHS		Private Sector	Minimum NHS Contribution	Existing	£980,105	£980,105	1%	No	Budget for 24/25 has not changed from submission
34	Joint Funded Packages - base BCF	Joint Funded Placements	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Continuing Care	NHS		Private Sector	Minimum NHS Contribution	Existing	£2,057,938	£2,057,938	1%	No	Budget for 24/25 has not changed from submission
35	Out of Hospital (ICB aligned budgets)	OOH community step up and step down support	Personalised Care at Home	Physical health/wellbeing					Community Health	NHS		NHS Community Provider	Additional NHS Contribution	Existing	£43,349,589		71%	No	Budget for 24/25 has not changed from submission
36	Personal Health budgets (ICB aligned budgets)	PHBs to provide eg. domiciliary care for patients with long term needs	Personalised Budgeting and Commissioning						Continuing Care	NHS		Private Sector	Additional NHS Contribution	Existing	£11,474,376		35%	No	Budget for 24/25 has not changed from submission
37	Residential Care placements (ICB aligned budgets)	Residential care long-term placements	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Continuing Care	NHS		Private Sector	Additional NHS Contribution	Existing	£5,237,680	£5,237,680	3%	No	Budget for 24/25 has not changed from submission
38	Nursing care placements (ICB aligned budgets)	Nursing care long-term placements	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Continuing Care	NHS		Private Sector	Additional NHS Contribution	Existing	£29,650,702	£29,650,702	18%	No	Budget for 24/25 has not changed from submission
39	Residential placements supported living	Supported Living placements	Residential Placements	Supported housing	1463			Number of beds	Continuing Care	NHS		Private Sector	Additional NHS Contribution	Existing	£2,326,198	£2,326,198	1%	No	Budget for 24/25 has not changed from submission
40	Domiciliary Care (ICB aligned budgets)	Domiciliary care for patients with long term needs	Home Care or Domiciliary Care	Domiciliary care packages	102522			Hours of care (Unless short-term in which	Continuing Care	NHS		Private Sector	Additional NHS Contribution	Existing	£24,617,231	£24,617,231	22%	No	Budget for 24/25 has not changed from submission
41	Social Prescribing (ICB aligned budgets)	Prevention activity to support admission avoidance and reduce/delay the need for	Prevention / Early Intervention	Social Prescribing					Community Health	NHS		Charity / Voluntary Sector	Additional NHS Contribution	Existing	£144,133		100%	No	Budget for 24/25 has not changed from submission
42	Domiciliary Care (WCC aligned budget)	Supports hospital discharges and community step up	Home Care or Domiciliary Care	Domiciliary care packages	813701	931566		Hours of care (Unless short-term in which	Social Care	LA		Private Sector	Additional LA Contribution	Existing	£18,932,290	£22,655,639	20%	Yes	Budget for 24/25 has increased based on forecast demand
43	Residential Care (WCC aligned budget)	Residential care long-term placements	Residential Placements	Care home	1528	1808		Number of beds	Social Care	LA		Private Sector	Additional LA Contribution	Existing	£74,886,215	£86,977,241	54%	Yes	Budget for 24/25 has increased based on forecast demand

44	Nursing Care (WCC aligned budget)	Nursing care long-term placements	Residential Placements	Nursing home		475	581	Number of beds	Social Care		LA		Private Sector	Additional LA Contribution	Existing	£21,764,567	£28,701,302	18%	Yes	Budget for 24/25 has increased based on forecast demand
45	Direct Payments (WCC aligned budget)	DPs for adults (e.g. instead of dom care PoC)	Personalised Budgeting and Commissioning				181		Social Care		LA		Private Sector	Additional LA Contribution	Existing	£21,177,986	£21,380,484	64%	Yes	Budget for 24/25 has increased based on forecast demand. 181 new DPs started in year. 2,197 DPs active in year
46	Carers (WCC aligned budget)	Carers schemes supporting admission prevention and long term PoC or Res	Carers Services	Other	Carers advice and support	3317	3980	Beneficiaries	Social Care		LA		Charity / Voluntary Sector	Additional LA Contribution	Existing	£525,000	£630,000	27%	Yes	Budget for 24/25 has increased based on forecast demand
47	Contributions towards HEART staff and service,	Workforce additional costs to support the HEART service deliver care act	Housing Related Schemes				12		Social Care		LA		Local Authority	Additional LA Contribution	Existing	£648,000	£665,293	100%	Yes	Funds 12 FTEs
48	Community Recovery Service (ASC Discharge)	Therapeutic Intermediate care services	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		4842	782	Hours of care (Unless short-term in which	Social Care		LA		Private Sector	Local Authority Discharge	New	£1,670,605	£1,698,925	2%	Yes	Amended. Output based on ave package cost.
49	Residential Care (ASC Discharge Funding)	Residential care short stay placements	Residential Placements	Short term residential care (without rehabilitation or reablement input)		23	19	Number of beds	Social Care		LA		Private Sector	Local Authority Discharge	New	£1,865,498	£822,737	1%	Yes	Amended to reflect actual cost of commissioned block D2A P2 step down assessment beds. Output based on the number of block beds purchased for the year, not
50	Community Recovery Service (ICB Discharge)	Therapeutic Intermediate care services	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		8128	8818	Hours of care (Unless short-term in which	Continuing Care		NHS		Private Sector	ICB Discharge Funding	New	£2,804,847	£3,043,000	3%	Yes	Amended to reflect additional forecast spend based on learning from national front-runner pilot in 23/24.
51	Residential Care (ICB Discharge funding)	Residential care short stay placements	Residential Placements	Short term residential care (without rehabilitation or reablement input)		498	515	Number of beds	Continuing Care		NHS		Private Sector	ICB Discharge Funding	New	£1,861,820	£1,927,000	1%	Yes	Amended to reflect actual cost of commissioned block D2A P2 step down assessment beds
52	Supported Living	Supported Living placements	Home Care or Domiciliary Care	Domiciliary care packages		2170309	2194867	Hours of care (Unless short-term in which	Social Care		LA		Private Sector	Additional LA Contribution	New	£43,054,157	£45,258,151	40%	Yes	Budget for 24/25 has increased based on forecast demand
53	Disabled Facilities Grant (Base BCF)	Passported to the Tier 2 District and Borough Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		935	1015	Number of adaptations funded/people	Social Care		LA		Local Authority	DFG	Existing	£5,124,786	£5,589,863	100%	Yes	Budget increased to reflect additional DFG allocation for 24 / 25
54	Integrated Community Equipment (ICE)	Health Equipment to support step down discharges and step up	Assistive Technologies and Equipment	Community based equipment		13120		Number of beneficiaries	Community Health		NHS		Private Sector	Minimum NHS Contribution	Existing	£4,756,148	£4,756,148	71%	No	Budget for 24/25 has not changed from submission

Adding New Schemes:

[Back to top](#)

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Outputs for 2024-25	Limits (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	New/ Existing Scheme	Expenditure for 2024-25 (£)	% of Overall Spend
55	W-IBCF Market Sustainability	This existing scheme was not funded from the IBCF in 23/24 and so was not	Other		Support to the provider market			Continuing Care		NHS			Private Sector	IBCF	Existing	£375,000	1%
56	Discharge Fund - Additional Social Care Capacity	Additional Social Care Capacity including provider workforce capacity,	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs				Social Care		LA			Private Sector	Local Authority Discharge	New	£1,014,442	49%

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 RfC.
3	Carers Services	1. Respite Services 2. Care 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 care 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/rapid 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 disabilities 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 descriptors 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

7. Narrative updates

Selected Health and Wellbeing Board:

Warwickshire

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.

As a local system, partners in Warwickshire have since December 2023 invested resource to review and improve the quality and timeliness of demand and capacity data and information for planning and forecasting purposes. Acute discharge data-sets at pathway (PO-3) and sub-pathway levels was reviewed in March 2024 and re-freshed in April 2024 to ensure it was as accurate as possible when planning for 2024/25. Existing system dashboards using acute discharge have also been re-set and new intermediate care dashboards to monitor flow through intermediate care sub-pathways are under development. For the first time we have also been able to include the demand coming from out of area hospitals where Warks patients have been admitted to. Note: One acute trust in Warwickshire has also not consistently submitted SITREP data meaning that robust analysis is not always available at a countywide level.

P1 Reablement & Rehab - CRS, Reablement and CRT - block

P1 Short term Dom Care - commissioned by WCC off Framework and ICB off framework (shown as planned capacity) and a proportion of CHC PoC shown as SPOT

P2 Reablement and Rehab Bedded - WCC commissioned MOBs, D2A P2, Social Care Assessment Beds shown and some ICB CHC Assessment Beds off Framework shown as planned capacity

P3 CHC Fastrack for WN beds and a proportion off framework shown as planned capacity and remainder CHC Fastrack and Permanent admissions to nursing shown as SPOT.

Note: P2 capacity in particular will be reviewed during the year as whilst our plan still appears to show additional capacity, even though capacity has been reduced, this does not match partner feedback from 23/24.

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?

Pathway 1

Warwickshire was one of six national hospital discharge front runner sites in 2023/24, which consolidated multiple P1 sub-pathways into one primary P1 discharge route for patients with new or increased needs into the Community Recovery Service. Actual demand far exceeded the initial forecast - with a 25% increase in actuals. As a result, commissioned capacity for this service which will continue in 2024/25 now that this national pilot has ended, will need to increase. It should be noted that whilst there is sufficient capacity in both the dom care market and therapy workforce to support this increase, the required budget for this is still being agreed with system partners so the pathway can continue to meet anticipated demand into year 2. Therefore the planned capacity shown for P1 for reablement/rehab at home is lower than forecast demand until the funding issue can be resolved. There is currently a P1 CRS funding gap of c69 patients per month.

Pathway 2

In February 2024, Warwickshire County Council moved from away from a SPOT commissioning model to commissioning a block of D2A residential beds for patients awaiting a Care Act Assessment to address issues with high £/costs to place people temporarily and for people with more complex needs. At present the data and our BCF Plan indicates there may potentially still be additional bedded capacity in Pathway 2, which gives the local system some flexibility during pressures. This is though not necessarily the perception of health and social care operational colleagues and so utilisation of this capacity will be kept under regular review, to see for example if any block or SPOT capacity can be further reduced.

Some gaps around bedded support for patients suffering from temporary delirium and non-healing fractures have been identified. A delirium pilot was undertaken during 23/24, and may be re-run in 2024/25.

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

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

Pathway 1 - An additional benefit of the Community Recovery Service which is an inclusive, in-take model, is that it has reduced the amount of bridging activity (hospital patients that are fit for discharge and awaiting a Package of Care to be sourced) that other services were diverted to undertaking so that they can now focus more on admission prevention. This particularly relates to:

- the out of hospital providers Community Response Team, which is now planned to be able to support c1,500 patients with step-up support in the community to support admission avoidance, and
- the local authorities Reablement Service, which is forecast for 24/25 to be able to support c500 customers with step-up, preventative / avoidance support and help reduce long term care needs (double the number able to be supported in previous years).

Pathway 2 - The new block model means that patients needing a Care Act Assessment on discharge in a bedded rehab setting, are now able to be discharged quicker as challenges sourcing temporary placements have been mitigated, therefore reducing the amount of deconditioning and potential long term support needed (as well as acute LoS). We anticipate more individuals will go home after a short term period of bedded care.

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

OFFICIAL

Pathway 1 - The Community Recovery Service is beginning to evidence a reduction in the length of stay for P1 patients in hospital across Warwickshire. Packages of Care are being started within 3 days of receipt of referral from our domiciliary care brokerage team. Pre Community Recovery Service this figure was at an average of 16 days.

Pathway 2 - There is evidence that due to the changes to P1 provision, there is now a reduced need for intermediate care P2 rehabilitation beds in both Warwickshire North and South Warwickshire, enabling more patients to go home and at reduced financial cost to the system.

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.

Assumptions around intermediate care demand and capacity have been developed by representatives across the local system (Warwickshire County Council, Coventry and Warwickshire ICB, South Warwickshire University NHS Foundation Trust - integrated acute and out of hospital provider, George Eliot Hospital and University Hospital Coventry and Warwickshire) using analysis of previous years forecasts to actuals, the first economic benefits analysis of the Community Recovery Service, increased Community Response Team and Reablement Team admission avoidance capacity and acute activity plans:

Pathways 0-3 - Assumed increase in demand of 5 % based on ICB population health and demand increases and based on acute activity plans.

Pathway 1 - Community Recovery Service is now the primary P1 discharge pathway.

Pathway 2 - Demand for Moving on Beds and CHC assessment beds has remained relatively static. Reduction in demand for P2 rehabilitation beds. Increased challenge in sourcing social care assessment beds

23/24 actuals for each of the providers – using an assumptive %, normally in the region of see below is used as the starting point for forecasting demand.

Provider	Coventry	Warwickshire	Other
----------	----------	--------------	-------

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 numbers in this BCF D&C Plan are directly derived from the NHS / ICB annual planning process which includes NHS UEC demand, capacity and flow plans. These have then been sense checked against actuals in previous years and planned or known changes, which may impact flow.

System visibility of discharge SITREPs and development of the local Enhanced Discharge Tracker (EDT), the Community Recovery Service and Intermediate Care Discharge Services dashboards is improving our understanding around demand and capacity. As a system we are also growing our understanding of the potential of the FDF (faster data flows), and how to best use/link in the daily MFFD dashboard that gets sent out system wide by the ICB into a more integrated and streamlined approach.

Page 31

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.

The ICB and Local Authority allocations from the discharge fund are being used to fund the following: P1 - Community Recovery Service - £4.742m, P2 - Residential Care D2A - £2.750m and P1/2 Additional Social Care Capacity including provider workforce capacity, short-term support pending assessment of long-term care needs - £1.014m. The proportion of funding across P1 and P2 shows our HomeFirst ambition and approach to discharging more patients home where possible.

Following the introduction of Community Recovery Service in 23/24, there has been a 2.36 day average LoS reduction for P1 admissions (example for South Warwickshire University NHS Foundation Trust).

As mentioned earlier, the introduction of the block D2A residential care step down beds for patients awaiting Care Act Assessment is reducing Length of Stay for patients and in particular those with more complex needs who previously we struggled to place and at a reasonable cost. At present there are no delays to Care Act assessments being completed at week 2 of the admission into the block beds and identifying long term care and support. It is early days for data and analysis but as stated the process has eliminated the need for declinations from 3 residential homes before acceptance to a D2A nursing bed. By reducing the number of providers we are working with to 5, consistency is improving and we are seeing less declines. The admission process has been streamlined with all 5 providers accepting the Trusted Assessment from our Trusted Assessors. The Social Care Team are having regular co-production meetings with the providers and Commissioners.

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))

Our plans for how to best use the discharge fund have changed since our 2023/25 BCF Plan was submitted. Originally spend on P2 D2A assessment beds was estimated to be £3.727m in 24/25. However the forecast spend for 24/25 is now £2.750m (£1.2m less) and reflects the fact that we have moved to a cheaper commissioning model using block bed capacity as well as more focus/investment in P1 capacity.

The BCF 2022/23 evaluation report indicates that more patients were moved into a step down bed in the Midlands than any other region, with less packages of care purchased.

It is also clear that Warwickshire seems to have allocated the Additional Discharge Funding in 2022/23 in similar ways to other areas, as well as reported similar concerns eg. future funding should be distributed over a longer period, with as much advance notice as possible to allow local areas to implement interventions with longer lead-in times. Data on patients with 14+ and 21+ day LoS improved slightly last year, as did No Criteria To Reside levels. These would have been significantly worse without the Discharge Fund.

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 development of Better Care Fund plans and schemes including the Discharge Fund are managed by the Warwickshire Joint Commissioning Board. A review of the Better Care Fund and in particular schemes funded by the Improved Better Care Fund took place from September 2022 to January 2023, from which a number of changes were made, including securing long-term funding from outside of the BCF for pilots such as the Mental Health Street Triage scheme. The base BCF funds core services which are reviewed and evaluated as part of commissioning re-tendering / contract extension activity. For example, the £17.2m base BCF funding of Out of Hospital services (and £43.3m in the ICB aligned budget) is currently being reviewed and evaluated as part of the move to the new Community Integrator model, which links to some IBCF funding around falls prevention etc.

In reality, almost 68% of the Improved Better Care Fund contributes to social care base budget pressures due to increases in fee rates, demand and population.

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board:

Warwickshire

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 (See Guidance)	Indicator value	198.4	189.5	168.2	143.8	Ranked 80th of 150 areas. Aspiration to improve by a decile to 64th. Aspiration moderated from 23-24 where a next quartile move was desired but not able to be delivered.	Initiatives supporting our ambition include: - Call before conveyance development with West Midlands Ambulance Service, - Increasing direct referrals to the Urgent Community Response (UCR) service from Technology Enabled Care providers, - implementation of point of care testing in UCR, and roll out of proactive care for the moderately to severely frail.
	Number of Admissions	1,385	1,323	-	-		
	Population	599,153	599,153	-	-		
	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Indicator value	183.34346	173.81225	197.64028	208.09842		

>> 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	1,865.0	1,962.0	1,881.3	Ranked 99th of 160 areas. Aspiration to improve by a decile to 83rd. Aspiration moderated from 23/24 where a next quartile move was desired but not able to be delivered.	Initiatives supporting our falls ambition include: - Urgent Community Response falls response development, - Enhanced Health and Care Homes focus area on good practice with falls prevention and management of fallers (the first focus area this year for the EHCH workstream of the multi-agency Ageing Well Programme)
	Count	2,381	2,505	2,401		
	Population	127,644	127,644	129,785		

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.
Quarter (%)		95.6%	95.6%	95.8%	95.8%	Warwickshire has continued to be in the top decile nationally -	There are number of BCF/iBCF funded services which continue to

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)	Numerator	12,945	13,288	12,421	12,024	and our ambition is to maintain and stabilise this at 95.8%	deliver this ambition successfully including: - Strengths based practice embedded in the iBCF funded Hospital Social Care Team staff who assess for long-term needs, where a HomeFirst approach is always considered first, - Assistive Technology pilots as well as a quick and responsive integrated community equipment service and the using Regulatory Reform Orders so that housing related DFG support on discharge is not means tested - enabling people to return home with the right aids and adaptations, - Comprehensive support for un-paid carers including respite, short breaks, emergency/crisis support as well as support groups, advice, information, apps and direct payments, - more patients being able to access P1 for reablement, therapy and support on discharge, rather than in a P2 bedded setting - the Hospital to Home Service which supports vulnerable patients return home with settling in support, follow up Safe and Well and Falls Assessment checks
	Denominator	13,537	13,903	12,965	12,551		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	95.8%	95.8%	95.8%	95.8%		
	Numerator	12,968	13,319	12,420	12,516		
	Denominator	13,537	13,903	12,965	13,065		

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	784.0	611.1	743.5	693.5	This is a demand led target. An ambition of 900 has been set based on a review of previous performance and because we believe that the majority of demand in 23/24 was 'excess'. Therefore have proposed that the metric reduces in 2024/25 to reflect this.	There are number of BCF/iBCF funded services which continue to help reduce the number of permanent admissions to care homes including: - Strengths based practice embedded in community and iBCF funded Hospital Social Care Team staff who assess for long-term needs, where a HomeFirst approach is always considered first,
	Numerator	968	780	949	900		
	Denominator	123,463	127,644	127,644	129,786		

		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	<p>Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? * <i>Paragraph 11 as stated in BCF Planning Requirements 2023-25</i></p> <p>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? <i>Paragraph 11</i></p> <p>Have all elements of the Planning template been completed? <i>Paragraph 11</i></p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p>
	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	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>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?</p>	<p>Cover sheet</p> <p>Planning Requirements</p>
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	<p>A demonstration of how the services the area commissions will support the BCF policy objectives to:</p> <ul style="list-style-type: none"> - 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? 	<p>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?</p> <p>Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?</p> <p>Have gaps and issues in current provision been identified?☹️</p> <p>Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?</p> <p>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?</p> <p>Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?</p>	
Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	<p>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?</p> <p>Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?</p> <p>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?</p>	
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	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?</p> <p>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?</p>	

<p>Agreed expenditure plan for all elements of the BCF</p>	<p>PR8</p>	<p>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?</p>	<p>Do expenditure plans for each element of the BCF pool match the funding inputs?</p> <p>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?</p> <p>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)</p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?</p> <p>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?</p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? <p><small>Reablement? Paragraph 17</small></p>	
<p>Metrics</p>	<p>PR9</p>	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> - 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? 	