Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Warwickshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£5,124,786	£5,124,786	£0
Minimum NHS Contribution	£42,782,742	£42,782,742	£0
iBCF	£15,133,281	£15,245,281	-£112,000
Additional LA Contribution	£71,308,000	£71,196,000	£112,000
Additional ICB Contribution	£112,124,000	£112,124,000	£0
Total	**£246,472,809**	**£246,472,809**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£12,206,206
Planned spend	£23,141,000

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£15,273,989
Planned spend	£15,274,000

Scheme Types

Assistive Technologies and Equipment	£6,438,742	(2.6%)

Care Act Implementation Related Duties	£1,446,000	(0.6%)
Carers Services	£1,271,000	(0.5%)
Community Based Schemes	£5,302,281	(2.2%)
DFG Related Schemes	£5,124,786	(2.1%)
Enablers for Integration	£1,252,000	(0.5%)
High Impact Change Model for Managing Transfer of C	£1,034,000	(0.4%)
Home Care or Domiciliary Care	£49,306,008	(20.0%)
Housing Related Schemes	£629,000	(0.3%)
Integrated Care Planning and Navigation	£0	(0.0%)
Bed based intermediate Care Services	£2,198,000	(0.9%)
Reablement in a persons own home	£5,662,000	(2.3%)
Personalised Budgeting and Commissioning	£14,326,000	(5.8%)
Personalised Care at Home	£56,521,000	(22.9%)
Prevention / Early Intervention	£382,000	(0.2%)
Residential Placements	£95,579,992	(38.8%)
Other	£0	(0.0%)
Total	**£246,472,809**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 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)	95.5%	95.5%	95.5%

Residential Admissions

		2020-21 Actual	2022-23 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	596	620

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	94.2%

Planning Requirements >>

Theme	Code	Response

NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
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 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Warwickshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Warwickshire	£5,124,786
DFG breakdown for two-tier areas only (where applicable)	
North Warwickshire	£794,560
Nuneaton and Bedworth	£1,652,119
Rugby	£717,236
Stratford-on-Avon	£961,444
Warwick	£999,427
Total Minimum LA Contribution (exc iBCF)	**£5,124,786**

iBCF Contribution	Contribution
Warwickshire	£15,133,281
Total iBCF Contribution	**£15,133,281**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Warwickshire	£71,308,000	Aligned budget in the BCF Plan relating to older
Total Additional Local Authority Contribution	**£71,308,000**	

NHS Minimum Contribution	Contribution
NHS Coventry and Warwickshire ICB	£42,782,742
Total NHS Minimum Contribution	**£42,782,742**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Coventry and Warwickshire ICB	£32,743,000	Aligned out of hospital budget in the BCF Plan -
NHS Coventry and Warwickshire ICB	£61,290,000	Aligned out of hospital budget in the BCF Plan -
NHS Coventry and Warwickshire ICB	£18,091,000	Aligned out of hospital budget in the BCF Plan -
Total Additional NHS Contribution	**£112,124,000**	
Total NHS Contribution	**£154,906,742**	

	2021-22
Total BCF Pooled Budget	**£246,472,809**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
The minimum requirement for the pooled budget for Warwickshire's BCF is £63m. As a partnership in 2017, we took the decision to align further budgets to represent the majority of spend for all out of hospital services. In 2018/19 the total pooled and aligned budget for the BCF was £120m, in 2019/20, we continued to develop the transparency and visibility of costs and spend across the system, and as a result our budget increased bringing the total pooled and aligned budget to £189m. In 2020/21 this work continued to £192m and in 2021/22 totalled £209m. For 2022/23 the pooled bugdet is £63m and the aligned budget is £183m totalling £246m which is detailed in this plan.

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Warwickshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£5,124,786	£5,124,786	£0
Minimum NHS Contribution	£42,782,742	£42,782,742	£0
iBCF	£15,133,281	£15,245,281	-£112,000
Additional LA Contribution	£71,308,000	£71,196,000	£112,000
Additional NHS Contribution	£112,124,000	£112,124,000	£0
Total	**£246,472,809**	**£246,472,809**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£12,206,206	£23,141,000	£0
Adult Social Care services spend from the minimum ICB allocations	£15,273,989	£15,274,000	£0

>> Link to further guidance

Checklist

Column complete:

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

One or more Funding Sources have an underspend/overpend (see first table at top of this sheet)

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Domiciliary Care (base BCF)	Packages of care	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£7,100,000	Existing
2	Reablement (base BCF)	Reablement - 95% of which supports hospital discharges	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum NHS Contribution	£5,662,000	Existing
3	Integrated Community Equipment (ICE)	Community Equipment for social care	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,916,000	Existing
4	Moving on Beds (base BCF)	MOBs used primarily for social care and housing related step down	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum NHS Contribution	£596,000	Existing
5	ICE - Health (base BCF)	Health equipment to support step down discharges and step up	Assistive Technologies and Equipment	Community based equipment		Community Health		LA			Private Sector	Minimum NHS Contribution	£4,367,742	Existing
6	Carers Breaks (base BCF)	Cares respite	Carers Services	Respite services		Community Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£1,021,000	Existing

7	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		CCG			NHS Community Provider	Minimum NHS Contribution	£15,970,000	Existing
8	Discharge to Assess Beds - D2A (base BCF)	P2 step down beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	Minimum NHS Contribution	£1,308,000	Existing
9	Joint Funded Packages (base BCF)	Joint Funded Packages	Home Care or Domiciliary Care	Domiciliary care packages		Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£2,606,008	Existing
10	Joint Funded Packages - base BCF	Joint Funded Placements	Residential Placements	Supported living		Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£421,412	Existing
11	Joint Funded Packages - base BCF	Joint Funded Placements	Residential Placements	Care home		Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£585,403	Existing
12	Joint Funded Packages - base BCF	Joint Funded Placements	Residential Placements	Nursing home		Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£1,229,177	Existing
13	Disabled Facilities Grant (base BCF)	Passported to the Tier 2 District and Borough Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£5,124,786	Existing
14	W-IBCF 1- Hospital Social Care Team	Supporting timely discharges including to care homes	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£704,000	Existing
15	W-IBCF 2 - Housing Hospital Liaison & W-IBCF 9	Housing related support to support early discharge planning and	High Impact Change Model for Managing Transfer	Housing and related services		Social Care		LA			Local Authority	iBCF	£103,000	Existing
16	W-IBCF 3 - Hospital based Social Prescribing	Access to social prescribing on discharge to support re-admission	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	iBCF	£140,000	Existing
17	W-IBCF 4 - Trusted Assessments	Support for discharges into care homes and exits from intermediae	High Impact Change Model for Managing Transfer	Trusted Assessment		Social Care		LA			Local Authority	iBCF	£152,000	Existing
18	W-IBCF 5 - Domiciliary Care Referral Team	Brokerage of packages of care to enable discharge	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	iBCF	£75,000	Existing
19	W-IBCF 6 - Hospital to Home Service	Hospital to home, including falls prevention for the vulnerable	Community Based Schemes	Low level support for simple hospital discharges		Social Care		LA			Local Authority	iBCF	£444,000	Existing
20	W-IBCF 7 - Moving on Beds	Enhanced and additional Moving on Bed capacity	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	iBCF	£294,000	Existing
21	W-IBCF 8 - Integrated Community	Supports same day and urgent delivery cost pressures (health &	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	iBCF	£155,000	Existing
22	W-IBCF 10 - Carers support	Planned and emergency short breaks service, carers support grant,	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Charity / Voluntary Sector	iBCF	£281,000	Existing
23	W-IBCF 11- Advocacy	Acute based service costs for hospital based advocacy, contribution	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Charity / Voluntary Sector	iBCF	£180,000	Existing
24	W-IBCF 12 Occupational Therapy	Occupational Therapists in the community.	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA			Local Authority	iBCF	£310,000	Existing

25	W-IBCF 13 End of Life Rapid Response	End of Life rapid response costs in the community (hospice	Personalised Care at Home	Physical health/wellbeing		Community Health		LA			Charity / Voluntary Sector	iBCF	£249,000	Existing
26	W-IBCF 14 - Falls Prevention	Contribution to falls care-coordination and Multi-Factorial Assessments	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		LA			NHS Community Provider	iBCF	£35,000	Existing
27	W-IBCF 15 - Mental Health Street Triage	Mental Health Street Triage	Community Based Schemes	Multidisciplinary teams that are supporting		Mental Health		CCG			NHS Mental Health Provider	iBCF	£263,000	Existing
28	W-IBCF 16 - Adults with Autism	Community Outreach Offer supporting Admission Prevention by	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		LA			Local Authority	iBCF	£280,000	Existing
29	W-IBCF 17 - Residential Respite Care Charging	Enables WCC to cease charging based on standard residential care	Carers Services	Respite services		Social Care		LA			Local Authority	iBCF	£250,000	Existing
30	W-IBCF 19 - Protecting older people community	Contributions to: Residential and nursing care fee rates	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£2,900,000	Existing
31	W-IBCF 20 - Protecting older people community	Contributions to: Care at Home fee rates	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£2,350,000	Existing
32	W-IBCF 21 - Protecting NHS budgets through	Contributions to: Extra Care Housing Waking Nights Cover	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£502,000	Existing
33	W-IBCF 22 - Provider Learning and Development	Funds provider (health and social care) support, training and learning and	Enablers for Integration	Workforce development		Community Health		LA			Local Authority	iBCF	£515,000	Existing
34	W-IBCF 24 wider support to maintain the	Develop, stabilise and strengthen the Provider Market	Enablers for Integration	Integrated models of provision		Continuing Care		CCG			Private Sector	iBCF	£375,000	Existing
35	W-IBCF 25, 27 and 28 - Demand pressures relating	Direct funding contributing towards budget pressures and	Community Based Schemes	Other	Community social care staffing	Social Care		LA			Local Authority	iBCF	£3,851,281	Existing
36	W-IBCF 26 - Dementia Support in the community	Dementia days ops, dementia navigators and dementia carer support	Care Act Implementation Related Duties	Other	Dementia services	Social Care		LA			Private Sector	iBCF	£475,000	Existing
37	W-IBCF 18, 29 & 30 Resources	Resources to support joint commissioning, the BCF Programme and	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£362,000	Existing
38	Domiciliary Care (WCC aligned budget)	Supports hospital discharges and community step up	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Additional LA Contribution	£13,925,000	Existing
39	Residential Care (WCC aligned budget)	Residential care long-term placements	Residential Placements	Care home		Social Care		LA			Private Sector	Additional LA Contribution	£38,867,000	Existing
40	Nursing Care (WCC aligned budget)	Nursing care long-term placements	Residential Placements	Nursing home		Social Care		LA			Private Sector	Additional LA Contribution	£13,088,000	Existing
41	Direct Payments (WCC aligned budget)	DPs for adults (e.g. instead of dom care PoC)	Personalised Budgeting and Commissioning			Social Care		LA			Private Sector	Additional LA Contribution	£3,950,000	Existing
42	Carers (WCC aligned budget)	Carers schemes supporting admission prevention and long	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£510,000	Existing

43	Social Prescribing (WCC aligned budget)	Aligned to Strengths Based Practice and Community Assets	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£108,000	Existing
44	Contributions towards HEART staff and service,	Workforce additional costs to support the HEART service deliver	Housing Related Schemes			Social Care		LA			Local Authority	Additional LA Contribution	£629,000	Existing
45	Falls Prevention (WCC aligned budget)	Falls care co-ordination and support for Moderate to High Risk	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		LA			NHS Community Provider	Additional LA Contribution	£119,000	Existing
46	Out of Hospital (ICB aligned budgets)	OOH community step up and step down support	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Additional NHS Contribution	£40,302,000	Existing
47	Personal Health budgets (ICB aligned budgets)	PHBs to provide eg. domiliary care for patients with long term	Personalised Budgeting and Commissioning			Continuing Care		CCG			Private Sector	Additional NHS Contribution	£10,376,000	Existing
48	Residential Care placements (ICB aligned budgets)	Residential care long-term placements	Residential Placements	Care home		Continuing Care		CCG			Private Sector	Additional NHS Contribution	£5,417,045	Existing
49	Nursing care placements (ICB aligned budgets)	Nursing care long-term placements	Residential Placements	Nursing home		Continuing Care		CCG			Private Sector	Additional NHS Contribution	£30,666,096	Existing
50	Residential placements supported living	Supported Living placements	Residential Placements	Supported living		Continuing Care		CCG			Private Sector	Additional NHS Contribution	£2,405,859	Existing
51	Domicilary Care (ICB aligned budgets)	Domiliary care for patients with long term needs	Home Care or Domiciliary Care	Domiciliary care packages		Continuing Care		CCG			Private Sector	Additional NHS Contribution	£22,823,000	Existing
52	Social Prescribing (ICB aligned budgets)	Prevention activity to support admission avoidance and	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			Charity / Voluntary Sector	Additional NHS Contribution	£134,000	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

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'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. 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. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. 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 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 - including small adaptations 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. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. 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. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. 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. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	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.

16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 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	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.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Warwickshire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	214.7	186.2	191.1	169.8	Variance of 2.4% between Better Care Exchange data and local SUS feeds - therefore acceptable confidence in data. Warwickshire is maintaining a better annual level than the England value at 761	Winter plans in place (acute trusts, ICB and local authority) include include admission avoidance activity eg. investment in Community Urgent Response (2 hr and same day) and Community Therapy by the
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value	212	187	192	170		

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

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	95.8%	95.5%	95.2%	95.7%	1.5% variance in Better Care Exchange data and local SUS feeds - relatively good confidence in data. Warwickshire remains better performing that national, 95.5% to 92.6%. Therefore plan to maintain current performance but with added consistency as there is no evidence of seasonal patterns in this metric. Note: Slow start to discharge volumes in Q1	BCF schemes that support this metric: Market sustainability initiatives Daily multi-agency discharge team (MDT) working Following a sucessful pilot, the new Rehab at Home - Home-Based Therapy pathway (Pathway 1); and The new Stroke Early Supported Discharge with Care pathway (Pathway 1) Integrated Community Equipment
	Numerator	12,767	12,731	12,137	11,556		
	Denominator	13,331	13,330	12,752	12,075		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	95.5%	95.5%	95.5%	95.5%		
	Numerator	12,400	13,105	12,524	11,908		
	Denominator	12,979	13,717	13,109	12,464		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
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	595.5	646.1	606.4	620.5	Actuals for 2020/21 and 2021/22 were impacted by the Covid-19 pandemic. The ambition for 2022/23 therefore reflects pre-pandemic levels which were consistently over 800 admissions per year, (where the target of 780 equates to an average 65	BCF schemes that support this metric: Market sustainability initiatives Daily multi-agency discharge team (MDT) working Following a sucessful pilot, the new Rehab at Home - Home-Based Therapy pathway
	Numerator	722	799	750	780		
	Denominator	121,235	123,673	123,673	125,709		

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

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	93.6%	91.7%	93.7%	94.2%	Actuals for 2020/21 were 323 of 345 discharges in the period Oct-Dec 2020 - 93.6% which was artificially inflated due to the emergency measures put in place during the pandemic. Performance in 2021/22 was 93.7% and reflects an	BCF schemes that support this metric: Reablement Service – where 95% of reablement capacity is currently utilised supporting hospital discharge Assistive Technology
	Numerator	323	275	298	291		
	Denominator	345	300	318	309		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Warwickshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? 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? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	1. A jointly agreed BCF Plan has been agreed. 2. The HWBB was engaged in reviewing and developing the BCF Plan at its meeting on the 7th September and then approved it on the 22/09/22 3. An inclusive and partnership approach including a range of		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	1. Pages 19-23 of the Narrative Plan describes the local approach to integrated, person centred services. 2. Pages 9 &12 of the Narrative Plan describes the approach to collaborative commissioning and page 22 specifically relating to commissionng for D2A & Discharges. 3. Pages 13-16 of the Narrative Plan describe the local approach to reducing Health Inequalities and actions re: Core20Plus 5. A copy of the Cov & Warks ICS Health Inequalities Strategy is also provided as supporting information. 4. Changes as a result of the Covid-19 pandemic are detailed on page 23 of the Narrative Plan.		
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • 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?	Narrative plan Confirmation sheet	Yes	1. Use of the DFG is agreed through the well established Housing Partnership Board and HEART Board. 2. Pages 17&18 of the Narrative Plan detail the approach to housing support and DFG, managed via the HEART service on behalf of the 6 councils in Warks. 3. The DFG has been passed in it's entirety to the 5 District and Borough Councils.		
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	1. Tab 5a. Expenditure shows that the forecast total spend and budget matches the £15.273m required contribution. A detailed breakdown of schemes		
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Tab 5a. Expenditure shows that the forecast total spend and budget of £15.9m exceeds the £12.2m required contribution.A detailed breakdown of schemes		

NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	1. Pages 19-22 of the Narrative Plan detail the approach to meeting the BCF objectives. 2. Tab 5a.- provides a detailed breakdown shows schemes which support Prevention/Early Intervention, Community Schemes, Support for the High Impact Change Model etc. 3. A completed Capacity and Demand Template has been		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	1. Please refer to page 23 of the BCF Narrative Plan re: support to unpaid carers 2. Pages 23 & 24 of the Narrative Plan also details the schemes to deliver Care Act Duties, Carer Support and Reablement, the amount and source of the funding.		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes	Please refer to the detail provided in Tab 6. To ensure the BCF metrics align with NHS and local authority ASCOF measures - Helen Lancaster, Director of System		