# **BCF Planning Template 2024-25**

# 1. Guidance

# Overview

# Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

# 2. Cover

- 1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.
- 2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
- 3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
- 4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- 5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
- 6. Please ensure that all boxes on the checklist are green before submission.
- 7. Sign off HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

# 4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

# 4.2 Hospital Discharge

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

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

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Version 1.3.0

### Please Note:

8. Metrics 9. Planning Requirements

TELESC WULE:

The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information the BCF) 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:	Nottingham					
Completed by:	Katy Dunne					
E-mail:	katy.dunne@nhs.net					
Contact number:	via e-mail					
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:	Wed 25/09/2024	<< Please enter using the format, DD/MM,				

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Pavlos	Kotsonis	pavlos.kotsonis@nottingha mcity.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	Amanda	Sullivan	amanda.sullivan7@nhs.net
	Additional ICB(s) contacts if relevant		Sarah	Fleming	sarah.fleming1@nhs.net
	Local Authority Chief Executive		Mel	Barrett	mel.barrett@nottinghamci ty.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Catherine	Underwood	catherine.underwood@not tinghamcity.gov.uk
	Better Care Fund Lead Official		Roz	Howie	roz.howie@nottinghamcity .gov.uk
	LA Section 151 Officer		Ross	Brown	ross.brown@nottinghamcit y.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.

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes

<< Link to the Guidance sheet

Please see the Checklist below for further details on incomplete fields

### 2 Cumman

Selected Health and Wellbeing Board:

Nottingham

# Income & Expenditure

# Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£3,019,688	£3,041,126	-£21,438
Minimum NHS Contribution	£30,736,246	£30,736,246	£0
iBCF	£16,602,807	£16,602,807	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£3,879,480	£3,879,480	£0
ICB Discharge Funding	£3,582,560	£3,582,560	£0
Total	£57,820,781	£57,842,219	-£21,438

# Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£8,734,369
Planned spend	£13,207,854

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£16,669,794
Planned spend	£16,749,321

# Metrics >>

# Avoidable admissions

	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4
	Plan	Plan	Plan	Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	262.7	242.2	260.8	238.1

### 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	1,754.0	1,718.0
	Count	684	670
	Population	38098	38479

# Discharge to normal place of residence

	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4
	Plan	Plan	Plan	Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	94.5%	94.6%	94.8%	95.0%
(SUS data - available on the Better Care Exchange)				

# 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	958	599

# Planning Requirements >>

Theme	Code	Response				
	PR1	Yes				
NC1: Jointly agreed plan	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				

Selected Health and Wellbeing Board: Nottingham

	Capacity surplus. Not including spot purchasing Ca									Capacity surplus (including spot puchasing)														
Hospital Discharge																								
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	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)																								
	54	54	70	24	54	54	24	54	70	39	70	54	54	54	70	24	54	54	24	54	1 7	0 3	9 70	54
Short term domiciliary care (pathway 1)																								
	(	0			) (	) (	0	0	) (	) (		0	0	0	0		0	0	0	(		0	0 0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)																								
	8	3 8	1	1 2	!  8	8	3 2	!  8	11	. 5	5 1	. 8	8	8	11	2	. 8	1 8	2		3 1	1	5 11	. 8
Other short term bedded care (pathway 2)																								
		) 0		) (	) (	) (	0	0	) (	) (	) (	0	0	0	0		0	0	0		)	0	0 0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)		, ,		, ,		, ,	, ,	,	, ,	, ,	,	,	,	,	,		,	,			,	2	,	,

Average LoS/Contact Hours per episode of care					
Full Year	Units				
55	Contact Hours per package				
55	Contact Hours per package				
29	Average LoS (days)				
29	Average LoS (days)				
48	Average LoS (days)				

this type of arenixed uting the year.

Clictors are supported with deep clears and temporary accommodation where they are unable to return home but data is not collected on this cohort. MDT's occur at operational and strategic levels to support complex and long stars. The council employs 2 community commonitors that can support with community engagement where citizens do not require a formal package of support and this has been extended to 3 community or ordinators to work in 3 specific wastes to support commonity resilience. The Certural provides abuse and information for information areas are legated effect, where support of support and cleaning. The council operates an information and advice website called ask LION that contains information about a range of services that can support people within their local communities and is currently progressing this to become a joint system wide directory.

		Refreshed	olanned cap	acity (not in	cluding spo	purchased	capacity							Capacity th	at you expe	ect to secure	through spo	t purchasin	8						
Capacity - Hospital Discharge																									
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	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.	380	380	380	380	380	380	380	380	380	380	380	380	0	0	0	0	o	0	0	1		0	a	
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	O	0	0	0	0	0	0	0	0	0	0	0	0	O	0	0		) (	0	0	
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	70	70	70	70	70	70	70	70	70	70	70	70	0	0	0	0	0	0	0			0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	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)	2	2	2	2	2	2	2	2	2	2	2	2												
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.	15	15	15	15	15	15	15	15	15	15	15	15	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)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2												

Demand - Hospital Discharge	- In				o. of referral								
athway	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-2
otal Expected Discharges:	Total Discharges	401	401	382	439	401	401	439	401	382	421	382	
eablement & Rehabilitation at home (pathway 1)	Total	326	326	310	356	326	326	356	326	310	341	310	
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	286	286	272	313	286	286	313	286	272	300	272	
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	9	9	9	10	9	9	10	9	9	9	9	
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	1	1	1	1	1	1	1	1	1	1	1	
	OTHER	30	30	28	32	30	30	32	30	28	31	28	
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ort term domiciliary care (pathway 1)	Total	0	0										
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	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0									
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	0	0	0									
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eablement & Rehabilitation in a bedded setting (pathway 2)	Total	62	62	59	68	62	6	2 6	8 62	59	65	59	6
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	48	48								51	46	4
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	11	11								11	10	1
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	0	0						0 0		0	0	
	OTHER	3	3					3	2 2	2	3	3	
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her short term bedded care (pathway 2)													
	Total	0							0 0			0	
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ort-term residential/nursing care for someone likely to require													
nger-term care home placement (pathway 3)													
, , , , , , , , , , , , , , , , , , ,	Total	13	13	13	15	12	1	3 1	5 13	13	15	13	-
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST								8 7		8	7	
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	5	5						6 5		6	5	
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	0	0						0 0			0	
	OTHER	1	1	1	1			1	1 1	1	1	1	
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### 4. Capacity & Demand

Selected Health and Wellbeing Board:

Nottingham

Community	Refreshed ca	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
	55	Contact Hours
	55	Contact Hours
	29	Contact Hours
	29	Average LoS
	48	Contact Hours

Checklist
Complete:

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.	440	440	440	440	440	440	440	440	440	440	440	440		
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	82	82	78	89	82	82	89	82	78	85	78	82		
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	16	16	15	17	16	16	17	16	15	16	15	16		
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 ente	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)	C	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	440	440	440	440	440	440	440	440	440	440	440	440
Reablement & Rehabilitation at home	82	82	78	89	82	82	89	82	78	85	78	82
Reablement & Rehabilitation in a bedded setting	16	16	15	17	16	16	17	16	15	16	15	16
Other short-term social care		0	0	0	0	0	0	0	0	0	0	0

5. Income

Selected Health and Wellbeing Board:

Nottingham

Local Authority Contribution							
Disabled Facilities Grant (DFG)	Gross Contribution						
Nottingham	£3,019,688						
DFG breakdown for two-tier areas only (where applicable)							
Total Minimum LA Contribution (exc iBCF)	£3,019,688						

Local Authority Discharge Funding	Contribution
Nottingham	£3,879,480

ICB Discharge Funding	Previously entered		Comments - Please use this box to clarify any specific uses or sources of funding
NHS Nottingham and Nottinghamshire ICB	£1,988,915	£3,582,560	
Total ICB Discharge Fund Contribution	£1,988,915	£3,582,560	

iBCF Contribution	Contribution
Nottingham	£16,602,807
Total iBCF Contribution	£16,602,807

Previously entered		Comments - Please use this box to clarify any specific uses or sources of funding
£0	£0	
	,	

NHS Minimum Contribution	Contribution
NHS Nottingham and Nottinghamshire ICB	£30,736,246
Total NHS Minimum Contribution	C20 72C 24C
Total NHS IVIINIMUM CONTRIBUTION	£30,736,246

Additional ICB Contribution	Previously entered		Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	£0	
Total NHS Contribution	£30,736,246	£30,736,246	

	2024-25
Total BCF Pooled Budget	£57,820,781

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

To Add New Schemes

# Better Care Fund 2024-25 Update Template 6. Expenditure

Selected Health and Wellbeing Board:

<< Link to summary sheet

being board:			
	2	2024-25	
Running Balances	Income	Expenditure	Balance
DFG	£3,019,688	£3,041,126	-£21,438
Minimum NHS Contribution	£30,736,246	£30,736,246	£0
iBCF	£16,602,807	£16,602,807	9
Additional LA Contribution	0 <del>1</del>	0 <del>J</del>	£0
Additional NHS Contribution	0 <del>3</del>	0.9	£0
Local Authority Discharge Funding	£3,879,480	£3,879,480	£0
ICB Discharge Funding	£3,582,560	£3,582,560	£0
Total	£57,820,781	£57,842,219	-£21,438

Required Spend
This is in relation to National Conditions 2 and 3 only, it does NOT make up the total Minimum ICB Contribution (on row 33 above).
2024-25

		2024-25	
	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the			
minimum ICB allocation	£8,734,369	£13,207,854	0 <del>J</del>
Adult Social Care services spend from the minimum			
ICB allocations	£16,669,794	£16,749,321	£0

54 E0	21 £0			Yes
£13,207,854	£16,749,321			Yes
£8,734,369	£16,669,794			Yes
nmissioned Out of Hospital spend from the n ICB allocation	cial Care services spend from the minimum ations			Yes
NHS Commission minimum ICB all	Adult Social Care ICB allocations	Checklist	Column complete:	Yes Yes Yes

>> Incomplete fields on row number(s):

80, 81, 273, 274, 275, 276, 277, 278, 279

									Planned Expenditure		_			
heme	Scheme Scheme Name ID	Brief Description of Scheme Scheme Type	Scheme Type	Sub Types	Please specify if P 'Scheme Type' is e 'Other' f	Previously entered Outputs for 2024-25	Updated Outputs Units for 2024-25	Units	Area of Spend	Please specify if Commissioner 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Provider Commissioner)	Source of Funding
	Access &	Care Coordination	Integrated Care	Care navigation and					Community		NHS		NHS Community Minimum	Minimum
	Navigation	CityCare 'Out of Hospital	Planning and	planning					Health				Provider	NHS
		Contract' MDT, LTC case	Navigation											Contribution
	Access &	Single Point of Access	Integrated Care	Care navigation and					Social Care		ΡΙ		Local Authority	Minimum
	Navigation		Planning and	planning										NHS
			Navigation											Contribution
	Integrated Care	Integrated Care Team-	Urgent Community	Reablement at home (to			0		Community		SHN		NHS Community Minimum	Minimum
		CityCare 'Out of Hospital	Response	prevent admission to					Health				Provider	NHS
		Contract' 2hour response		hospital or residential care)										Contribution
	Integrated Care	Homecare Packages plus	Home Care or	Domiciliary care packages		137876.2	127,609	Hours of care	Social Care		LA A		Local Authority Minimum	Minimum
		integrated team costs	Domiciliary Care					(Unless short-						NHS
								term in which						Contribution
	Integrated Care	Care Navigation and Planning Integrated Care	Integrated Care	Care navigation and					Community		LA LA		Local Authority   Minimum	Minimum
			Planning and	planning					Health					NHS
			Navigation											Contribution
	Integrated Care	Reablement/Rehabilitation	Integrated Care	Assessment teams/joint					Social Care		LA		Local Authority	Minimum
		Services	Planning and	assessment										NHS
			Navigation											Contribution
	Primary Care	GP Practice Enhanced	Prevention / Early	Risk Stratification					Primary Care		NHS		NHS Community Minimum	Minimum
		Services - case management, Intervention	Intervention										Provider	NHS
		MDT and coordination												Contribution

Minimum NHS Contribution	Minimum NHS Contribution	Minimum NHS Contribution	Minimum NHS Contribution	Minimum NHS Contribution	Minimum NHS Contribution	Minimum NHS Contribution	DFG	iBCF	iBCF	iBCF	iBCF	iBCF	iBCF	iBCF	ICB Discharge Funding	ICB Discharge Funding	Local Authority Discharge	Minimum NHS Contribution	iBCF	iBCF
Local Authority P	Local Authority   P	54.0% Local Authority	54.0% Local Authority	Private Sector	0.0% Charity / Noluntary Sector	Local Authority   P	Local Authority [	Local Authority i			Local Authority i	Local Authority i	Local Authority i	Local Authority i	NHS Community   Provider	NHS Community   Provider	Local Authority L	Local Authority	Local Authority i	Local Authority i
		46.0%	46.0%		100.0%															
<u>A</u>	⊴.	Joint	Joint	NHS	Joint	NHS	Ā	ΙA	<u>4</u>	Y.	4	Ā	4	Y.	NHS	NHS	4	<u>4</u>	4	4
Social Care	Social Care	Community Health	Community Health	Community Health	Community Health	Community Health	Social Care	Social Care	Social Care	Social Care	Social Care	Social Care	Social Care	Social Care	Community Health	Community Health	Social Care	Social Care	Social Care	Social Care
		Number of beneficiaries	Number of beneficiaries	Number of beneficiaries	Beneficiaries		Number of adaptations funded/people	WTE's gained	Packages	Hours of care (Unless short- term in which		Number of beds			Packages		Packages			Number of beneficiaries
			200	0	2545	0	225		1654	17,500		10					700			250
		7100	300	7000	2545		225		1659	18500		D as			5200		1430			191
												Interim beds held within internal residential home					Rehab at home to support discharge -			
Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge	Care navigation and planning	Assistive technologies including telecare	Community based equipment	Community based equipment	Respite services		Adaptations, including statutory DFG grants		Rehabilitation at home (to prevent admission to hospital or residential care)	Domiciliary care packages	Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge	Short-term residential/nursing care for someone likely to require a		Care navigation and planning	Reablement at home (to support discharge)	Integrated neighbourhood services	Rehabilitation at home (to support discharge)	Assessment teams/joint assessment	Multidisciplinary teams that are supporting independence, such as	Assistive technologies including telecare
	Integrated Care Planning and Navigation	chnologies nent	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Carers Services	Housing Related Schemes	DFG Related Schemes	Workforce recruitment and retention	Home-based intermediate care services	Home Care or Domiciliary Care	High Impact Change Model for Managing Transfer of Care	Residential Placements	Other	Integrated Care Planning and Navigation	Home-based intermediate care services	Community Based Schemes	Home-based intermediate care services	Integrated Care Planning and Navigation	Community Based Schemes	Assistive Technologies and Equipment
Integrated enablement teams High Impact Change supporting discharge Model for Managing Transfer of Care	Mental Health teams	Telecare, Telehealth & Integrated jointly commissioned	Dispersed Alarm Service	Assistive Technology Equipment	Carers Advice and Support & Respite Service	Advice & Support	Adaptation, community equipment and assistive technology	Stabilise care provider market	Social Care reablement and early intervention OT	Complex needs healthcare services and reviewng officers	Hospital Discharge Team	Winter Pressures - interim beds held within internal provision to support winter	Meeting adult social care needs (demand and complexity)	Nottingham Health and Care Point	P1 Discharge Programme	Urgent Care Community Response	P1 Discharge Capacity	Integrated Care Teams - Duty, Community, City OT, Placement and Homecare	Winter Pressures - Age UK Contract	Winter Pressures - Extension to dispersed alarm service
Facilitating Discharge	po _	Assistive T Technology II	Assistive Technology	Assistive A	Carers R	Housing Health	Disabled Facilities A Grant e	Improved Better S	Improved Better S	Improved Better Care Fund s	Improved Better   Care Fund	Improved Better V Care Fund b	Improved Better N Care Fund n	tter	P1 Discharge Programme	Urgent Care Community R	P1 Discharge Programme	ntegrated Care	Improved Better V	Improved Better V Care Fund t
6	10	11 T	12 A	13 T	14	15	16	17	18	19 0	20	21	22	23 11	27 P	28	29 P	7	24	25 11

iBCF										
Local Authority										
Ą										
Social Care										
Assessment teams/joint assessment										
Winter Pressures - Team Integrated Care costs (Nottingham Health and Planning and Care Point,										
Improved Better Care Fund										
26										

# Further guidance for completing Expenditure sheet

- Schemes tagged with the following will count towards the planned Adult Social Care services spend from the NHS min:

   Area of spend selected as "Social Care"

   Source of funding selected as "Minimum NHS Contribution"

- Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

   **Area of Spend** selected with anything except 'Acute'

   **Commissions** excelected as YCB' (Florif's Is selected, only the NHS % will contribute)

   **Source of funding** selected as 'Minimum NHS Contribution'

# 2023-25 Revised Scheme types

1	Scheme type/ services	Sub type	Description
	Assistive Technologies and Equipment	Assistive technologies including telecare     Digital participation services	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of
		3. Community based equipment	care. (eg. Telecare, Wellness services, Community based equipment, Digital
		4. Other	participation services).
	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy	Funding planned towards the implementation of Care Act related duties.
		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 th NHS minimum contribution to the BCF.
	Carers Services	1. Respite Services	Supporting people to sustain their role as carers and reduce the likelihood
		Carer advice and support related to Care Act duties     Other	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.
	Community Based Schemes	1. Integrated neighbourhood services	Schemes that are based in the community and constitute a range of cross
		Multidisciplinary teams that are supporting independence, such as anticipatory care     S. Low level social support for simple hospital discharges (Discharge to Assess pathway 0)	sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood
		4. Other	Teams)
			Reablement services should be recorded under the specific scheme type
			'Reablement in a person's own home'
5	DFG Related Schemes	Adaptations, including statutory DFG grants     Discretionary use of DFG	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.
		3. Handyperson services	
		4. Other	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
	Enablers for Integration	Data Integration     System IT Interoperability	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential area
		3. Programme management	including technology, workforce, market development (Voluntary Sector
		Research and evaluation     Workforce development	Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/
		6. New governance arrangements	Collaboratives) and programme management related schemes.
		7. Voluntary Sector Business Development 8. Joint commissioning infrastructure	Joint commissioning infrastructure includes any personnel or teams that
		9. Integrated models of provision	enable joint commissioning. Schemes could be focused on Data Integration
		10. Other	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.
,	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning	The eight changes or approaches identified as having a high impact on
		Monitoring and responding to system demand and capacity     Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the
		Home First/Discharge to Assess - process support/core costs     Flexible working patterns (including 7 day working)	'Red Bag' scheme, while not in the HICM, is included in this section.
		6. Trusted Assessment	
		7. Engagement and Choice 8. Improved discharge to Care Homes	
		s. Improved discharge to Care Homes  9. Housing and related services  10. Red Bag scheme	
		10. Red Bag scheme 11. Other	
	Home Care or Domiciliary Care	1. Domiciliary care packages	A range of services that aim to help people live in their own homes through
,	Tronic care of bolinchary care	2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	the provision of domiciliary care including personal care, domestic tasks,
		Short term domiciliary care (without reablement input)     Domiciliary care workforce development	shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community
		5. Other	health services and voluntary sector services.
	Housing Related Schemes		This covers expenditure on housing and housing-related services other tha
'	Housing Related Schemes		Inis covers expenditure on nousing and nousing-related services other that adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning	Care navigation services help people find their way to appropriate services
		Assessment teams/joint assessment     Support for implementation of anticipatory care	and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and
		4. Other	social care systems (across primary care, community and voluntary service:
			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
			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.
			please select the appropriate sub-type alongside.
1	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)	please select the appropriate sub-type alongside.  Short-term intervention to preserve the independence of people who might
1	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)     Bed-based intermediate care with rehabilitation (to support admission avoidance)	please select the appropriate sub-type alongside.  Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and
1	rehabilitation in a bedded setting, wider short-term services	Bed-based intermediate care with reablement (to support discharge)     Bed-based intermediate care with rehabilitation (to support admission avoidance)	please select the appropriate sub-type alongside.  Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or a voldable
1	rehabilitation in a bedded setting, wider short-term services	2. Bed based intermediate care with reablement for support discharge)  3. Bed based intermediate care with reablement for support admissions avoidance)  4. Bed based intermediate care with reablement for support admissions avoidance)  5. Bed based intermediate care with rehabilitation accepting step up and step down users  6. Bed based intermediate care with rehabilitation accepting step up and step down users	please select the appropriate sub-type alongside.  Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and
1	rehabilitation in a bedded setting, wider short-term services	2. Bed saxed intermediate care with reablement (to support discharge)  3. Bed saxed intermediate care with reablilitation (to support admission avoidance)  4. Bed saxed intermediate care with reablement (to support admissions avoidance)  5. Bed saxed intermediate care with reablement (to support admissions avoidance)	please select the appropriate sub-type alongside.  Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and
	rehabilitation in a bedded setting, wider short-term services supporting recovery)	2. Bade Saxed intermediates care with maleiment (to support discharges)  3. Bade Saxed intermediates care with maleitations (to support admissions avoidance)  4. Bade Saxed intermediates care with maleitations (to support admissions avoidance)  5. Bade Saxed intermediates care with maleitations care from support admissions avoidance)  5. Bade Saxed intermediate care with maleitations careging step up and step down users  7. Other	please select the appropriate such type alongoide.  Short term instruments to preserve the biodependence of people who might be of the preserve the preserve that the preserve
	rehabilitation in a bedded setting, wider short-term services	2. Bed based intermediate care with maleiment (to support discharge)  3. Bed based intermediate care with maleitations to support admissions novidance)  4. Bed based intermediate care with nucleitations (to support admissions accelerate)  5. Bed based intermediate care with nucleitations (to support admissions accelerate)  5. Bed based intermediate care with evaluationed accepting stop up and step down users  7. Other  1. Real-learned at home (to support discharge)	please select the appropriate sub-type a longistic.  Short term intervention to preserve the independence of people who might ordinerate flow sunscessarily prolonged hospital parky or avoidable admission to hospital residented later. The cust residented such that can be a greater centered and other definience by a combination of professional groups.  Provides support in your own home to improve your confidence and ability.
	rehabilitation in a bedded setting, wider short-term services supporting recovery)	2. Bade based intermediates care with maleiment (to support discharger) 3. Bade based intermediates care with maleitations to support administrant providence) 4. Bade based intermediates care with maleitations to support administrant providence) 5. Bade based intermediates care with maleitations based based of the support administrant providence of the support administrant providence of the support discharged care with maleitations care supporting play up and step down users 7. Other  2. Badelements at home to present administrant based based on the support discharged 2. Badelements at home to present administration to hospital or insidential care) 3. Badelements at home to present administration to hospital or insidential care) 3. Badelements at home to present administration to hospital or insidential care) 4. Badelements at home to present administration to hospital or insidential care) 5. Badelements at home to present administration to hospital or insidential care) 5. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital or insidential care) 6. Badelements and none providence administration to hospital care admi	please select the appropriate such type alongoide.  Short term instruments to preserve the biodependence of people who might be of the preserve the preserve that the preserve
	rehabilitation in a bedded setting, wider short-term services supporting recovery)	2. Bed based intermediate care with makinetic for support discharge)  3. Bed based intermediate care with makinetization to support discharge)  5. Bed based intermediate care with makinetization but support discharge  5. Bed based intermediate care with makinetization buccepting step up and step down uses  6. Bed based intermediate care with makinetization buccepting step up and step down uses  7. Other  1. Read-leaved intermediate care with makinetization buccepting step up and step down uses  2. Description of the step up and step down users  2. Description of the step up and step down users  3. Read-leaved intermediate care with makinetization buccepting step up and step down users  3. Read-leaved intermediate care with makinetization buccepting step up and step down users  3. Read-leaved intermediate care with makinetization buccepting step up and step down users  3. Read-leaved intermediate care with makinetization buccepting step up and step down users  4. Read-leaved intermediate care with makinetization buccepting step up and step down users  6. Read-leaved intermediate care with makinetization buccepting step up and step down users  6. Read-leaved intermediate care with makinetization buccepting step up and step down users  6. Read-leaved intermediate care with makinetization buccepting step up and step down users  6. Read-leaved intermediate care with makinetization buccepting step up and step down users  6. Read-leaved intermediate care with makinetization buccepting step up and step down users  7. Deat-leaved intermediate care with makinetization buccepting step up and step down users  8. Read-leaved intermediate care with makinetization buccepting step up and step down users  8. Read-leaved intermediate care with makinetization buccepting step up and step down users  8. Read-leaved intermediate care with makinetization buccepting step up and step users  8. Read-leaved intermediate care with makinetization buccepting step up and step users  8. Read-leaved intermediate care with makinetization buccep	please select the appropriate sub-type a longistic.  Short term intervention to preserve the independence of people who might ordinerate flow sunscessarily prolonged hospital parky or avoidable admission to hospital residented later. The cust residented such that can be a greater centered and other definience by a combination of professional groups.  Provides support in your own home to improve your confidence and ability.
11	rehabilitation in a bedded setting, wider short-term services supporting recovery)	2. Bed based intermediate care with maleliment (to support discharge)  3. Bed based intermediate care with maleliated (to support discharge)  5. Bed based intermediate care with maleliated (to support discharge)  5. Bed based intermediate care with malelianed (to support care support discharge)  5. Bed based intermediate care with malelianed particles of the support discharge (to support discharge)  7. Other  1. Reablement at home (to support discharge)  2. Reablement at home (to support discharge)  5. Reablement at home (to prevent admission to hospital or residential care)  5. Reablement at home (to prevent admission to hospital or residential care)  5. Reablement at home (to prevent admission to hospital or residential care)  5. Reablement at home (to prevent admission to hospital or residential care)  5. Reablement at home (to prevent admission to hospital or residential care)  5. Reablement at home (to prevent admission to hospital or residential care)	please select the appropriate sub-type a longistic.  Short term intervention to preserve the independence of people who might ordinerate flow sunscessarily prolonged hospital parky or avoidable admission to hospital residented later. The cust residented such that can be a greater centered and other definience by a combination of professional groups.  Provides support in your own home to improve your confidence and ability.
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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