

## 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](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).
3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
6. Please ensure that all boxes on the checklist are green before submission.
7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

#### 4. Capacity and Demand

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

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

##### 4.2 Hospital Discharge

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

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

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

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

##### 4.3 Community

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

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

#### 5. Income

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

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

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

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

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

## 6. Expenditure

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

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

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

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

On this sheet, please enter the following information:

### 1. Scheme ID:

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

### 2. Scheme Name:

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

### 3. Brief Description of Scheme

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

### 4. Scheme Type and Sub Type:

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

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

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

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

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

### 5. Expected outputs

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

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

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

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

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

### 6. Area of Spend:

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

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

### 7. Commissioner:

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

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

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

#### 8. Provider:

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

#### 9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

#### 10. Expenditure (£)2024-25:

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

#### 11. New/Existing Scheme

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

#### 12. Percentage of overall spend.

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

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

#### 7. Metrics

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

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

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

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

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

For each metric, areas should include narratives that describe:

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

#### 1. Unplanned admissions for chronic ambulatory care sensitive conditions:

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

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

- Technical definitions for the guidance can be found here:

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

## **2. Falls**

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
  - This is a measure in the Public Health Outcome Framework.
  - This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
  - Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
  - We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: <https://future.nhs.uk/bettercareexchange/view?objectID=116035109>
- Further information about this measure and methodology used can be found here:  
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4>

## **3. Discharge to usual place of residence.**

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

## **4. Residential Admissions:**

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



Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Herefordshire, County of	
Completed by:	Marie Gallagher/Adrian Griffiths/Jon Barnes	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk; Adrian.Griffiths2@herefordshire.gov.uk	
Contact number:	01432 260435	
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:	Mon 16/09/2024	<< Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Carole	Gandy	carole.gandy@herefordshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Simon	Trickett	simon.trickett@nhs.net
	Additional ICB(s) contacts if relevant	Mr	Mark	Dutton	mark.dutton@nhs.net
	Local Authority Chief Executive	Mr	Paul	Walker	Paul.Walker@herefordshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mrs	Hilary	Hall	hilary.hall@herefordshire.gov.uk
	Better Care Fund Lead Official	Mr	Adrian	Griffiths	Adrian.Griffiths2@herefordshire.gov.uk
	LA Section 151 Officer	Mr	Andrew	Lovegrove	Andrew.Lovegrove@herefordshire.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 -->					

Yes
Yes
Yes
Yes
Yes
Yes
Yes

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](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

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

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

^^ [Link back to top](#)

## Better Care Fund 2024-25 Update Template

### 3. Summary

Selected Health and Wellbeing Board:

Herefordshire, County of

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,474,535	£2,474,535	£0
Minimum NHS Contribution	£16,893,372	£16,893,372	£0
iBCF	£6,782,841	£6,782,841	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,584,906	£1,584,906	£0
ICB Discharge Funding	£2,221,943	£2,221,943	£0
<b>Total</b>	<b>£29,957,598</b>	<b>£29,957,597</b>	<b>£1</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£4,800,617
Planned spend	£9,601,531

#### Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£7,263,293
Planned spend	£7,291,841

[Metrics >>](#)

#### Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	212.0	212.0	212.0	212.0

#### 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	1,696.0	1,696.0
	Count	592	592
	Population	51623	51623

#### Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.4%	91.4%	91.4%	91.4%

#### 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	393	520

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes





**Better Care Fund 2024-25 Update Template**

**4. Capacity & Demand**

Selected Health and Wellbeing Board:

Community		Refreshed capacity surplus:											
Capacity - Demand (positive is Surplus)		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response		0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home		0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting		0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care		0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
0	Contact Hours
36.85	Contact Hours
36.85	Contact Hours
0	Average LoS
0	Contact Hours

**Checklist**

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Capacity - Community		Please enter refreshed expected capacity:											
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
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.	17.42	17.68	16.64	14.3	17.03	16.51	18.59	19.89	17.68	18.33	18.33	20.54
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	32.16	32.64	30.72	26.4	31.44	30.48	34.32	36.72	32.64	33.84	33.84	37.92
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

- Yes
- Yes
- Yes
- Yes
- Yes

Demand - Community		Please enter refreshed expected no. of referrals:											
Service Type	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.	17.42	17.68	16.64	14.3	17.03	16.51	18.59	19.89	17.68	18.33	18.33	20.54
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	32.16	32.64	30.72	26.4	31.44	30.48	34.32	36.72	32.64	33.84	33.84	37.92
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

- Yes
- Yes
- Yes
- Yes
- Yes

**Better Care Fund 2024-25 Update Template**

**5. Income**

Selected Health and Wellbeing Board:

Herefordshire, County of

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Herefordshire, County of	£2,474,535
DFG breakdown for two-tier areas only (where applicable)	
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£2,474,535</b>

**Complete:**

Yes

Local Authority Discharge Funding	Contribution
Herefordshire, County of	£1,584,906

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Herefordshire and Worcestershire ICB	£2,221,943	£2,221,943	
<b>Total ICB Discharge Fund Contribution</b>	<b>£2,221,943</b>	<b>£2,221,943</b>	

Yes

iBCF Contribution	Contribution
Herefordshire, County of	£6,782,841
<b>Total iBCF Contribution</b>	<b>£6,782,841</b>

Yes

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

Yes

NHS Minimum Contribution	Contribution
NHS Herefordshire and Worcestershire ICB	£16,893,372
<b>Total NHS Minimum Contribution</b>	<b>£16,893,372</b>

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
<b>Total Additional NHS Contribution</b>	<b>£0</b>	<b>£0</b>	
<b>Total NHS Contribution</b>	<b>£16,893,372</b>	<b>£16,893,372</b>	

Yes

Total BCF Pooled Budget	2024-25
	<b>£29,957,598</b>

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

Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Herefordshire, County of

<< Link to summary sheet

Running Balances	2024-25		
	Income	Expenditure	Balance
DFG	£2,474,535	£2,474,535	£0
Minimum NHS Contribution	£16,893,372	£16,893,372	£0
IBCF	£6,782,841	£6,782,841	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,584,906	£1,584,906	£0
ICB Discharge Funding	£2,221,943	£2,221,943	£0
<b>Total</b>	<b>£29,957,598</b>	<b>£29,957,597</b>	<b>£1</b>

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£4,800,617	£9,601,531	£0
Adult Social Care services spend from the minimum ICB allocations	£7,263,293	£7,291,841	£0

Checklist

Column complete:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
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>> Incomplete fields on row number(s):

#NAME?

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Planned Expenditure		Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25 (£)	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
									Area of Spend	Please specify if 'Area of Spend' is 'other'											
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	Falls Prevention & Responder				Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£45,310	£45,056	25%	Yes	Agreed contract uplift
51	Community Resilience & Prevention	Community Commissioning	Prevention / Early Intervention	Other	Commissioning & contracting for community-				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£409,286	£535,207	100%	Yes	Pay award and increase in budgeted establishment
52	Support for Hospital Discharge	Integrated Discharge Lead	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	Existing	£49,220	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
52	Support for Hospital Discharge	Integrated Discharge- Home First	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		1550	1140	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,496,797	£2,321,847	82%	Yes	Agreed contract uplift
52	Support for Hospital Discharge	Integrated Discharge- Hillside ICC	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement accepting step up and step down users			117	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£394,264	£440,340	34%	Yes	Consolidation of funding from other lines and agreed contract uplift
52	Support for Hospital Discharge	Care Act Assessment Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Minimum NHS Contribution	New	£306,277	£301,226	61%	Yes	Pay award
52	Support for Hospital Discharge	Housing Hospital Discharge Team	High Impact Change Model for Managing Transfer of Care	Housing and related services					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£91,387	£0	0%	Yes	Service moved to IBCF funding
52	Support for Hospital Discharge	Brokerage	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£281,046	£277,027	100%	Yes	Pay award
52	Support for Hospital Discharge	Locality Manager- Urgent Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£90,706	£0	0%	Yes	Scheme ended
52	Support for Hospital Discharge	ART	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£370,579	£383,330	100%	Yes	Pay award
52	Support for Hospital Discharge	HLT	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£221,338	£222,379	100%	Yes	Pay award
52	Support for Hospital Discharge	Emergency Duty Social Work	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£23,774	£0	100%	Yes	Scheme transferred out of BCF funding
53	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£404,565	£403,855	93%	Yes	Pay award, change in structure and new post
54	Social Care Complex Needs	DoLs / AMHPs	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,037,337	£1,001,473	100%	Yes	Budget set to 2023/24 outturn
54	Social Care Complex Needs	Safeguarding	Care Act Implementation Related Duties	Safeguarding					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£282,427	£286,395	100%	Yes	Pay award
54	Social Care Complex Needs	Complex Needs	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£166,014	£0	0%	Yes	Scheme ended
54	Social Care Complex Needs	Transitions	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£282,264	£283,407	100%	Yes	Pay award

54	Social Care Complex Needs	Maximising Independence	Prevention / Early Intervention	Choice Policy					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£72,967	£0	0%	Yes	Scheme ended
57	Carers Support	Carers Support Contracts	Care Act Implementation Related Duties	Other	Carer support and advice				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£169,056	£225,000	100%	Yes	Scheme amalgamated
57	Carers Support	Carers Support Contracts	Care Act Implementation Related Duties	Other	Carer support and advice				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£68,679	£0	0%	Yes	Scheme amalgamated
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	Falls Prevention & Responder				Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£134,059	£133,306	75%	Yes	Agreed contract value
52	Support for Hospital Discharge	Integrated Discharge- LICU	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement accepting step up and step down users			151	Number of placements	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,053,470	£1,055,333	80%	Yes	Agreed contract uplift
52	Support for Hospital Discharge	Integrated Discharge	Residential Placements	Short-term residential/nursing care for someone likely to require a longer-term care home			0	Number of beds	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£199,526	£0	0%	Yes	Scheme ended
57	Carers Support	Acorns Children's Hospice	Carers Services	Respite services			21	21	Beneficiaries	Community Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£33,322	£32,995	5%	Yes	Agreed contract value
57	Carers Support	St Michael's Hospice Carer's Support	Carers Services	Respite services			288	288	Beneficiaries	Community Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£270,838	£268,177	13%	Yes	Agreed contract value
60	Community Health Services	General Rehab Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation accepting step up and step down users			666	0	Number of placements	Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£5,804,188	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
60	Community Health Services	Neighbourhood Teams	Community Based Schemes	Integrated neighbourhood services						Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,134,676	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
33	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants			165	174	Number of adaptations funded/people	Social Care	LA			Local Authority	DFG	Existing	£2,268,653	£2,474,535	100%	Yes	Confirmed grant allocation
151	Community Resilience & Prevention	Talk Community Grants	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£133,686	£91,686	100%	Yes	Scheme aligned to council budget
151	Community Resilience & Prevention	Talk Community Management	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£232,452	£248,674	100%	Yes	Pay award
151	Community Resilience & Prevention	Talk Community Brokers	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£159,178	£142,699	100%	Yes	Pay award + planned saving
151	Community Resilience & Prevention	Talk Community Development	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£411,452	£330,234	100%	Yes	Pay award + change in structure + planned saving
151	Community Resilience & Prevention	Talk Community Directory	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£109,280	£142,656	100%	Yes	Increase in contract value for website
151	Community Resilience & Prevention	Talk Community Service Director	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£125,501	£130,350	100%	Yes	Pay award
151	Community Resilience & Prevention	Customer Services	Community Based Schemes	Integrated neighbourhood services						Social Care	LA			Local Authority	iBCF	Existing	£603,781	£0	0%	Yes	Scheme transferred out of BCF funding
151	Community Resilience & Prevention	Care Navigator Frequent Fallers	Prevention / Early Intervention	Other	Falls Prevention & Responder					Social Care	LA			Local Authority	iBCF	Existing	£44,000		100%	No	
151	Community Resilience & Prevention	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy						Social Care	LA			Local Authority	iBCF	Existing	£207,950		100%	No	
152	Support for Hospital Discharge	Trusted Assessors	High Impact Change Model for Managing Transfer of Care	Trusted Assessment						Social Care	LA			Local Authority	iBCF	Existing	£79,866	£85,457	100%	Yes	Contract uplift
152	Support for Hospital Discharge	Additional Costs of D2A beds (Ledbury ICU)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement accepting step up and step down users			38	Number of placements	Social Care		LA			Local Authority	iBCF	Existing	£252,344	£265,484	20%	Yes	Agreed contract uplift
152	Support for Hospital Discharge	Integrated Discharge- Hillside ICC	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement accepting step up and step down users			0	Number of placements	Social Care		LA			Local Authority	iBCF	Existing	£70,289	£0	0%	Yes	Consolidation of funding into other lines
154	Social Care Services	Locality Social Work Teams	Integrated Care Planning and Navigation	Care navigation and planning						Social Care	LA			Local Authority	iBCF	Existing	£3,729,686	£4,003,096	100%	Yes	Pay award + structure change + planned saving
154	Social Care Services	Social Care Business Delivery & Practice Improvements	Enablers for Integration	Workforce development						Social Care	LA			Local Authority	iBCF	Existing	£341,824	£255,122	100%	Yes	Pay award + structure change + planned saving
154	Social Care Services	Shared Lives	Residential Placements	Other	Shared Lives	57	57	Number of beds	Social Care		LA			Local Authority	iBCF	Existing	£163,728	£252,827	100%	Yes	Pay award + structure change
156	Care Market Development	Care Home Practitioners	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes						Social Care	LA			Local Authority	iBCF	Existing	£92,824	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
156	Care Market Development	Minor Investments Fund	Prevention / Early Intervention	Other	Miscellaneous small grants and payments to aid					Social Care	LA			Local Authority	iBCF	Existing	£15,000	£0	100%	Yes	Scheme ended
156	Care Market Development	Herefordshire Cares Website	Enablers for Integration	Other	Employment Services					Social Care	LA			Local Authority	iBCF	Existing	£10,000	£0	100%	Yes	Scheme ended
401	Support for Hospital Discharge	Integrated Discharge beds @ Hillside Intermediate Care Centre	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement accepting step up and step down users			228	Number of placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£375,464	£870,977	66%	Yes	Consolidation of funding from other lines and agreed contract uplift
401	Support for Hospital Discharge	Integrated Community Discharge	Community Based Schemes	Other	Integrated Community Discharge					Community Health	NHS			Private Sector	ICB Discharge Funding	New	£2,221,943	£0	0%	Yes	Funding consolidated in other lines

401	Support for Hospital Discharge	Bridging Service	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		120	248	Packages	Community Health		LA			NHS Community Provider	Local Authority Discharge Funding	New	£361,224	£0	0%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
401	Support for Hospital Discharge	VSO Discharge Support	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)					Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge Funding	New	£76,360	£0	0%	Yes	Scheme ended
401	Support for Hospital Discharge	WVT Integrated Discharge Staffing	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		LA			NHS Community Provider	Local Authority Discharge Funding	New	£412,778	£0	100%	Yes	Scheme amalgamated in new scheme- WVT Integrated Care services
401	Support for Hospital Discharge	Medical Cover for D2A Care Home Beds	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£79,680	£0	0%	Yes	Scheme move to ICB discharge funding
401	Support for Hospital Discharge	Social Care Staffing	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Local Authority Discharge Funding	New	£279,401	£0	0%	Yes	Scheme ended

## Adding New Schemes:

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme	Expenditure for 2024-25 (£)	% of Overall Spend
28	Support for Hospital Discharge	Care Act Assessment Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment				Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£193,620	39%
35	Support for Hospital Discharge	Housing Hospital Discharge Team	High Impact Change Model for Managing Transfer of Care	Housing and related services				Social Care		LA			Local Authority	iBCF	Existing	£98,173	100%
43	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management				Social Care		LA			Local Authority	Minimum NHS Contribution	New	£28,546	7%
56	Support for Hospital Discharge	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Social Care		LA			NHS Community Provider	Minimum NHS Contribution	New	£252,388	3%
56	Care Market Development	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Community Health		LA			NHS Community Provider	iBCF	Existing	£128,681	1%
56	Support for Hospital Discharge	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New	£8,111,719	91%
56	Support for Hospital Discharge	WVT Integrated Care Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing	£415,926	5%
43	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management				Community Health		LA			NHS	ICB Discharge Funding	New	£56,000	100%
33	Support for Hospital Discharge	Integrated Discharge- Home First	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		250	Packages	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£520,309	18%
34	Support for Hospital Discharge	Hospital Discharge Transport	High Impact Change Model for Managing Transfer of Care	Other	Increase in hospital discharge			Acute		NHS			Private Sector	ICB Discharge Funding	New	£235,374	100%
38	Support for Hospital Discharge	Short-term care home beds	Residential Placements	Short term residential care (without rehabilitation or reablement input)		292	Number of beds	Social Care		LA			Private Sector	ICB Discharge Funding	New	£923,931	100%
39	Support for Hospital Discharge	Short-term home care placements	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		23874	Hours of care (Unless short-term in which)	Social Care		LA			Private Sector	ICB Discharge Funding	New	£542,712	100%
52	Social Care Services	Social Care Operations Management	Integrated Care Planning and Navigation	Care navigation and planning				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£284,366	100%
52	Social Care Services	Social Care Operations Management	Integrated Care Planning and Navigation	Care navigation and planning				Social Care		LA			Local Authority	iBCF	Existing	£92,028	100%
55	Residential Placements	Short-term respite care	Residential Placements	Short term residential care (without rehabilitation or reablement input)		84	Number of beds	Social Care		LA			Local Authority	iBCF	Existing	£263,724	100%
401	Support for Hospital Discharge	Medical Cover for D2A Care Home Beds	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes				Primary Care		NHS			Private Sector	ICB Discharge Funding	Existing	£48,000	100%

## Further guidance for completing Expenditure sheet

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

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

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

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

### 2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis.  This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)  Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.  The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.  Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.  Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.  Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	<ol style="list-style-type: none"> <li>1. Reablement at home (to support discharge)</li> <li>2. Reablement at home (to prevent admission to hospital or residential care)</li> <li>3. Reablement at home (accepting step up and step down users)</li> <li>4. Rehabilitation at home (to support discharge)</li> <li>5. Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>6. Rehabilitation at home (accepting step up and step down users)</li> <li>7. Joint reablement and rehabilitation service (to support discharge)</li> <li>8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)</li> <li>9. Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>10. Other</li> </ol>	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	<ol style="list-style-type: none"> <li>1. Mental health /wellbeing</li> <li>2. Physical health/wellbeing</li> <li>3. Other</li> </ol>	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> <li>1. Social Prescribing</li> <li>2. Risk Stratification</li> <li>3. Choice Policy</li> <li>4. Other</li> </ol>	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> <li>1. Supported housing</li> <li>2. Learning disability</li> <li>3. Extra care</li> <li>4. Care home</li> <li>5. Nursing home</li> <li>6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement</li> <li>7. Short term residential care (without rehabilitation or reablement input)</li> <li>8. Other</li> </ol>	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> <li>1. Improve retention of existing workforce</li> <li>2. Local recruitment initiatives</li> <li>3. Increase hours worked by existing workforce</li> <li>4. Additional or redeployed capacity from current care workers</li> <li>5. Other</li> </ol>	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board:

Herefordshire, County of

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

Herefordshire's BCF Capacity plan for 2024/25 is built on an assessment of demand profiles across 2023/24 and adjustments made for growth where appropriate. Activity profiles have also been built on an assessment of activity delivery in 2024/24 and credible adjustments made for improvement in efficiency i.e. Reduced average length of stay, timeliness of access and improved occupancy levels.

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

There have been significant improvements within the domiciliary care market over the last 12 months and the numbers of people waiting for domiciliary care at home, in Pathway 1 or 2 facilities or within hospital have reduced significantly. This has allowed the plan to assume that commissioned and preferred providers of Discharge to Assess services can take a greater proportion of the total demand. A flexible Pathway 1 solution has also been commissioned to provide additional capacity at times of peak activity.

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

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

The 'health' of the Private domiciliary care market within Herefordshire now meets the needs of those having an assessed need for support in their own homes and preventing an avoidable admission to long term residential care or unplanned admission to a Hospital bed.

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

A Discharge to Assess Board has been established with shared leadership from Herefordshire Council and Wye Valley NHS Trust. The D2A Board has developed an improvement plan which has a clear set of deliverables for all providers concerned. These plans have been used to inform the planning of 2024/25 BCF plan and will be used, alongside the D2A dashboard, to monitor progress against the stated efficiency improvements and outcomes for those accessing care, including the responsiveness and timeliness of that care.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

The planning work for 2024/25 has been a collaborative piece of work with shared ownership from local authority, NHS Trust and ICB. The work has used existing data, adjusted for already achieved improvements and credible improvements to be delivered 'in year' to construct an ambitious and responsive plan for 2024/25. Assumptions around improvements have informed the broader UEC planning cycle (bed occupancy, length of stay etc)

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in your BCF plan?

Yes

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

Data from commissioned providers, adult social care and acute and community providers has been used to inform demand and capacity for all different types of intermediate care. This data sharing is being extended to form a D2A dashboard that will provide demand, capacity, activity and outcome data.

Linked KLOEs (For information)

Checklist

Complete:

Yes

Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?

Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?

Yes

Yes

Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?

Yes



**Approach to using Additional Discharge Funding to improve**

**Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.**

Additional Discharge funding has been used to match planned capacity to predicted demand and to develop a more responsive service to prevent both avoidable hospital admissions and facilitate timely discharge from hospital.

**Please describe any changes to your Additional discharge fund plans, as a result from**

- o Local learning from 23-24
- o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK ([www.gov.uk](http://www.gov.uk)))

Learning from the impact of previous years additional discharge funding has been taken in to account in the development of this years plan, for instance more effective (in terms of timeliness of access and value for money) use of 'block' purchased additional capacity and the development of 'trusted' relationships with providers through 2023/24 has very much informed the planning for 2024/25

**Ensuring that BCF funding achieves impact**

**What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?**

The development of the BCF plan for 2024/5 has been collaborative and overseen by the One Herefordshire's Partnership which has delegated responsibility from the ICB to design, deliver and monitor the BCF plans (with formal accountability remaining with the ICB) This approach has seen an increased local scrutiny during the design phase and will see a monthly monitoring programme looking at performance, outcomes and value for money.

Yes

Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?

Is the plan for spending the additional discharge grant in line with grant conditions?

Yes

Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"

Yes

Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?



#REF!

**Better Care Fund 2024-25 Update Template**

**7. Metrics for 2024-25**

Selected Health and Wellbeing Board:

Herefordshire, County of

**8.1 Avoidable admissions**

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population  (See Guidance)	Indicator value	183.7	178.3	154.0	151.0	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire), recent growth in emergency overnight admissions.	The development of virtual wards with dedicated service for acute medicine, frailty medicine and inpatient medical and surgical specialities will continue to prevent avoidable inpatient admissions. In addition more rapid response services to support admission avoidance. Many of these services will form part of a single point of access or Integrated care hub to improve access for referring professionals. Many of these services are funded by the BCF
	Number of Admissions	470	456	-	-		
	Population	187,557	187,557	-	-		
	2024-25 Q1 Plan		2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	212	212	212	212		

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

**Complete:**

Yes

Yes

**8.2 Falls**

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,372.0	1,696.0	1,696.0	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire).	The plan is to continue to build on reasonably strong performance and futher integrate all elements of the service in to the wider integrated care hub provision.
	Count	708	592	592		
	Population	51,623	51,623	51,623		

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Yes

Yes

Yes

### 8.3 Discharge to usual place of residence

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	Quarter (%)	91.0%	91.3%	91.7%	91.4%	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire).	Plans include a rapid response service to facilitate supported Pathway 1 discharges on the same day of referral in order to prevent functional decline for patients experiencing avoidable admissions, improving the referral process to reduce delays to discharge wherever possible. Many of the services responsible for these services are funded by the BCF	Yes
	Numerator	3,528	3,672	3,606	3,422			
	Denominator	3,876	4,020	3,934	3,745			
	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan				
	Quarter (%)	91.4%	91.4%	91.4%	91.4%			
	Numerator	3,422	3,422	3,422	3,422			
Denominator	3,745	3,745	3,745	3,745		Yes		

### 8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	392.8	484.3	521.1	520.3	The ambition for 24/25 has been set taking in to account previous performance, known demographic changes (above England average older population and population growth with higher than average numbers of retirees moving to Herefordshire).	Increased capacity in the home care market has resulted in reduced waiting times for care at home. This will prevent needs escalating with the potential to require care in a care home setting. In addition improvements in D2A pathways and services will ensure that people are appropriately supported on discharge, that delayed discharges are minimised, and that reablement goals are achieved, resulting in fewer	Yes
	Numerator	192	250	269	274			
	Denominator	48,880	51,624	51,624	52,663			

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

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

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

**Better Care Fund 2024-25 Update Template**  
**8. Confirmation of Planning Requirements**

Selected Health and Wellbeing Board:

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan, jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? <i>*Paragraph 11 as stated in BCF Planning Requirements 2023-25</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Have all elements of the Planning template been completed? <i>Paragraph 11</i></p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p>	Yes			
		Not covered in plan update - please do not use	A clear narrative for the integration of health, social care and housing	Not covered in plan update				
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>In two tier areas, has:                      - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or                      - The funding been passed in its entirety to district councils?</p>	<p>Cover sheet</p> <p>Planning Requirements</p>	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	A demonstration of how the services the area commissions will support the BCF policy objectives to: - Support people to remain independent for longer, and where possible support them to remain in their own home - Deliver the right care in the right place at the right time?	<p>Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?</p> <p>Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?</p> <p>Have gaps and issues in current provision been identified?</p> <p>Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?</p> <p>Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?</p> <p>Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?</p>		Yes			
Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?</p> <p>Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?</p> <p>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?</p>		Yes			

Complete:

Yes
Yes
Yes
Yes

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	PR 4 and PR6 are dealt with together (see above)						
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NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?</p> <p>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?</p>		Yes			
Agreed expenditure plan for all elements of the BCF	PR8	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Do expenditure plans for each element of the BCF pool match the funding inputs?</p> <p>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?</p> <p>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)</p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?</p> <p>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?</p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> <li>- Implementation of Care Act duties?</li> <li>- Funding dedicated to carer-specific support?</li> <li>- Reablement? Paragraph 12</li> </ul>		Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> <li>- supporting rationales that describes how these ambitions are stretching in the context of current performance?</li> <li>- plans for achieving these ambitions, and</li> <li>- how BCF funded services will support this?</li> </ul>		Yes			

Yes

Yes

Yes