Appendix 4

Better Care Fund 2024-25 EOY Reporting Template

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1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE). Please also refer to the Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements which was published in April 2024. Links to all policy and planning documents can be found on the bottom of this guidance page.

As outlined within the BCF Addendum, quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans. This will include the collection of spend and activity data, including for the Discharge Fund, which will be reviewed alongside other local performance data.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off by HWBs, or through a formal delegation to officials, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the 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

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, 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'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2024-25 will pre-populate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. 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 are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Emergency hospital admissions for people over 65 following a fall

Plans for these metrics were agreed as part of the BCF planning process outlined within 24/25 planning submissions.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the second quarter of 2024-25 has been pre-populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- Target met
- Target not met
- Data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements. Please note columns L and M only apply where 'not on track' is selected.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.

Activity
For reporting across 24/25 we are asking HWBs to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered.
For hospital discharge and community, this is found on sheet "5.2 C&D Actual Activity".

5.1 C&D Guidance & Assumptions
Contains guidance notes as well as 4 questions seeking to address the assumptions used in the calculations, changes in the quarter, and any support needs particularly for managing winter demand and ongoing data issues.
5.2 C&D Actual Activity
Please provide actual activity figures for this quarter, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.
Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

6. Income

This section require confirmation of actual income received in 2024-25 across each fund.

- Please confirm the total HWB level actual BCF pooled income for 2024-25 by reporting any changes to the planned additional contributions by LAs and NHS as reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre-populate the planned income in 2024-25 from BCF plans, including additional contributions.

7. Expenditure

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan.

The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure to date alongside percentage spend of total allocation.
Overspend - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation. Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation. This shouldn't include spend which has already been allocated in-year and should be the net position.

Underspend - Where there is an underspend please provide details as to the reasons for the underspend.
Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

For guidance on completing the expenditure section on 23-25 revised scheme type please refer to the expenditure guidance on 7a.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2024-25 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of yes/no responses:

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2024-25
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

https://www.scie.org.uk/integrated-care/logic-model-for-integrated-care/#enablers

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2024-25.

5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2024-25.

Please provide narrative for the above 2 questions.

Useful Links and Resources

Planning requirements
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

Policy Framework
https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework

Addendum
https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements

Better Care Exchange
https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fbettercareexchange%2FgroupHome

Data pack
https://future.nhs.uk/bettercareexchange/view?objectId=116035109

Metrics dashboard
https://future.nhs.uk/bettercareexchange/view?objectId=51608880

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2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. 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 and Adrian Griffiths	
E-mail:	Marie.Gallagher1@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 report is expected to be signed off:	Mon 09/06/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	Yes	
5.1 C&D Guidance & Assumptions	Yes	
5.2 C&D Actual Activity	Yes	
6. Income actual	Yes	
7b. Expenditure	Yes	Expenditure Underspent or Overspent
8. Year End Feedback	Yes	

<< Link to the Guidance sheet

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		Yes

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

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4. Metrics

Selected Health and Wellbeing Board: Herefordshire, County of

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning Q1	Q2	Q3	Q4	For information - actual performance for Q3 (For Q4 data,please refer to data pack on BCX)	Assessment of whether ambitions have been met	Challenges and any Support Needs *Please: - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans* ***- ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan***	Achievements - including where BCF funding is supporting improvements. *Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics*	Variance from plan *Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan*	Mitigation for recovery *Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan*	Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	212.0	212.0	212.0	212.0	93.1	Target met	The teams continue to work together to achieve the target utilising appropriate functions to deliver. Specific focus on care home unplanned admissions has commenced this year and will continue through 25/26 Recruitment continues to be a challenge particularly around the bridging team utilised to support admission avoidance.	(136) A significant improvement has been the FSDEC Bridging team function- providing a same day response to those patients seen in FSDEC and able to return home. Thus avoiding admission to an acute bed- community support is then planned to enable the person to remain at home. The Community Referral Hub continues to work in an integrtaed way across the system to support the opportunities for Admission Avoidance- record numbers of referrals and a significant increase in referrals from West Midlands Ambulance Service.	N/A	N/A	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.4%	91.4%	91.4%	91.4%	92.03%	Target met	Increasing occupancy in D2A bed provision has been challenging- although improvements continue in our Pathway 2 beds, commissioned by Local Authority ICB commissioned D2A beds are currently being reveiwed by commissioning team to improve occupancy levels Therapy capacity has a direct impact on this target- business case in development to close the assessed gap in resource	(91%) Discharge bridging team continue to provide an efficient function with high levels of activity and working seamlessly with reablemen provider Reablement service improvements are having a positive impact on hospital delays for Pathway 1	N/A	N/A	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,696.0	178.4	Target met	No challenges	(336) Falls response service continues to deliver both a timely response and a navigation element to ensure frequEnt fallers receive appropriate support	N/A	N/A	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				520	not applicable	Target met	Growth in acquity of needs of individuals requiring admissions to care and costs for residential and nursing provision continue to increase and rise. Within Herefordshire, there continues to be significant proportion of the market that is purchased by self-funders, which has a localised impact on number of providers who actively work with the Council.	469.4 - level of admissions below target and we continue to be able to ensure timely access to residential care to meet eligible care and support needs.	N/A	N/A	Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board: Herefordshire, County of

5.1 Assumptions

	Checklist
1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.	
We have made some progress through 2024-2025 on the productivity of our main D2A providers and have planned for further productivity improvements in 2025/26. Whist these improvements will reduce our need to 'spot-purchase' care provision it will not remove this need entirely. We will review our commisioning approach for this winter and look to 'block purchase' P2 capacity. We have improved our data collection and understand our position better than we did 12 months ago and this learning has allowed us to develop a credible plan and will allow us to mitigate any variation in demand.	Yes
2. Do you have any capacity concerns for 25-26? Please consider both your community capacity and hospital discharge capacity.	
Overall capacity remains relativey stable and is not a major concern.	Yes
3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.	
On the whole demand does not exceed capacity but our continued relaince on 'spot-purchase' is an ongoing concern. As a system we are working with our main providers to improve productivity (improved length of stay and occupancy). Achieving the desired improvement will materially reduce the need to spot purchase - which potentailly will be further reduced by the use of effective 'block-purchasing'	Yes
4. Do you have any specific support needs to raise? Please consider any priorities for planning readiness for 25/26.	
We do not gave any specific support needs at this time.	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- Modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)

- Short term domiciliary care (pathway 1)

- Reablement & Rehabilitation in a bedded setting (pathway 2)

- Other short term bedded care (pathway 2)

- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Complete:

Better Care Fund 2024-25 EOY Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Herefordshire, County of

Actual activity - Hospital Discharge

Service Area	Metric	Prepopulated demand from 2024-25 plan Jan-25	Feb-25	Mar-25	Actual activity (not including spot purchased capacity) Jan-25	Feb-25	Mar-25	Actual activity through only spot purchasing (doesn't apply to time to service) Jan-25	Feb-25	Mar-25	Checklist Complete:
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	89	89	100	50	31	26	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	1.71	1.71	1.71	4.49	3.52	3.96				Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	50	35	32	0	0	0	37	31	23	Yes
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1.71	1.71	1.71	3.97	5.13	6.57				Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	45	40	41	16	16	17	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2.31	2.31	2.31	5.07	6.06	8.35				Yes
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	9	23	17	0	0	0	0	0	0	Yes
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	4.79	4.79	4.79	0	0	0				Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	17	8	13	0	0	0	24	9	21	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	5.01	5.01	5.01	0	0	0				Yes

Actual activity - Community

Service Area	Metric	Prepopulated demand from 2024-25 plan Jan-25	Feb-25	Mar-25	Actual activity: Jan-25	Feb-25	Mar-25	Checklist Complete:
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly activity. Number of new clients.	18.33	18.33	20.54	0	0	0	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	33.84	33.84	37.92	11	10	7	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	1	0	1	Yes
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	4	9	15	Yes

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6. Income actual

Selected Health and Wellbeing Board: Herefordshire, County of

	2024-25				
Source of Funding	Planned Income	Actual income	Carried from previous year (23-24)	Actual total income (Column D + E)	**Checklist** Complete:
DFG	£2,474,535	£2,474,535	£0	£2,474,535	Yes
Minimum NHS Contribution	£16,893,372	£16,893,372		£16,893,372	Yes
iBCF	£6,782,841	£6,782,841		£6,782,841	Yes
Additional LA Contribution	£0	£0		£0	Yes
Additional NHS Contribution	£0	£0		£0	Yes
Local Authority Discharge Funding	£1,584,906	£1,584,906		£1,584,906	Yes
ICB Discharge Funding	£2,221,943	£2,221,943		£2,221,943	Yes
Total	**£29,957,597**			**£29,957,597**	

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 ten 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	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/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	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
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

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2024-25 EOY Reporting Template

7b. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: Herefordshire, County of

	2024-25					
Running Balances	Income	Expenditure to date	Percentage spent	Balance		**If underspent, please provide reasons**
DFG	£2,474,535	£2,397,167	96.87%	£77,368	Underspent!	Adaptations approved but not started at end of year
Minimum NHS Contribution	£16,893,372	£16,957,766	100.38%	-£64,394	Overspent!	
iBCF	£6,782,841	£6,042,249	89.08%	£740,592	Underspent!	Staffing restructure and vacancies
Additional LA Contribution	£0	£0		£0		
Additional NHS Contribution	£0	£0		£0		
Local Authority Discharge Funding	£1,584,906	£1,695,862	107.00%	-£110,956	Overspent!	
ICB Discharge Funding	£2,221,943	£2,836,446	127.66%	-£614,503	Overspent!	
Total	**£29,957,597**	**£29,929,490**	**99.91%**	**£28,107**	Underspent!	Net impact of overspends and underspends above

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	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£4,800,617	£9,629,144	£0
Adult Social Care services spend from the minimum ICB allocations	£7,263,293	£7,328,622	£0

Checklist Column complete: Yes Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Planned Outputs for 2024-25**	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Actual Spend (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	Falls Prevention & Responder	0	0		Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 45,056	£44,952		
51	Community Resilience & Prevention	Community Commissioning	Prevention / Early Intervention	Other	Commissioning & contracting for community-	0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 535,207	£460,458		
52	Support for Hospital Discharge	Integrated Discharge- Home First	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		1140	497	Packages	Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 2,321,847	£2,088,560		
52	Support for Hospital Discharge	Integrated Discharge- Hillside ICC	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		117	52	Number of placements	Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 440,340	£518,530		
52	Support for Hospital Discharge	Care Act Assessment Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 301,226	£314,569		
52	Support for Hospital Discharge	Brokerage	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 277,027	£309,960		
52	Support for Hospital Discharge	ART	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 383,330	£260,937		
52	Support for Hospital Discharge	HLT	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 222,379	£249,744		
53	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 403,855	£361,495		
54	Social Care Complex Needs	DoLs / AMHPs	Care Act Implementation Related Duties	Independent Mental Health Advocacy		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 1,001,473	£1,221,481		
54	Social Care Complex Needs	Safeguarding	Care Act Implementation Related Duties	Safeguarding		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 286,395	£284,999		
54	Social Care Complex Needs	Transitions	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 283,407	£289,848		
57	Carers Support	Carers Support Contracts	Care Act Implementation Related Duties	Other	Carer support and advice	0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 225,000	£225,000		
51	Community Resilience & Prevention	Falls First Response	Prevention / Early Intervention	Other	Falls Prevention & Responder	0	0		Community Health	0	NHS			Private Sector	Minimum NHS Contribution	£ 133,306	£132,999		

52	Support for Hospital Discharge	Integrated Discharge- LICU	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		151	68	Number of placements	Community Health	0	NHS			Private Sector	Minimum NHS Contribution	£ 1,055,333	£1,083,255		
57	Carers Support	Acorns Children's Hospice	Carers Services	Respite services		21	21	Beneficiaries	Community Health	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 32,995	£32,995		
57	Carers Support	St Michael's Hospice Carer's Support	Carers Services	Respite services		288	288	Beneficiaries	Community Health	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 268,177	£268,177		
33	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		174	174	Number of adaptations funded/people supported	Social Care	0	LA			Local Authority	DFG	£ 2,474,535	£2,397,167		
151	Community Resilience & Prevention	Talk Community Grants	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care	0	LA			Local Authority	iBCF	£ 91,686	£99,404		
151	Community Resilience & Prevention	Talk Community Management	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care	0	LA			Local Authority	iBCF	£ 248,674	£80,828		
151	Community Resilience & Prevention	Talk Community Brokers	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care	0	LA			Local Authority	iBCF	£ 142,699	£120,893		
151	Community Resilience & Prevention	Talk Community Development	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care	0	LA			Local Authority	iBCF	£ 330,234	£373,458		
151	Community Resilience & Prevention	Talk Community Directory	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care	0	LA			Local Authority	iBCF	£ 142,656	£55,432		
151	Community Resilience & Prevention	Talk Community Service Director	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care	0	LA			Local Authority	iBCF	£ 130,350	£164,067		
151	Community Resilience & Prevention	Care Navigator Frequent Fallers	Prevention / Early Intervention	Other	Falls Prevention & Responder		0		Social Care	0	LA			Local Authority	iBCF	£ 44,000	£58,667		
151	Community Resilience & Prevention	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy			0		Social Care	0	LA			Local Authority	iBCF	£ 207,950	£155,960		
152	Support for Hospital Discharge	Trusted Assessors	High Impact Change Model for Managing Transfer of Care	Trusted Assessment		0	0		Social Care	0	LA			Local Authority	iBCF	£ 85,457	£85,457		
152	Support for Hospital Discharge	Additional Costs of D2A beds (Ledbury ICU)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		38	17	Number of placements	Social Care	0	LA			Local Authority	iBCF	£ 265,484	£272,508		
154	Social Care Services	Locality Social Work Teams	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Social Care	0	LA			Local Authority	iBCF	£ 4,003,096	£3,338,066		
154	Social Care Services	Social Care Business Delivery & Practice Improvements	Enablers for Integration	Workforce development		0	0		Social Care	0	LA			Local Authority	iBCF	£ 255,122	£334,361		
154	Social Care Services	Shared Lives	Residential Placements	Other	Shared Lives	57	57	Number of beds	Social Care	0	LA			Local Authority	iBCF	£ 252,827	£272,447		
401	Support for Hospital Discharge	Integrated Discharge beds @ Hillside Intermediate Care Centre	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step down users		228	101	Number of placements	Social Care	0	LA			Private Sector	Local Authority Discharge	£ 870,977	£1,025,634		
28	Support for Hospital Discharge	Care Act Assessment Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment	0	0	0		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 193,620	£202,197		
35	Support for Hospital Discharge	Housing Hospital Discharge Team	High Impact Change Model for Managing Transfer of Care	Housing and related services	0	0	0		Social Care	0	LA	0		Local Authority	iBCF	£ 98,173	£102,326		
43	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management	0	0	0		Social Care	0	LA	0		Local Authority	Minimum NHS Contribution	£ 28,546	£25,552		
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	0	0	0		Social Care	0	LA	0		NHS Community Provider	Minimum NHS Contribution	£ 252,388	£252,388		
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	0	0	0		Community Health	0	LA	0		NHS Community Provider	iBCF	£ 128,681	£128,681		
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	0	0	0		Community Health	0	NHS	0		NHS Community Provider	Minimum NHS Contribution	£ 8,111,719	£8,111,718		
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	0	0	0		Community Health	0	NHS	0		NHS Community Provider	ICB Discharge Funding	£ 415,926	£415,926		
43	Partnerships & Integration Support	Partnerships & Integration Staffing	Enablers for Integration	Programme management	0	0	0		Community Health	0	LA	0		NHS	ICB Discharge Funding	£ 56,000	£56,962		
33	Support for Hospital Discharge	Integrated Discharge- Home First	Home-based intermediate care services	Reablement at home (accepting step up and step down users)	0	250	109	Packages	Social Care	0	LA	0		Private Sector	Local Authority Discharge	£ 520,309	£468,031		
34	Support for Hospital Discharge	Hospital Discharge Transport	High Impact Change Model for Managing Transfer of Care	Other	Increase in hospital discharge	0	0		Acute	0	NHS	0		Private Sector	ICB Discharge Funding	£ 235,374	£235,374		
38	Support for Hospital Discharge	Short-term care home beds	Residential Placements	Short term residential care (without rehabilitation or reablement input)	0	292	267	Number of beds	Social Care	0	LA	0		Private Sector	ICB Discharge Funding	£ 923,931	£1,392,168		

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)	0	23874	32842	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA	0		Private Sector	ICB Discharge Funding	£ 542,712	£688,016		
52	Social Care Services	Social Care Operations Management	Integrated Care Planning and Navigation	Care navigation and planning	0	0	0		Social Care	0	LA	0		Local Authority	Minimum NHS Contribution	£ 284,366	£420,149		
52	Social Care Services	Social Care Operations Management	Integrated Care Planning and Navigation	Care navigation and planning	0	0	0		Social Care	0	LA	0		Local Authority	iBCF	£ 92,028	£135,971		
55	Residential Placements	Short-term respite care	Residential Placements	Short term residential care (without rehabilitation or reablement input)	0	84	84	Number of beds	Social Care	0	LA	0		Local Authority	iBCF	£ 263,724	£263,724		
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	0	0	0		Primary Care	0	NHS	0		Private Sector	ICB Discharge Funding	£ 48,000	£48,000		

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8. Year End Impact Summary

Selected Health and Wellbeing Board: Herefordshire, County of

Confirmation of Statements			Checklist Complete:
Question statements	**Confirmation**	**If the answer is "No" please provide an explanation:**	
Overall delivery of BCF has improved joint working between health and social care	Yes		Yes
Our BCF schemes were implemented as planned in 2024-25	Yes		Yes
The delivery of our BCF plan 2024-25 has had a positive impact on the integration of health and social care in our locality.	Yes		Yes

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:		
Logic model for integrated care - SCIE		
Success and Challenges	**Narrative**	
2 key successes observed towards driving the enablers for integration	Discharge to Assess Board has provided a much needed opportunity for the system to join together to achieve. This allows the various organisations to plan, deliver and understand financial implications for decisions made related to the services within the BCF. Commitment from all Partners to review and co-produce our specifications for delivery of our commissioned Enablement services has ensured a high quality specification with mutual understanding across all Partners of service delivery and has enhanced opportunities for integration and further development of the existing model.	Yes
2 key challenges observed towards driving the enablers for integration	Increased demand for discharge to assess services has created capacity issues across our teams- however the system has been able to work through demand and capacity planning to ascertain where resource is required to support our residents. Increased demand across services associated with discharge to assess will also result in increases in cost and expenditure that have been unforseen, we have ensured people are discharged timely through demand and capacity planning however we have seen an increase in costs associated with spot purchasing.	Yes