

Better Care Fund (BCF) – Call Off Partnership Agreement / Work Order

1. OBJECTIVES OF THE SCHEME

The Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC) and NHS England have specifically requested in the BCF Planning Requirements (2022-23) that all funding is transferred into one or more pooled funds, established under Section 75 of the NHS Act (2006) and agreed through the Health and Wellbeing Board.

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the Planning Requirements and Local Objectives. It is a requirement of the Better Care Fund that the South Yorkshire Integrated Care Board (Rotherham Place) and the Council establish a pooled fund for this purpose. Partners may wish to extend the use of pooled funds to include funding streams from outside of the Better Care Fund.

2. AIMS AND OUTCOMES

The aims and benefits of the Partners in entering into this agreement are to:

- Improve the quality and efficiency of the services;
- Meet the Planning Requirements and Local Objectives;
- Drive integration between the Health and Social Care Economy;
- Make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the services.

3. THE ARRANGEMENTS

In meeting its duties and responsibilities to develop a pooled arrangement to support the BCF Plan, the Partners and Rotherham Health and Wellbeing Board have agreed the establishment of the following pooled arrangements:

Pool 1; Hosted by RMBC; Value of **£34.983m** for Theme 2 Rehabilitation, Reablement and to include the Improved Better Care Fund (iBCF).

Pool 2; Hosted by the SYICB (Rotherham Place); Value of **£11.500m** for all Themes excluding Theme 2 Rehabilitation, Reablement and Intermediate Care and to include a Risk Pool.

4. FUNCTIONS

The SYICB (Rotherham Place) and the Council shall utilise funds to deliver against agreed objectives set out within the BCF Plan.

5. SERVICES WITHIN THE SCHEME

5.1 Persons Eligible to Benefit

5.1.1 Services commissioned by the SYICB (Rotherham Place) shall be commissioned for the benefit of individuals for whom in relation to that service the SYICB (Rotherham Place) is the responsible commissioner; for services commissioned by the Council, the services shall be commissioned for the benefit of individuals who are ordinarily resident in the Borough of Rotherham.

5.1.2 The SYICB (Rotherham Place) and the Council shall each liaise with any relevant neighbouring authority or SYICB (Rotherham Place) in respect of individuals who are the responsibility of either the SYICB (Rotherham Place) or the Council but not both.

5.2 Commissioning Arrangements

Each partner organisation will manage the commissioning of specific services for which it is identified as the responsible organisation, in line with its own internal processes.

5.3 Contracting Arrangements:

Each partner organisation will manage the contracting of specific services for which it is identified as the responsible organisation, in line with its own internal processes.

6. FINANCIAL CONTRIBUTIONS

6.1 The SYICB (Rotherham Place)'s base contribution for 2022/23 will be **£23.302m** and the Council's base contribution, including the Improved Better Care Fund (iBCF), will be **£23.181m** as per the table below:

Better Care Fund 2022/23 Budget	2022/23 INVESTMENT			2022/23 SPLIT BY POOL	
	SYICB SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 SYICB Hosted
	£000	£000	£000	£000	£000
THEME 1 - Mental Health Services	1,367		1,367		1,367
THEME 2 - Rehabilitation & Reablement	11,802	7,660	19,462	19,462	
THEME 3 - Supporting Social Care	3,624		3,624		3,624
THEME 4 - Care Mgt & Integrated Care Planning	5,207		5,207		5,207
THEME 5 - Supporting Carers	561		561		561
THEME 6 - Infrastructure	241		241		241
Risk Pool	500		500		500
Improved Better Care Fund		15,521	15,521	15,521	
TOTAL BUDGET	23,302	23,181	46,483	34,983	11,500

Appendix 2A provides a list of detailed schemes under each theme.

- 6.2 In the event that the partners agree to extend this agreement, there will be no automatic annual uplift to the amounts stated in this agreement for any subsequent year. Any uplift to these figures in future years will be determined by both partners as part of their budget setting process.
- 6.3 It is expected that the Pool Fund Managers will manage the Agreement within the approved budget for the financial year. Any proposed expenditure over and above the approved budget must be agreed in writing by the Chief Finance Officer of the SYICB (Rotherham Place) and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred.
- 6.4 Any over or underspend in the pooled funds shall be subject to the risk share agreement (Section 8) in the first instance.
- 6.5 Separate to any base contribution, further contributions may be agreed between parties in year or removal/alteration of services may be agreed through the scheme governance arrangements. Any base or subsequent contribution will be agreed and notified between the joint fund managers of the SYICB (Rotherham Place) and RMBC.
- 6.6 The BCF includes the Improved Better Care Funding (iBCF) of £14.481m for 2022/23 which are subject to the following grant conditions:
- Meeting adult social care needs

- Reducing pressures on the NHS including seasonal winter pressures
- Supporting people to be discharged from hospital when they are ready
- Ensuring that the social care provider market is supported

There is no requirement to spend across all four purposes, or to spend a set proportion on each. However, the grant determination requires the Council and the SYICB (Rotherham Place) and providers to meet the National Condition 4 (Implementing the BCF Policy Objectives) in the 2022-23 Better Care Fund Policy Framework and Planning Requirements.

- 6.7 Included within the iBCF is funding for Winter Pressures which must be used for the purposes of supporting the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people's independence
- 6.8 Where capital expenditure forms part of the Pooled Fund it shall be identified and accounted for separately from revenue expenditure and treated in accordance with any specified grant funding conditions. Capital funding cannot be used to finance revenue expenditure, however, revenue funding may be used to fund capital expenditure if in agreement with the BCF Executive Group and is in compliance with Financial Regulations and Standing Orders and recommended accounting codes of practice of the lead commissioner. Any capital asset acquired from the Pooled Funds shall be the property of the Council, who shall be responsible for it.

7. PAYMENT TERMS

- 7.1 The Council will invoice the South Yorkshire Integrated Care Board (Rotherham Place) in arrears one quarter of the estimated annual costs of the schemes.
- 7.2 The SYICB (Rotherham Place) will invoice the council in arrears one quarter of the estimated annual costs of the IBCF schemes.
- 7.3 Each party shall provide such accounting information as may be required for the preparation of accounts and audit as may be required both during and at the end of each financial year recognising the need to ensure that both the Council and the SYICB (Rotherham Place) meet their specific financial reporting deadlines.
- 7.4 The Council and the SYICB (Rotherham Place) will pay invoices within 30 days of receipt.

8. RISK SHARE ARRANGEMENTS

- 8.1 The areas of risk are under or overspending of budgets within Better Care Fund budget lines and exceeding affordable levels of care outside the Better Care Fund.
- 8.2 As part of the initial development of the BCF pooled budget a number of risks were identified where the individual schemes would potentially result in additional demand for services and/or additional costs, or the required efficiencies and reductions do not materialise to the extent planned. The pooled budget in total includes an amount of £0.5m as a risk pool. In applying the risk pool funding it is important to have a jointly agreed approach.
- 8.3 It is proposed that the BCF Executive Group is the forum where decisions on the application of risk pool funding for either pool is made.
- 8.4 Risk is attributable pro rata to the proportion of that scheme commissioned by each partner organisation. This is to reflect where the levers for change and control sit. Similarly, where the scheme is joint and there is one lead commissioner, the risk should be shared pro-rata to the proportion of each partners contribution, subject to the maximum level of funding each partner contributes to the scheme unless agreed by the Chief Finance Officer of the SYICB (Rotherham Place) and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred (paragraph 6.3).

8.5 Overspends and Underspends

If an overspend is identified the following approach will be taken:

- Seek to cover the overspend from areas of underspend identified within either pool;
- Utilise the risk pool funding;
- Reduce uncommitted scheme allocations;
- Cover from resources outside the pool.

If an underspend is identified the following approach will be taken:

- Underspends remain within the pooled arrangement to support overspends elsewhere in the pool;
- Further joint schemes to be proposed in year which can utilise the resources in year.
- Underspends may be carried forward to meet ongoing financial pressures subject to each organisation's own governance arrangements. Allocation of funding will be subject to agreement of the pooled fund partners as part of the BCF governance.

In all of these scenarios the BCF Executive Group is the forum where decisions would be made.

- 8.6 The use of the BCF pooled budget is anticipated to deliver greater outcomes for patients and the public, as well as anticipated reductions in non-elective spend. In the event that demand for acute non-elective care exceeds affordable levels it is proposed that the approach suggested above is taken.
- 8.7 Where issues arise under this category the Partners shall meet and discuss the appropriate means of addressing the problem through the Health and Wellbeing Board or such other forum as the Partners may decide.

9. FINANCIAL MANAGEMENT AND YEAR END ARRANGEMENTS

- 9.1 Except by prior agreement between the SYICB (Rotherham Place) and the Council, expenditure to be made from the scheme otherwise than in respect of the performance of the services identified above is not permitted.
- 9.2 Both parties will keep proper accounts in relation to the use of the funds for which it is responsible under the agreement. Accounts will be open to inspection at any reasonable time together with all invoices, receipts and any other related documents.
- 9.3 Both parties will arrange for the funding and related expenditure to be audited by its respective external auditors as part of the accounts process of each organisation.
- 9.4 Monitoring information, financial or otherwise, will be provided as required and in accordance with the agreed format.
- 9.5 All utilisation of the budget and day to day management of services delivery will be subject to each Partner's scheme of reservation and delegation.
- 9.6 The budget will be governed by any regulatory requirements of each Partner as necessary.
- 9.7 Funds will be provided to each organisation in line with its delegated commissioning responsibilities net of VAT implications. Utilisation of funds delegated will then be subject to each partners' relevant VAT regime.
- 9.8 To meet requirements in relation to the preparation of annual accounts SI 2000/617 paragraph 7(6) the host must prepare and publish a full statement of spending signed by the accountable officer or section 151 officer, to provide assurance to all other parties to the pooled budget. This is required to meet the specified timescales for the publication of accounts and should include:
- Contributions to the pooled budget, cash or kind;
 - Expenditure from the pooled budget;

- The difference between expenditure and contributions;
- The treatment of the difference;
- Any other agreed information

10. GOVERNANCE ARRANGEMENTS

10.1 The governance arrangements are currently under review and existing arrangements outlined from 2021-22 will be maintained until these have been fully agreed by all parties.

11. INTEGRATED PROVIDER PERFORMANCE MANAGEMENT FRAMEWORK

11.1 Purpose

To ensure that Partners adopt an integrated performance management framework in order to plan, deliver, review and act on relevant information to commission improved outcomes for the people of Rotherham. It is the expectation that the Lead for each BCF Scheme will be responsible for ensuring this framework will be completed for each scheme.

The BCF Executive, supported by the BCF Operational Group will be responsible for ensuring the performance management framework for the BCF programme is in place, updates produced, and reports compiled for NHS England and the Health and Well Being Board.

11.2 Definition

For the purposes of this Schedule, “performance management” shall mean the overall process that integrates planning, action, monitoring and review and shall incorporate the following:

- Identifying the aim, (e.g. purpose, mission, corporate aims, strategic goals etc.) and the action required to meet the aim (e.g. business plan, project plan, etc.);
- Identifying priorities and ensuring there are sufficient resources to meet them;
- Monitoring performance of any commissioned provider or voluntary organisation;
- Reviewing progress, detecting problems and taking action to ensure the aim is achieved;
- Determining which services should be delivered; benchmarking performance against an agreed and transparent set of measures.

11.3 Outline Framework

The performance management framework should incorporate three processes in relation to joint commissioning, i.e. Business Planning, Reporting and Review and Performance Improvement.

11.4 Commissioning Business Planning Process

This process consists of integrated commissioning plans, which should set out:

- strategic objectives and key performance measures for 2022/23
- the commissioning intentions for the strategic objectives and
- the timescales for achievement.

Contracts with service providers that state how performance shall be monitored, reported and reviewed will also be required.

11.5 Reporting and Review Process

This will involve monitoring overall progress against:

- delivery of the strategic objectives in the integrated commissioning plans,
- delivery of the contracts as detailed in Schedule 4
- identifying the reasons for any under-performance of service providers.

11.6 Performance Improvement Process

To ensure action is taken where the continuation of current performance would lead to an outcome/target not being met.

The application of a range of tools and techniques to improve overall performance.

11.7 Commissioning Plan

The Partners shall agree an Integrated Commissioning Plan for each Service by 1 April each year. This will set out the “direction of travel” and the shared commissioning intentions for the development of the Services The plans shall be agreed by the Partners.

11.8 Contracts with Service Providers

The lead commissioner shall be required to agree a contract with each third party provider regarding the outcomes they are to deliver.

Contracts with third party providers should:

- Take account of the requirements of the relevant current plans of the respective partners and the actions agreed in response to external review;
- Include a requirement that the service provider develop a detailed service plan, which covers how the provider intends to achieve the said outcomes and the risk associated with not achieving them.

- Require the provider to regularly measure progress against achieving the outcomes and to report this to the Host Partner at a frequency to be agreed
- Require the provider to provide an improvement plan in the case of significant under or over performance.
- Include a process whereby outcomes may be added/removed as a result of changing needs.

11.9 Reporting and Review Process

Regular meetings should be held between the Host Partner and the service provider to review the latter's performance.

The Host Partner shall monitor services having regard to national, regional and local key performance indicators, including:

- Performance assessment framework indicators
- National performance indicators
- Audit and inspection recommendations
- Self-assessment Statement actions
- Relevant operational plan indicators
- South Yorkshire Integrated Care board targets
- Relevant core and Care Quality Commission standards
- Patient and Customer feedback

11.10 Performance Reporting and Review of the Section 75 Agreement

The pooled fund manager will be responsible for producing quarterly reports to the BCF Executive Group and Health and Wellbeing Board on a quarterly basis.

The pooled fund manager will be responsible for producing an annual report to the BCF Executive Group and Health and Wellbeing Board.

The BCF Executive Group will be responsible for ensuring the timeline to ensure the data is collected, reported, authorised by the health and wellbeing Board, and submitted to the NHS England on their specified reporting dates, these being one day after the dates specified in section 9.1.

11.11 SYICB (Rotherham Place) / RMBC BCF Metrics:

As part of the Better Care Fund plan, the national metrics will be monitored by Rotherham MBC and South Yorkshire ICB. The national metrics include some changes for 2022/23. The metrics included for 2022/23 are as follows.

- Indirectly standardised rate (ISR) of avoidable admissions per 100,000 population, for chronic ambulatory sensitive conditions

- Percentage of people who are discharged from acute hospital to their normal place of residence.
- Long-term support needs of older people (aged 65 years and over) met by admission to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

The metrics relating to percentage of inpatients who have been an inpatient in an acute hospital for 14 days or more and 21 days or more and delayed transfers of care are no longer included.

Metric descriptions are below.

Table 4 – BCF Metrics Definitions

Metric	Numerator	Denominator
1 Indirectly standardised rate (ISR) of avoidable admissions per 100,000 population, for chronic ambulatory care sensitive conditions	Unplanned hospitalisation episodes taken from SUS (Secondary Uses Service).	Mid-year population estimates for England published by the Office for National Statistics (ONS)
2 Percentage of people who are discharged from acute hospital to their normal place of residence.	Total Number of people discharged from hospital (taken from SUS)	Total Number of people discharged to their normal place of residence (taken from SUS)
3 Long-term support needs of older people (aged 65 years and over) met by admission to residential and nursing care homes, per	The sum of the number of council-supported people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year. Data from Short-	Size of the older people population in area (aged 65 and over). This should be the appropriate ONS mid-year population estimate or projection

Metric	Numerator	Denominator
100,000 population	and Long-Term Support (SALT) collected by HSCIC	
4 Proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move on/back to their own home who are at home 91 days after the date of their discharge from hospital.	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move back to their own home.

Indirectly standardised rate (ISR) of admissions per 100,000 population

2021/22 has seen an increase on 2020/21, with admissions slightly higher than the 2021/22 BCF plan. It is not clear whether additional demand will be seen during 2022/23 and whether any further COVID related impact will be seen. Challenges remain in primary care and other services as these continue to recover. Significant work is ongoing around Urgent and Community transformation and to improve access in Primary Care, which is anticipated to impact chronic ambulatory care sensitive admission levels. Given the potential for rising demand against the impact of significant work being undertaken, a balanced maintenance of the current position is felt to be an appropriate plan. The quarterly profiling has been set differently to 2021/22 as this profile is not expected to be seen this year and our local data does not reflect the 2021/22 Q4 reduction seen in the national data.

Urgent and Community Transformation priorities within the Place Plan focused on integrating pathways to increase admission avoidance including 2 hour urgent response and implementation of virtual wards for frailty and respiratory. BCF funding supports our Community Hospital Avoidance Team with an ARC (social care) and Voluntary Sector post – working as an integrated team into UECC, SDEC and AMU to prevent admissions at the front door. Asthma and COPD and diabetes are part of the quality contract, which requires review after an exacerbation to prevent further admissions, in addition to QoF and national requirements. A number of new additional roles through additional roles re imbursement scheme, e.g. social prescribing link roles and care coordinators will support anticipatory care alongside MDT reviews to prevent admissions.

Percentage of people who are discharged from acute hospital to their normal place of residence

Performance has fallen slightly during 2021/22. Our aspiration is to return to closer to early 2021/22 performance. Maximum performance in the last 12 months was 93.9%, minimum was 92.4%. A gradual increase in performance to our aspiration of 94% has therefore been set as the trajectory. Rotherham's performance has been above national levels during 2021/22.

The Urgent and Community Transformation priorities within the Place Plan focuses on sustainable discharge which includes a review of the Integrated Discharge Team resource to ensure resource meets demand. A self-assessment against the NHSE 100 day challenge has been completed and actions from the assessment have been incorporated into our discharge workstream. There is also a programme of work within the acute on discharges processes to increase effectiveness and flow. Our intermediate care pathway (bed base and home based) is being reviewed and there is a focus on ensuring effective flow through the beds to support better use of resource.

Long-term support needs of older people (aged 65 years and over) met by admission to residential and nursing care homes, per 100,000 population

The 2021/22 year end published data shows the original BCF plan target for 2021/22 has been exceeded by 18 admissions, due to higher demand than estimated and returned a total of 324 admissions or a rate of 618.5 per 100k population. The Service is continuing to support people to remain independent in their own homes for as long as is possible. The service also continues to support people's discharges from hospital to ensure the necessary flow, wherever possible to their own homes but acknowledge that for some people the next destination may need to be a care setting in accordance with their assessment of needs. This in turn then also adds additional pressure to the social care system. Projections for 2022/23 take account of the 2021/22 year end performance rate of '619' and also the increased rates of Quarter 1 activity (93 admissions) and it is estimated that 360 admissions are expected by year end March 2023, which is an equivalent rate of approximately 687 per 100k population. Using 'pre-Covid' impacted published 2019/20 benchmarking, the rate of 687 would be close to 2019/20 Y&H regional average of 655 and also factors in the continued increased demand due to Rotherham's aging population (Rotherham BCF template populations increased from 52388 to 54525 or +4.1%).

Robust joint working approaches between health and social care have developed further, so clear pathways and processes are in place to support a least restrictive approach to meeting adults' care and support needs. Further legal training has also been recently offered with regards to mental capacity act and human rights to adult social care staff. The former Well-Being Forum is being relaunched on 31st October 2022, and will be known as the Quality Practice and Positive Risk Forum (QPPRF).

This forum will continue to provide oversight, scrutiny and assurance with regards to any short term (over 2 weeks) and long-term admissions into residential or nursing care. Regular review of those in short term stay beds is also taking place across service areas and updates sought as to plans in place for specific individuals with clear actions to support people home where this is a possibility and, in the person's, best interest.

Proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Overall, there has been a +5.1% percentage point improvement since 2020/21 year's out-turn of 70% to show a current 2021/22 published performance of 75.1%. A total of 205 people were supported during the three month sample period, which is 35 more than last year and a 21% increase in service provision. Although, the reablement service has been challenged with additional demand and has needed to be flexible to be able to support the needs of a broader, more complex cohort in 2021/22, there has been increased positive outcomes recorded with 35 more people (154 versus 119) still at home 3 months after discharge equivalent to +29%.

The service performance of 75.1% is very positive and although the stretch target of 78% has not been achieved in full, it significantly reverses the downward trend seen over the last two years which showed 70% (2020/21) and 73.2% (2019/20) respectively. The 2021/22 volume numbers of people taking up the service and benefitting from reablement are both the highest recorded in any of the last 5 years. Benchmarking publication of national performance up to 2018/19 showed a close match to regional and national averages of circa 82%+ and a Rotherham difference + or – of 2%. This significantly changed in 2019/20 and 2020/21 when Rotherham returned 72.3% and 70% respectively and the gap increased to 8% but reduced to 6% respectively. The 2022/23 increase of +3% to target of 78.1% seeks to narrow the minimum 'gap' between regional and national performance of 5.3% which in 2021/22 were circa 80% and 82% respectively and step Rotherham towards similar performance levels evidenced prior to 2019/20 at circa 80%.

The 2021/22 performance of 75.1% improved on the broad 7 in 10 people benefitting from the service seen last year, to nearer to 8 in 10. The delivery and cohort make up in this year's performance, also reflected that in order to support timely discharges from hospital the service used both in-house capacity and commissioned additional bed-based capacity to help support and meet the needs of people who presented with more complex needs. The breakdown of the provision shows that 75.6% (90 out of 119) of users were still at home after 91 days from in-house community based reablement service and 74.4% (64 out of 86) from the in-house and step-down bed based provision. This service mix is planned to continue in 2022/23 but additional planned increases in community based reablement should positively contribute to improving performance and outcomes for people. However, current activity is impacted by delays in brokering home care packages, there are more complex/dependent people discharged from hospital and have had to provide

end of life care for a number of people which also has an impact on performance figures. There is a need to look at how face to face time can be increased to support more people as we move forward.

12. NON FINANCIAL RESOURCES

Non-financial contributions to the Schemes are confined to current support for joint and integrated commissioning arrangements and will continue with no charges being made to the pooled fund.

13. ASSURANCE AND MONITORING

The Fund Managers will make financial information available quarterly to the BCF Executive and Operational Groups, reporting on performance against the BCF metrics and in each of the 6 Themes listed above.

14. POOLED FUND MANAGER DETAILS

Partner	Lead Officer	Address	Tel. No.	Email Address
SYICB (Rotherham Place)	Chief Finance Officer	Oak House Moorhead Way Rotherham S66 1YY	01709 302025	wendy.allott@nhs.net
RMBC	Head of Finance – (Adults, Public Health and Housing)	Riverside House Main Street Rotherham S60 1AE	01709 822098	Gioia.morrison@rotherham.gov.uk

15. DURATION AND EXIT STRATEGY

There is no requirement for an exit strategy, over and above each organisation's own strategies.

Responsibility for any debts, liabilities, record-keeping, equipment and contractual arrangements will remain with the relevant Partner.

16. OTHER PROVISIONS

No other provisions.

17. AUTHORISATION

	Rotherham MBC	SYICB (Rotherham Place)
Signature		
Date of signature		
Name of signatory (print)		
Title or role of signatory (print)		

Appendix 2A – Detailed BCF Schemes

Better Care Fund Budget 2022-23	Budget 2021-22	Additional Investment	Budget 2022-23
	£'000	£'000	£'000
THEME 1 - Mental Health Services			
Adult Mental Health Liaison	1,209	158	1,367
THEME 2 - Rehabilitation & Reablement			
Home Improvement Agency	38	(38)	0
Additional Occupational Therapist post	30	(30)	0
Falls Service	470	24	494
Home Enabling Services :			
Reablement	1,087		1,087
Pressures on Domiciliary Care Budgets	758		758
Community Stroke Service	527	26	553
Community Neuro Rehab	162	8	170
Breathing Space	1,820	113	1,933
Otago	20		20
Mediquip (Wheelchairs & Equipment)	1,708	239	1,947
Community OT	788	74	862
Disabled Facilities Grant	4,787	760	5,547
Age UK Hospital Discharge	158	3	161
Stroke Association Service	50	1	51
Intermediate Care Pool:			
Intermediate Care Therapy(TRFT)	409		409
Therapy & Nursing cover to support vulnerable patients and Fast Response team	108	5	113
Intermediate Care (LH/DC)	1,435	185	1,620
Intermediate Care beds (30) - Davies Court	1,039		1,039
Home first	781	39	820
Intermediate Care 24 Beds - Althorpe	1,329	67	1,396
RDASH Therapies	97		97
GP Support - medical cover	36		36
Other Intermediate care (TRFT)	332	17	349
THEME 3 - Supporting Social Care			
Direct Payments:			
Direct Payments/ Personal Budgets (Physical Disabilities)	396		396
Direct Payments (Older People)	526		526
LD Supported Living	410		410
Direct Payments (Learning Disabilities)	315		315
Direct Payment Support	46		46

Better Care Fund Budget 2022-23	Budget 2021-22	Additional Investment	Budget 2022-23
	£'000	£'000	£'000
Residential Care			
Mental Health rehabilitation services	209		209
Learning Disability Services:			
Learning Disabilities independent sector residential care/Transitional Placements	984		984
Learning Disabilities Domiciliary Care	37		37
Care Act - Older People Direct Payments	501		501
Care Act - IT (Liquid Logic)	60		60
Care Act - LD Domiciliary Care	30		30
Care Act - PD Domiciliary Care	60		60
Care Act - OP Domiciliary Care	10		10
Care Act - DoLs	40		40
THEME 4 - Care Mgt & intergrated Care Planning			
GP Case Management	1,480		1,480
Care Home Support Service	283	14	297
Hospice - End of Life care	840	41	881
Social Prescribing	777		777
Social Work Support (A&E, Case management, Supported Discharge):			
Single Point of Access	100		100
Fast Response Twilight Service (TRFT)	60		60
Fast response Nursing team(TRFT)	60		60
Supported Discharge Pathways Team	433		433
Early Planning Team	230		230
Mental Health Crisis Team	36		36
Care Co-ordination Centre	812	41	853
THEME 5 - Supporting Carers			
Carers Support Service:			
Carers Strategy	237		237
Carers Emergency Service	78	(55)	23
Direct Payments (Older People)	251		251
Carers Centre	35	(35)	0
Crossroads	50		50
THEME 6 - Infrastructure			
Joint Commissioning Team	49		49
IT to support Comm Trans	192		192
RISK POOL			
Risk pool	500		500

Better Care Fund Budget 2022-23	Budget 2021-22	Additional Investment	Budget 2022-23
	£'000	£'000	£'000
Improved Better Care Fund			
Adaptation of Liquid Logic to support care pathways	88	(28)	60
Rotherham Place DTOC Project Manager, to manage and oversee implementation of the agreed DTOC action Plan	80	5	85
Health Inequalities	90		90
Trusted Assessor	70		70
Social Care Sustainability	7,244		7,244
Engagement with the independent sector providers in respect of fee increases due to increase in NLW	4,225		4,225
Changes to HMRC in relation to sleep in arrangements - impact on LD provider fees	553		553
External Shared Lives support/Supporting LD transformation	200		200
Advice and Guidance VCS support - SPA	50		50
Speak up	50	5	55
Additional Legal Support Costs	60	(40)	20
Attain	300	(300)	0
My Front Door	350	(350)	0
Perform Plus	0	48	48
Digital Lead Project Manager	0	64	64
Reablement - 2 posts	0	87	87
Spot purchase reablement beds	0	107	107
Double Handling - IMC beds at Davies Court	0	100	100
Contingency	0	77	77
Winter Pressures/Other Grant Income			
Tactical Brokerage	110		110
Resource for Winter Bed Capacity	500		500
Integrated Discharge Team	358	(133)	225
Targeted Review Team	377	(377)	0
Reablement	521	(521)	0
IDT	289	(289)	0
Additional Winter Capacity	151	(151)	0
Additional Winter pressures contingency	0	510	510
IBCF Balance b/fwd	0	1,041	1,041
Spot purchase reablement beds	107	(107)	0
Perform Plus	45	(45)	0
Digital Lead Project Manager	61	(61)	0
Double Handling - IMC beds at Davies Court	100	(100)	0
Additional Winter capacity	100	(100)	0
Reablement - 2 posts	87	(87)	0
IDEA Small Grants - Assessment & Review Co-ordinator	15	(15)	0
GRAND TOTAL	45,486	997	46,483