1 Guidance

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, 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), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Servi (ADASS)

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCE plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

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 ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

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 grey 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.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty a long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

- 2. Narrative describing any changes to planned spending e.g. did plans get changed in response to pressures or demand? Please also detail any underspend
- 3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
- 4. Any shared learning

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
- 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.

- 1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
- 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 2022-23 (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/publication/better-care-fund-planning-requirements-2022-23/

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, the HWB is expected to contact their Better Care Manager in the first instance.

n summary, the four national conditions are as below

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Dischaege to usual place of residence and avoidable admissions at a local authority level 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 plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

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

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
 The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the actual income from additional NHS or LA contributions in 2022-23 in the vellow boxes provided. NOT the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 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 the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

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 2022-23
- 3. The delivery of our BCF plan in 2022-23 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.

- 4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
- 5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

SCIE - Integrated care Logic Model

- 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
- 2. Strong, system-wide governance and systems leadership
- 3. Integrated electronic records and sharing across the system with service users
- 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
- 5. Integrated workforce: joint approach to training and upskilling of workforce
- 6. Good quality and sustainable provider market that can meet demand
- 7. Joined-up regulatory approach
- 8. Pooled or aligned resources
- 9. Joint commissioning of health and social care









2. Cover

Version	1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will 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:	Rotherham
Completed by:	Karen Smith
E-mail:	karen-nas.smith@rotherham.gov.uk
Contact number:	01709 254870
Has this report been signed off by (or on behalf of) the HWB at the time of	
submission?	Yes
If no, please indicate when the report is expected to be signed off:	



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'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

^^ Link back to top

3. National Conditions

Selected Health and Wellbeing Board: Rotherham

Confirmation of Nation Conditions			
		If the answer is "No" please provide an explanation as to why the condition was not met in 2022-	
National Condition	Confirmation	23:	
1) A Plan has been agreed for the Health and Wellbeing	Yes		
Board area that includes all mandatory funding and this is			
included in a pooled fund governed under section 75 of			
the NHS Act 2006?			
(This should include engagement with district councils on			
use of Disabled Facilities Grant in two tier areas)			
2) Planned contribution to social care from the NHS	Yes		
minimum contribution is agreed in line with the BCF			
policy?			
3) Agreement to invest in NHS commissioned out of	Yes		
hospital services?			
4) Plan for improving outcomes for people being	Yes		
discharged from hospital			



4. Metrics

Selected Health and Wellbeing Board:

Rotherham

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.

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

Support Needs Achievements

Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning		Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	942.0	Not on track to meet target	We have seen higher levels of ACS admissions than planned during 22/23. This was particularly due to higher levels seen in Q3 and expected to be seen for Q4. We believe this to be linked to challenges in	Q2 showed a positive position below plan.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%	On track to meet target	February performance based on the BCF SUS datapack was 94%, above the planned level.	February performance based on the BCF SUS datapack was 94%, above the planned level.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	660	On track to meet target	is required to achieve a stepped reduction in placements and our plans will be monitored	
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	78.1%	Not on track to meet target	We recognise and will monitor the impact of both increased numbers offered reablement but also the challenge in maintaining effectiveness rate due to increased complexity of people accessing.	

<u>Checklist</u> Complete:
Yes
Yes
Yes
Yes

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Rotherham

ncome					
icome					
			2022-23		
isabled Facilities Grant	£3,063,735				_
nproved Better Care Fund	£14,480,543				
HS Minimum Fund	£22,892,217				
linimum Sub Total		£40,436,495			
	Planned		Actu	ıal	
			Do you wish to change your		
HS Additional Funding	£409,783			No	
			Do you wish to change your		
A Additional Funding	£5,636,722		additional actual LA funding?	No	
dditional Sub Total		£6,046,505			£6,046,505
	_				
	Planned 22-23	Actual 22-23			
otal BCF Pooled Fund	£46,483,000	£46,483,000			
					_
			ASC Discharge Fund		
					_
	Planned		Actu	ıal	
			Do you wish to change your		
A Plan Spend	£1,121,073			No	
			Do you wish to change your		
B Plan Spend	£1,652,000		additional actual ICB funding?	No	
C Discharge Fund Total		£2,773,073	•		£2,773,073
	Planned 22-23	Actual 22-23			
CF + Discharge Fund	£49,256,073	£49,256,073			
ease provide any comments that may b here there is a difference between plan 122-23					
kpenditure					
	2022-23				
an	£46,483,000				
	,, 500				
you wish to change your actual BCF ex	xpenditure?	Y	es		
ctual	£41,319,000				
	ASC Discharge Fund				
an	£2,773,073				
you wish to change your actual BCF ex	xpenditure?	N	0		
	62 772 674				
ctual	£2,773,073				
				-f -: dddk	46
ease provide any comments that may be here there is a difference between the			relates to delays in delivery of a number of		through the
nere there is a difference between the j openditure for 2022-23	planned and actual Disa	ibleu Facilities grant	plus slippage on a number of iBCF funded	a scriemes.	
penditure for 2022-23					

Checklist Complete:

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.

There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Rotherham

Part 1: Delivery of the Better Care Fund

Statement:	Response:	Comments: Please detail any further supporting information for each response
The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Place partners continue to work closely together to support a system wide approach. The Integrated Health and Social Care Place Plan and BCF Plan is closely aligned with shared key priorities including integrated working for discharge to assess, intermediate care and enhanced support for care homes. The IBCF is used at Place to support system priorities
Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	Our BCF schemes were implemented as planned in 2022/23. Expansion of bed base including winter pressures and surge beds have been in place to support winter planning in 2022/23. Work is ongoing to achieve the key priorities within the BCF and Integrated Health and Social Care Place Plan.
The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Investment in services such as the Integrated Health and Social Care Discharge Teams, Community Hub, Integrated Rapid Response and Intermediate Care and Reablement teams has had a positive impact on the (Length of Stay) LOS in the Trust and those with No Right to Reside, allbeit the challenges of Covid 19 and on going system pressures has meant

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of

challenge in progressing. Please provide a brief descr

Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	Strong, system-wide governance and systems leadership	Governance and partnership arrangements have been re-aligned in the light of the formation of the South Yorkshire Integrated Care Board. Chief Executive Officers and senior officers from all partners provide strategic leadership which continues to strengthen existing excellent relationships, setting the ambition, spirit and culture by which partners work together to achieve the best for Rotherham. Strong governance and wider partnership engagement has informed the robust structure in the continued implementation of the Place Plan and provided an excellent foundation for development of an
Success 2	7. Joined-up regulatory approach	An Integrated Discharge Service Lead currently manages the Integrated Discharge Team which contributes to enabling the majority of patients being discharged home. An enhanced single digital referral process is in place which ensures a consistent approach to discharge of complex patients. Members of the team are now co-located with the acute site team (including a dedicated social worker in the emergency department), the community urgent response team and the community bed bases. This has led to positive outcomes of reducing long lengths of stay and people with no right to reside from hospital

		bed bases. This has led to positive outcomes of readening long lengths of stay and people with no higher to reside from nospital
_		
5. Outline two key challenges observed toward driving the		
enablers for integration (expressed in SCIE's logical model) in 2022-	SCIE Logic Model Enablers, Response	
23	category:	Response - Please detail your greatest challenges
Challenge 1	Local contextual factors (e.g. financial health, funding arrangements, demographics, urban arrangements)	Adult Social Care faces an increase in demand for services with an ageing population. Data from Census 2021 shows that the number of people aged over 80 years has increased by 16%. 25.8% of people are aged 60 years and over, an increase of 11.5% in the last 10 years. 23.2% confirmed they are disabled, 8% of people confirmed they are in bad or very bad health, 13.3% of older people are living on their own and 13% of people are providing unpaid care. As a result of the pandemic we are seeing people with higher levels of acuity, dependency and complexity. People are leaving hospital at a lower base line.
Challenge 2	Good quality and sustainable provider market that can meet demand	The Adult Social Care Discharge Fund has provided additional funding to support discharge home though a home first/discharge to assess model of provision. A Fair Cost of Care Exercise and Market Sustainability Plan exercise has been carried out in 2022/23 to provide a sustainable market. The launch of the Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers has been well embedded during 2022/23. This ensures better data

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

- 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
- 2. Strong, system-wide governance and systems leadership
- 3. Integrated electronic records and sharing across the system with service users
- 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
- 5. Integrated workforce: joint approach to training and upskilling of workforce
- 6. Good quality and sustainable provider market that can meet demand
- 7. Joined-up regulatory approach
- 8. Pooled or aligned resources
- 9. Joint commissioning of health and social care

Other

Checklist Complete:

	-		
Selected Health and Wellbeing Board:		Rotherham	

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For each otherwise type places complete and selected this section place graft flower when contained with the verification is the reservoir within sales of for all actual or approximation.

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Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, picase explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
Administration	Administration		£27,730	£38,940	0	N/A	Yes	The LA is lead for completing the fortnightly returns which were submitted to NHS England, therefore LA allocation has	Yes	MDT meetings have taken place including commissioning, finance, performance and intelligence teams and a number of	Reporting requirements have significantly increased
Befriending Service	Additional or redeployed	Costs of agency staff	£15,000	£15,000	300	hours	No	been increased to 2% for administration costs. Funding has provided an additional 300 hours. The service will	Ver	returns have been submitted to NHS England on a fortnightly The service has reduced isolation and loneliness and improved	across health and social Funding provided earlier in
	capacity from current care workers			,		worked		continue to support discharged patients until 31/05/2023 so they can be signposted to other services for ongoing support.		confidence and mental health. It also has assisted people to gain employment.	the year would have benefited additional
Care Broker Service	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£12,083	£15,413	533	hours worked	No	Funding has provided an additional 533 hours.	Yes	Enhanced care broker post in place from 22.12.22 until 31.03.23. The post facilitated use of bridging services to expedite hospital discharge.	Detremed additional
CHC – assessments	Additional or redeployed capacity from current care workers	Costs of agency staff	£30,400	£30,400	629	hours worked	No	Funding has provided an additional 629 hours. This has provided additional capacilty to carry out assessments	Yes	Increased number and speed of assessments to improve patient flow	
CHC – interim funded beds for complex patients to expediate discharge	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£711,264	£806,526	199	Number of beds	No	A total of 199 number of beds were purchased over the winter period. These were provided on a spot puchase basis	Yes	Increased capacity in interim funded care packages to improve flow / discharges from hospital	Supported increase in complexity/acuity during and post pandemic
CHC: Care home provider	Improve retention of existing workforce	Bringing forward planned pay increases	£137,387	£0		number of staff	Yes	To allow redeployment of funds to support additional equipment/assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	Yes	To allow redeployment of funds to support additional equipment/Assistive technology an incentive payments scheme was introduced through the additional discharge funds (£200m)	and post pandernic
CHC: Home care provider	Improve retention of existing workforce	Bringing forward planned pay increases	£66,704	£0		number of staff	Yes	To allow redeployment of funds to support additional equipment/assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	Yes	was introduced through the adoitional discharge forms (£200m) To allow redeployment of funds to support additional equipment/Assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	
Community Equipment and transport - Medequip/TRFT	Assistive Technologies and Equipment	Community based equipment	£124,000	£232,829		Number of beneficiaries	Yes	was imboduced introger the aduntional discharge rains (geton). Funding has been redeployed to fund additional assistive technology and equipment to reduce the need for double handling and improve flow.	Yes	Provide additional assistive technology and equipment to patients homes to improve discharge	Supported increase in bariatric needs and alternatives to care.
COT Independent Sector	Reablement in a Person's Own Home	Reablement service accepting community and discharge	£45,000	£45,000		Hours of care	Yes	Funding provided an additional 150 COT assessments to be carried out to reduce the waiting list.	Yes	Commissioned an independent sector provider for the successful reduction of the COT waiting list by around 150 people	
Discharge Coordinator	Increase hours worked by existing workforce	Overtime for existing staff.	£10,971	£10,971		hours worked	No	Information not available to report hours worked as this is part of overall workforce record.	Yes	Supported same day discharge and weekend working. The overall impact was based on temporary staff to which there was a lower level of interest from applicants. The funding was	Outcomes are informing 7 day discharge model being developed as part of Place
Discharge Lounge support and Co-ordinators	Additional or redeployed capacity from current care workers	Local staff banks	£216,719	£216,719		hours worked	No	Information not available to report hours worked as this is part of overall workforce record.	Yes	Supported same day discharge and weekend working. The overall impact was based on temporary staff to which there was a lower level of interest from applicants. The funding was	7 day discharge model will be developed as part of Place 2023-24 discharge
Home Care Bridging Service	Additional or redeployed capacity from current care workers	Costs of agency staff	£254,869	£304,521	15,011	hours worked	Yes	An additional 15,011 hours have been worked. This was widened to include IDT Bridging Service (in addition to North Home Care Bridging and South Home Care Bridging)	Yes	IDT, North and South Home Care Bridging service have increased capacity until care packages can be picked up by home care framework providers.	D2A and bridging model being reviewed as part of Place 2023-24 plans
Hospice - Care Support Worker	Increase hours worked by existing workforce		£10,000	£10,000		hours worked	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.	Yes	Health Care Support Worker provided additional advice, guidance and support. The has enabled support to be provided for non-clinical needs and freed up Clinical Nurse	Will inform end of life review in 2023-24
Hospice - Hospice at Home	Reablement in a Person's Own Home		£5,000	£5,000		Hours of care	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.	Yes	Staff have worked additional hours. This has enabled flexibility to meet demand.	Will inform end of life review in 2023-24
Hospice - Clinical Nurse Specialist	Additional or redeployed capacity from current care workers	Local staff banks	£20,000	£20,000	740	hours worked	No	Two posts provided 75 additional hours per week amounting to a total of 740 hours over the winter period.	Yes	Two Clinical Nurse Specialists commenced in post and have completed all induction. These posts have worked operationally as part of the team creating more	Supported progression of developmental programmes and career
Hospice - Increased Inpatient Unit costs	Additional or redeployed capacity from current care workers	Local staff banks	£15,000	£15,000	0	hours worked	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.	Yes	IPU staff are completing additional shifts. Staff experience regarding planning, managing and facilitating discharge has develoed and has and supported patient flow	Supported flow through IPU beds. Development of IPU staff in pro-active
Housing Support	Additional or redeployed capacity from current care workers	Costs of agency staff	£12,083	£2,054	0	hours worked	Yes	Funding has been used to support deep cleaning of properties and complex hoarding issues which is a barrier to hospital discharges, rather than employ agency staff.	Yes	Increased funding supported earlier hospital discharge to address housing related issues.	Funding was initially provided for Council tenants but was
Incentive Payments for Home Care and Residential Care	Improve retention of existing workforce	Incentive payments	£219,310	£219,310		number of staff	No	Information not available on number of staff recruited. This will be monitored from April 2023 onwards.	Yes	Phase 1 – Home Care - £250 paid for assessments carried out within 24 hours - £5,000 (20 discharges) Residential Care - £400 paid for assessments carried out within	Incentive payments supported hospital discharges for residential
LD Discharges (Specialist Agency)	Additional or redeployed capacity from current care workers	Costs of agency staff	£21,090	£0	0	hours worked	Yes	Funding has been used to employ Agency Social Workers in the Integrated Discharge Team. Funding has not been spent therefore 0 hours worked recorded.	Yes	Funding has been used to increase capacity of the Hospital's Integrated Discharge Team, thus speeding up hospital discharges.	IDT have experienced 46% increase in referrals since 2019. Impact of additional
Mental Health Agency Social Workers	Additional or redeployed capacity from current care workers	Costs of agency staff	£152,625	£106,789	3,847	hours worked	Yes	Funding has been used to employ Agency Social Workers in the Integrated Discharge Team.amounting to a total of 3,847 hours worked.	Yes	4 x Agency Social Workers employed in IDT to support hospital discharges and carry out additional assessments to increase patient flow from the hospital	IDT have experienced 46% increase in referrals since 2019. Impact of additional
Pharmacy Cover - weekend (2 hours sat&sun)	Additional or redeployed capacity from current care workers	Local staff banks	£29,393	£29,393	360	hours worked	No	An additional 360 hours have been worked. 2 x Pharmacist, 2 x Technician and 2 x ATOs have provided 2 additional hours cover over the weekend (Sat/Sun) to support extra same day	Yes	Enabled an extension of the Pharmacy Dispensary opening hours to help the Trust to maximise the number of same day hospital discharges. This is supporting patient flow throughout	Extended cover has also ensured resilience for sickness and to manage
Provision of Crisis Beds	Bed Based Intermediate Care Services	Other	£60,750	£60,750	3	Number of beds	No	3 crisis beds x 16 weeks which amounts to 48 weeks of bed base care	Yes	Provision of 3 crisis beds in the community to provide short term crisis accommodation for 15 people to either avoid an acute admission or provide a short-term step-down facility —	This service ended in March 2023. There are currently no crisis beds in
\$136 cost pressures	Increase hours worked by existing workforce	Overtime for existing staff.	£63,216	£63,216		hours worked	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.Urgent Care Workers (UGWs) working on a 24/7 rota	Yes	All S137 paperwork has been completed in a timely manner by the UCW which was previously completed by the RMN	UCW's have made contact with a number of self-help groups and charitable
Short stay placements	Residential Placements	Care home	£86,760	£63,033	35	Number of beds	No	35 admissions into spot purchase short-term residential care beds over the winter period. This achieved 115 weeks of bed based care.	Yes	Where there have been delayed discharges of patients with long hospital stays and complex health and care needs, short- term residential care placements have been used to free up	
Step-down beds at Lord Hardy Court	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£127,761	£127,761	15	Number of beds	No	15 beds available for 16 weeks amounting to a total of 240 weeks of bed based care.	Yes	15 surge beds at LHC have been in full operation and a high bed occupancy rate has been achieved.	
Supporting Unpaid Carers	Additional or redeployed capacity from current care workers	Costs of agency staff	£59,250	£59,250	813	hours worked	No	An additional 813 hours have been worked.	Yes	Supported unpaid carers that are caring for people post hospital discharge. The funding provided an opportunity to pilot a support service from 03.01.23 to 31.03.23.	Increased communications and easier ways to refer needed
SYHA Discharge Support	Residential Placements	Discharge from hospital (with reablement) to long term care	£15,000	£15,000	0	Number of beds	Yes	Unable to report the number of beds as this funding was to provide an essential support around the practicalities of various options, i.e., registering on Council housing register, exploring	Yes	The post has enabled plans to move early on admission for any housing support eg collating the data to register a person with housing and to support them to collate and submit the	Input essential to discharge planning work, with the specific goal of reducing
TRFT Place escalation wheel	Assistive Technologies and Equipment	Other	£60,500	£60,500	0	Number of beneficiaries	No	Unable to report the number of beneficiaries from this fund as funding was used to develop acute escalation wheel.	Yes	Development of the acute escalation wheel to community services to provide a whole system overview accessible remotely by all Place partners. This provides holistic real time	This supported phase 1 of development of a whole system patient flow
Trusted Assessor to support Integrated Discharge Team	Additional or redeployed capacity from current care workers	Costs of agency staff	£104,032	£50,522	730	hours worked	Yes	A total of 730 hours have been worked. Original amount included a Fast Response Service which was not commissioned.	Yes	Freed up capacity of the Integrated Discharge Team in assessment responsibilities.	Learning is informing development of pathway 1 processes and resource
Voluntary Sector - AGE UK	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£30,000	£30,000	111	Hours of care	No	Funding has provided an additional 111 hours.	Yes	Supported the extension of the Age UK hospital after care service operating hours, providing non personal reablement care and accessing low level equipment needs. The service	Informed work to increase referral rates and more integrated approach to VCS
Voluntary Sector - VAR	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£29,176	£29,176	208	Hours of care	No	Funding has provided an additional 208 hours.	Yes	Support and administration of a personal health budget pilot by 'You Ask We Respond' community group to award small grants to people to address barriers to discharge thereby reducing the	Short term pilot with evidence of contributing to
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chemes added since Plan										
Assistive Technologies and Equipment	Community based equipment	£90,000	£90,000	0	N/A	Yes	Used underspends to procure community based equipment for virtual wards and intermediate care units.	Yes	Provision of equipment has supported discharge into the community and intermediate care units,	
<please select=""></please>										
	Equipment	Equipment	Equipment	Equipment	Equipment	Equipment	Equipment	Equipment virtual wards and intermediate care units.		Equipment virtual wards and intermediate care units. community and intermediate care units.

Planned Expenditure	£2,773,073
Actual Expenditure	£2,773,073
Actual Expenditure ICB	£1,652,000
Actual Expenditure LA	£1,121,073