BCF Planning Template 2024-25

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell
Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

6. Please ensure that all boxes on the checklist are green before submission.

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

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

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

4.2 Hospital Discharge

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

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

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

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

4.3 Community

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

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

5. Income

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

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

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

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

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

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

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

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

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

On this sheet, please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

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

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

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

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

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

5. Expected outputs

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

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

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

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

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

6. Area of Spend:

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

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

7. Commissioner:

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

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

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

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

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

Health and Wellbeing Board:	Leeds
Completed by:	Andrew Baines
E-mail:	andrew.baines2@nhs.net
Contact number:	01132 217737
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 HWB is expected to sign off the plan:	

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Fiona	Venner	fiona.venner@leeds.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Tim	Ryley	tim.ryley@nhs.net
	Additional ICB(s) contacts if relevant	Dr	Jim	Barwick	jim.barwick@nhs.net
	Local Authority Chief Executive	Mr	Tim	Riordan	tim.riordan@leeds.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Ms	Caroline	Baria	caroline.baria@leeds.gov.uk
	Better Care Fund Lead Official	Ms	Helen	Lewis	helen.lewis5@nhs.net
	LA Section 151 Officer	Ms	Victoria	Bradshaw	victoria.bradshaw@leeds.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	Yes
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: Leeds

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£9,038,020	£9,038,020	£0
Minimum NHS Contribution	£71,951,084	£71,951,084	£0
iBCF	£31,640,675	£31,640,675	£0
Additional LA Contribution	£2,637,000	£2,637,000	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£7,393,289	£7,393,289	£0
ICB Discharge Funding	£7,257,000	£7,257,000	£0
Total	**£129,917,068**	**£129,917,068**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£20,446,458
Planned spend	£43,355,658

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£20,825,746
Planned spend	£21,095,426

Metrics >>

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	164.0	157.6	146.4	159.2

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,828.5	1,792.3
	Count	2377	2330
	Population	129839	129839

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.2%	93.2%	93.2%	91.4%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	529	531

Planning Requirements >>

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

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Leeds

Hospital Discharge Capacity - Demand (positive is Surplus)	Capacity surplus, Not including spot purchasing												Capacity surplus (including spot purchasing)											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	-61	-81	-81	-81	-81	-81	-53	-53	-53	-53	-53	-61	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	-5	-17	-5	-17	-33	-33	-33	-1	-21	-21	-26	-17	-5	-17	-5	-17	-33	-33	-33	-1	-21	-21	-26	-17
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-20	-21	-23	-22	-20	-15	-10	-16	-17	-19	-18	-19	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours per episode of care	
Full Year	Units
3.1	Contact Hours per package
0	Contact Hours per package
14.4	Average LoS (days)
0	Average LoS (days)
14	Average LoS (days)

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

There are commissioned services from AgeUK and Carers Leeds that support people following hospital discharge – these services include; carers support and guidance, a take home and settle service, up to 7 days support at home for social needs with links thereafter into the community enhanced voluntary sector providing proxy family support. The services support approximately 1800 clients per year.

Capacity - Hospital Discharge

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	501	508	462	508	508	462	508	492	508	508	492	508	45	41	41	41	41	41	53	53	53	53	53	42
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	3	3	3	3	3	3	3	3	3	3	3	3												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	158	163	158	163	163	158	163	158	163	163	147	163	0	0	0	0	0	0	0	0	11	14	14	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	3	3	4	3	3	3	3	3	4	3	4	4												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	20	21	23	22	20	15	20	16	17	18	18	19
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	21.5	21.5	21.5	21.5	21.5	21.5	21.5	21.5	21.5	21.5	21.5	21.5												

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Total Expected Discharges:	Total Discharges	729	716	709	717	700	685	739	747	753	754	690	719
Reablement & Rehabilitation at home (pathway 1)	Total	546	549	533	549	549	533	561	545	561	561	512	549
	OTHER	546	549	533	549	549	533	561	545	561	561	512	549
Short term domiciliary care (pathway 1)	Total	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	163	146	164	146	131	107	148	156	174	177	163	151
	OTHER	163	146	164	146	131	107	148	156	174	177	163	151
Other short term bedded care (pathway 2)	Total	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	20	21	23	22	20	15	20	16	17	18	18	19
	OTHER	20	21	23	22	20	15	20	16	17	18	18	19

Checklist

Complete:

Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Leeds

Community — Refreshed capacity surplus:

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	151	156	151	156	156	151	156	151	155	155	139	155
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours

Full Year	Units
5	Contact Hours
1.5	Contact Hours
12	Contact Hours
34.9	Average LoS
0	Contact Hours

Checklist

Complete:

Checklist
Yes
Yes
Yes
Yes
Yes

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Social support (including VCS)	Monthly capacity. Number of new clients.	60	60	60	81	81	81	98	98	98	89	89	89	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	456	471	456	471	471	456	471	456	471	471	425	471	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	501	508	492	508	508	492	508	492	508	508	459	508	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	158	163	158	163	163	158	163	158	163	163	147	168	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Social support (including VCS)	60	60	60	81	81	81	98	98	98	89	89	89	Yes
Urgent Community Response	456	471	456	471	471	456	471	456	471	471	425	471	Yes
Reablement & Rehabilitation at home	501	508	492	508	508	492	508	492	508	508	459	508	Yes
Reablement & Rehabilitation in a bedded setting	7	7	7	7	7	7	7	7	8	8	8	8	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Leeds

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Leeds	£9,038,020
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£9,038,020**

Local Authority Discharge Funding	Contribution
Leeds	£7,393,289

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS West Yorkshire ICB	£7,770,460	£7,257,000	
Total ICB Discharge Fund Contribution	£7,770,460	£7,257,000	

iBCF Contribution	Contribution
Leeds	£31,640,675
Total iBCF Contribution	**£31,640,675**

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Leeds	£2,637,000	£2,637,000	
Total Additional Local Authority Contribution	**£2,637,000**	**£2,637,000**	

NHS Minimum Contribution	Contribution
NHS West Yorkshire ICB	£71,951,084
Total NHS Minimum Contribution	**£71,951,084**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
		£0	
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£71,951,084**	**£71,951,084**	

	2024-25
Total BCF Pooled Budget	**£129,917,068**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over
Nothing to add

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: Leeds

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure	Balance
DFG	£9,038,020	£9,038,020	£0
Minimum NHS Contribution	£71,951,084	£71,951,084	£0
iBCF	£31,640,675	£31,640,675	£0
Additional LA Contribution	£2,637,000	£2,637,000	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£7,393,289	£7,393,289	£0
ICB Discharge Funding	£7,257,000	£7,257,000	£0
Total	**£129,917,068**	**£129,917,068**	**£0**

Required Spend

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

	2024-25 Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£20,446,458	£43,355,658	£0
Adult Social Care services spend from the minimum ICB allocations	£20,825,746	£21,095,426	£0

Checklist

Column complete:

Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes

Sheet complete

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	**Planned Expenditure** Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
400	Reablement Services	Reablement services	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)				Number of placements	Community Health		NHS			Local Authority	Minimum NHS Contribution
401	Community beds	The community beds service provides intermediate care in the community	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		2263	1900	Number of placements	Community Health		NHS			Private Sector	Minimum NHS Contribution
402	Community beds	East Recovery Hub	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		450.1666667	450	Number of placements	Community Health		NHS			Local Authority	Minimum NHS Contribution
418	Neighbourhoods	Supporting Neighbourhoods	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution
403	Home first	Forum central	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
404	Supporting carers	A range of services to support carers	Carers Services	Respite services		2808	3800	Beneficiaries	Community Health		NHS			Local Authority	Minimum NHS Contribution
405	Leeds Equipment	Leeds Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		1895		Number of beneficiaries	Community Health		NHS			Local Authority	Minimum NHS Contribution
406	Leeds Equipment	Leeds Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		1602		Number of beneficiaries	Community Health		LA			Local Authority	Additional LA Contribution
419	3rd Sector prevention	Mental Health Prevention Services	Prevention / Early Intervention	Other	Mental Health Prevention Services		0		Mental Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
420	3rd Sector prevention	Community Health Prevention Services	Prevention / Early Intervention	Other	Community Healt Prevention Services				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
422	Community beds	South Recovery Hub	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		18		Number of placements	Social Care		LA			Local Authority	Minimum NHS Contribution
411	Disabled Facilities Grant	Means-tested grant to cover the cost of housing adaptations that help disabled people to live independently in their own homes	DFG Related Schemes	Adaptations, including statutory DFG grants		910	689	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG

412	Social Care to Health Benefit	Social care to health benefit	Home Care or Domiciliary Care	Domiciliary care packages		715000		Hours of care (Unless short-term in which	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
413	Contingency	Contingency fund Contingency arrangements will be developed to meet a range of financial risks affecting the BCF e.g. effects of increasing demand, changes to legislation and those risks outlined in the BCF risk register. However, in line with national guidance, the first call will be against the (risk) of failure to deliver the planned reduction in non-elective admissions and/or delayed transfers of care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Acute		NHS			NHS Acute Provider	Minimum NHS Contribution
414	Care Bill	To cover the financial costs associated with the Care Act	Care Act Implementation Related Duties	Other	To cover the financial costs associated with				Social Care		LA			Local Authority	Minimum NHS Contribution
415	Enhancing Primary care	Primary care developments with the top 2% high risk and vulnerable patients on their practice registers. In order to develop services around these patients this funding is used to enhance services to support the management of this patient cohort.	Prevention / Early Intervention	Risk Stratification					Primary Care		NHS			NHS	Minimum NHS Contribution
416	Information Technology	Initiatives include the Leeds Care Record, Person Held Record, collaboration tools, pathway assistance, system and data sharing improvements.	Enablers for Integration	System IT Interoperability					Other	IT	NHS			Charity / Voluntary Sector	Minimum NHS Contribution
417	Former local reform and Community voices	Former local reform and community voices grant	Other				0		Social Care		LA			Local Authority	Minimum NHS Contribution
421	Contribution to social care demand pressures	Contribution to social care demand pressures	Residential Placements	Other	Contribution to social care demand	869		Number of beds	Social Care		LA			Local Authority	iBCF
451	Growth in home care	Anticipated growth in home care hours	Home Care or Domiciliary Care	Domiciliary care packages		31565	31565	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Local Authority Discharge
452	Growth in residential care	anticipated growth in residential/ nursing placements	Residential Placements	Care home		61.73076923	135	Number of beds	Social Care		LA			Private Sector	Local Authority Discharge
453	Additional Social Workers	Additional Social Workers	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			24.5		Social Care		LA			Local Authority	Local Authority Discharge Funding
461	Additional community capacity	Investment into the community night service	Home-based intermediate care services	Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)		620	913	Packages	Community Health		NHS			NHS Community Provider	ICB Discharge Funding
462	Home First pump priming	Investment into the community Active Recovery service	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		315		Packages	Community Health		NHS			NHS	ICB Discharge Funding
463	Temp to Perm' placements	Discharge to Assess bed placements	Residential Placements	Short-term residential/nursing care for someone likely to require a		146.25		Number of beds	Social Care		NHS			Private Sector	ICB Discharge Funding
464	P2 discharge to assess	Spot Purchased Discharge to Assess to support pathway 2	Residential Placements	Short term residential care (without rehabilitation or reablement input)		115.75		Number of beds	Social Care		NHS			Private Sector	ICB Discharge Funding
465	TOC hub	investment in TOC hub staffing to support trusted assessment	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			NHS Community Provider	ICB Discharge Funding
466	Bevan healthcare primary care cover to the 'out of	Primary care support for the homeless population	Other						Primary Care		NHS			NHS	ICB Discharge Funding
467	Housing workers	Housing workers in dedicated to the TOC hub	Housing Related Schemes						Social Care		NHS			Local Authority	ICB Discharge Funding

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

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

12	Home-based intermediate care services	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

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: Leeds

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

2024-25 capacity and demand plan

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

We have been regularly reviewing the capacity and demand for intermediate care services in Leeds as a system partnership every fortnight over 23/24. Over the course of the year we will have commissioned additional support at home services in response to service gaps and spot purchased additional pathway 2 beds in response to seasonal demand surges.
Whilst the number of people waiting in hospital with no reason to reside has decreased during 23/24, this number still remains high. In part this is due to the size of LTHT and the volume of supported discharges. Work is underway in the system to further define what the expected number of nR2R per pathway would be based on our current demand and agree with system partners our aspirational target for total numbers of no reason to reside. For services funded through the BCF we have set target waiting times in hospital of no more than 3 days, this includes Rehabilitation and Reablement at home, outside specialist services such as stroke, and our rehabilitation and reablement beds. We are currently rolling out a ward-based case manager model within LTHT to ensure that processing time is kept to a minimum to support services to meet the overall KPI of 3 days from referral to service starting.
There are some outliers with long waits for specialist services or equipment which affect the average wait times on discharge pathways from hospital and we are tracking the waiting times associated with individual services to ensure action is targeted appropriately.

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

There have been changes in the capacity, efficiency and criteria for intermediate care services through the HomeFirst programme during 23/24.
We have commissioned some short-term social care support at home to address gaps in intermediate care at home services. This is represented as spot purchased capacity in the capacity and demand data. Our expectation is that as improvements in intermediate care service efficiency become embedded, we will be able to adjust the amount of spot purchased capacity that is required.
We have reduced the number of Pathway 2 beds commissioned in response to demand needs as length of stay decreases and the culture changes towards HomeFirst in the system. The cost per bed has increased as we increase the therapy and social worker support to these beds to improve the quality of outcomes for people and support people to be independent for longer. We maintain the contract flexibility to spot purchase additional beds form the care home market should this be required due to demand increases.

In relation to capacity and demand plans:
Our Short term domiciliary care P1 is accounted for as spot purchase capacity on P1.
We have eliminated our short term bedded care outside of bedded rehabilitation and reablement.
We are standardising the times on hospital discharge across all services through the rollout of a standardised case-management model.
There is no commissioned short-term social care outside of Reablement.
We do not ring-fence P2 capacity for step-up or step-down capacity, and flex capacity dynamically as needed. As such available capacity is listed as all bedded capacity as this allows alignment with our commissioning assumptions and a clear read across local plans.

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

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

Leeds is predicting a significant increase in the over 65s and particularly the over 80 population over the coming 5 years. This will impact on the demand for our intermediate care services as a large cohort within this demographic growth are likely to have associated frailty. Improvements in the intermediate care services will reduce the demand on pathway 3 however this will be netted off by demographic growth in the frailty population of 2% over the next year as shown in our BCF metric ambitions. We have expanded the capacity and hours of our SDEC service and virtual ward service which will support admission avoidance. We are hoping that our improvements will support us to maintain the same level of admission to hospital and long-term care despite the population growth.

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

We continue to improve our support at home offer to allow people to maintain their independence for longer. This requires both commissioning and culture changes. Over the coming year we are hoping to embed these changes to further reduce the processing time for people waiting hospital discharge by rolling out a ward base care manager model for our transfer of care hub team that will enhance the ability for people and their carers to be part of the decision about what the most appropriate support at discharge will be. This model will reduce delays by addressing issues and gather further information to allow us to address any commissioning or process barriers in enabling services such as equipment.
We have already realised a significant reduction in the no reason to reside length of stay for people in hospital and our aim is to reduce this further through these improvements.

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

The Leeds system tracks capacity and demand through the System Visibility Dashboard and a collaborative partnership meeting between Heads of Service across the NHS and local authority (this includes Heads of Service for Community Neighbourhood Teams in LCH, LTHT ops centre for discharge, and Adult Social Care leads in the LA). All services commissioned within the BCF are part of the BCF governance forum which formulates our plans across the health and care partnership before we share with our Health and Wellbeing Board for sign off.
Our system visibility dashboard includes all major intermediate care services (reablement, neighbourhood teams and community care beds) and social work timeframes for assessment on hospital discharge. Hospital data relating to bed occupancy and number of patients no longer meeting the criteria to reside are also included. This data is refreshed daily and presented as on a rolling basis to support operational overview of performance across services. Our Active System Leadership group meets fortnightly to review progress of our services against agreed KPIs.
These data sets have been used to model our anticipated demand, and our HomeFirst programme has developed capacity plans and key KPIs. This data has also been used to inform capacity plans and efficiency targets.

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

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

The Leeds system tracks capacity and demand through the System Visibility Dashboard - where the data supported, actual data from the dashboard was used to inform plans ensuring a common source and basis for plans. The monitoring of this dashboard supports a system view of demand and capacity across different intermediate care offers in Leeds.

Approach to using Additional Discharge Funding to improve

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

The ADF has been invested in additional care at home to support people to maintain their independence for longer and reduce the number of people entering long-term care settings. The Active Recovery service combines our LA Reablement service with the NHS therapy service to improve efficiency for staff and people of Leeds and maximise the benefits of both services to allow more people to benefit from a therapeutic approach alongside Reablement. In addition to this we are investing in Discharge to Assess services in beds to reduce the likelihood of deconditioning in hospital as a result of discharge delays. Furthermore, we are utilising the ADF to address some of the most complex issues at discharge and the provision of a dedicated TOC hub with specialist housing support and support for people who are homeless, which will address some of the hospital delays while ensure that some of our most vulnerable individuals are supported to better outcomes and reduce deconditioning.

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

- **Local learning from 23-24**
- **the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**

We identified challenges in discharge support for people who are homeless and have commissioned the Bevan pathway to support people. Bevan run the GP element of the Leeds Out of Hospital Service for homeless people. They also provide in reach to homeless individuals who reside on wards in LTHT. This project centres around beds in temporary housing units, which are managed by an MDT. The MDT includes clinical lead (nurse), GP sessional time, support from a housing worker, dedicated social work time, and wellbeing workers. The project works with people who are homeless and have recently left hospital with a long term health need / reablement need. The project helps rehabilitate service users in a bespoke environment and then supports them to move on to permanent accommodation.

We have increase the funding to LCH to support people in their homes on discharge from hospital, this has been invested in additional night time support, and interventions.

Findings from the national discharge funding evaluation were mirrored in Leeds; key areas of spend in relation to discharge funding included domiciliary care, residential care, reablement and bed-based intermediate care in our Active Recovery pilot and community beds. Across 23/24 we have had improvements in flow across our system due to improvements in processes resulting in reduced LoS and patients waiting in acute beds. We have also embedded VCSO partner services into the discharge support offer in Leeds with our Enhanced Service.
Seasonality has been evident in demand increases and increases in patient need / dependency.

Ensuring that BCF funding achieves impact

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

Leeds has a BCF governance forum that brings together the heads of service and finance leads to review progress on the BCF metrics and agree ambitions and targets.
Delivery of all services is monitored through contract management and the BCF plan and reviewed at out integrated commissioning executive group between the LA and ICB.

Linked KLOEs (For information)	
Checklist Complete:	
Yes	Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?
Yes	Does the plan describe any changes to commissioned intermediate care to address gaps and issues? Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?
Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
Yes	Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?
Yes	
Yes	Has the area described how shared data has been used to understand demand and capacity for different types of inter
Yes	Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Is the plan for spending the additional discharge grant in line with grant conditions?
Yes	Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"
Yes	Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: Leeds

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	164.0	157.6	146.4	159.2	Plans are based upon 23/24 refreshed actuals. Population growth anticipated to be netted off by expansion of SDEC services and increase in virtual ward offer capacity. 23/24 Actuals: 1291, 1240, 1453, 1354 24/25 plans align with previous year attainment achieved and reflecting challenges in Primary Care which are at their worst over winter. We continue to look for improvement opportunities through data analysis and benchmarking.	SDEC services expansion and increase in virtual ward anticipated to give full year affect for 2024/25. BCF funded schemes to support avoidable admissions include community prevention services provided by VCSO that includes mental health services. (419 and 420) We also commission primary care support to the homeless population (466) The additional community services investment also supports people to stay at home for longer (462).
	Number of Admissions	1,291	1,241	-	-		
	Population	809,036	809,036	-	-		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	164	157.6	146.4	159.2		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,128.1	1,828.5	1,792.3	Plans reflect revised actual position for Q1-3 for 23/24 and modelling Q4 based upon 2 years historic trend. 24/25 plans also reflect anticipated continued reduction of c2% across the year '2377' 23/24 estimate is based on Q3 actuals (Q1-3: 432.8/448.7/541.8) with plans based on an expectation of a continued 2% reduction. 23/24 plans were based on an incomplete data set and so were artificially low – we have since corrected these data issues and based 24/25 plans on a more accurate baseline.	The Falls Steering Group, which is jointly chaired by the local authority and the NHS Community Trust is leading on initiatives to reduce the number of falls. Initiatives include a Falls, Strength and Balance programme, falls pathways for primary care, voluntary and community sector, and a care home falls pathway including associated best practice guidance in development. Also a review of the primary prevention of falls will be undertaken. Schemes funded by the BCF included the use of Disabled Facilities Grants to support people to continue to live at home with the assistance of adaptions (411). We also invest in enhancing primary care where practices identify vulnerable or high-risk people on their registers and enhance services around this patient cohort (415).
	Count	1,130	2377	2330		

	Population	129,839	129839	129839		We have 3 schemes that contribute towards our community beds, including dementia capacity – these services provide reablement to strengthen patients against the risk of falls once they return home (401/402/422).

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.1%	91.2%	92.6%	93.1%	During 23/24 we have increased the % of people able to be supported at home following discharge - this has been through a culture change coupled with an increase in service availability. Improvements in the availability of at home support through the commissioning of Short-Term Assessment service for those people alongside the established Reablement service, which is planning to expand its criteria will help us to maintain the increase see in 23/24 - at 93% Recognising that we see a seasonal increase in dependency at hospital discharge over winter and more people flow into our rehab and reabling bed-based services for a period of intermediate care, Q4 is slightly lower as acuity will be higher and therefore the % of people discharged for a period of rehab and recovery on a bedded setting will be slightly increased.	Improvements in the availability of at home support through the commissioning of Short-Term Assessment service for those people alongside the established Reablement service, which is planning to expand its criteria will help us to maintain the increase see in 23/24 - at 93% We have BCF funding aligned to community care beds that provided rehabilitation in a bedded setting for patients medically fit for discharge (401/402/422). These community beds along with community Reablement services (400) are central to our flow from acute hospital beds to home and community. BCF funding is also used within community therapy services as part of a combined health and social care rehab and reablement offer (461/462). BCF funding also support VCSO services that provide social care support upon discharge, to settle patients at home during discharge (403/404). Our Equipment Services provides many types of equipment such as adapted beds, rails and hoists etc to support more people to live independently and safely at home (405/406). The BCF funding has also been deployed to increase social worker numbers, including in support of our multi-discipline, multi-agency discharge of care hub (421/453/467)
	Numerator	13,317	13,550	13,079	12,993		
	Denominator	14,623	14,855	14,119	13,956		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	93.2%	93.2%	93.2%	91.4%		
	Numerator	13,050	13,050	13,050	12,800		
	Denominator	14,000	14,000	14,000	14,000		

8.4 Residential Admissions

2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	529.0	537.7	519.0	531.4	23/24 estimates based on refreshed actual data available to date. 24/25 plan set to achieve ambition set as part of 23/24 plan. Unfortunately we did not meet our ambition for 23/24 and so are continuing to work towards this in 24/25. Given that population growth is higher in the 80+ cohort than the over 65s we recognise this is a stretching target.	The Leeds system is working to improve our HomeFirst approach and expand the offer of our pathway 2 beds. This will allow more people to benefit from intermediate care and therefore maintain their independence for longer. We believe these improvements through our transformation programme will offset the demographic growth. BCF funds support additional at home services through the ADF and rehabilitation in a bedded setting both of which support people to stay independent for longer and reduce the rate of admissions to residential settings. Improved hospital discharge processes through the case manager investment in the TOC hub will not only improve decision making on discharge but also reduce the NR2R delays and associated deconditioning and therefore contribute to a reduction in residential admissions. (400/401/462/465) Funding has also been aligned to services responding to anticipated growth in domiciliary care and residential placements when appropriate (451/452).
	Numerator	674	690	666	690		
	Denominator	127,422	128,336	128,336	129,839		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

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

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update	
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4 & PR6**	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?	
Additional discharge funding	**PR5**	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?	
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	PR 4 and PR6 are dealt with together (see above)	
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?	

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12	
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?	