BCF Planning Template 2023-25

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 b 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 of 2. Question completion tracks the number of questions that have been completed; when all the questions in each section of t completed the cell will turn green. Only when all cells 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 checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word before sending to the Better Care Fund Team.

4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It wi the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and com

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

Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template' cell (below the title) will change to 'T

8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and alloca Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree propart of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not beer populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national al increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning 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 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are 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 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 Manager).

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appear 'Red' and contain ain the word 'Yes'.
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tions of ASC Discharge 2023-24, but local isional plans for its use as published so are not pre will be checked against a nputted manually for Year ocation (£500m in 2024-25, the amounts in the fields

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

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 drop down list that best describes the scheme being planned.

Please note that the drop down 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 2023-24 and 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.

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.

- 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.

- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:

Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

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

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

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:

Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
 11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward. 12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

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

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

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

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand

- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.

- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.

- The population data used is the latest available at the time of writing (2021)

- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR: https://future.nhs.uk/bettercareexchange/view?objectId=143133861

- Technical definitions for the guidance can be found here:

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

2. Falls

- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.

- This is a measure in the Public Health Outcome Framework.

- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.

- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.

- For 2023-24 input planned levels of emergency admissions

- In both cases this should consist of:
 - emergency admissions due to falls for the year for people aged 65 and over (count)
 - estimated local population (people aged 65 and over)
 - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.

Further information about this measure and methodolgy used can be found here:

https://fingertips.phe.org.uk/profile/public-health-outcomes-

framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.

- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.

Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
 Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:

- This section requires inputting the expected numerator of the measure only.

- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)

Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
 The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

5. Reablement:

- This section requires inputting the information for the numerator and denominator of the measure.

- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).

- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.

Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
 The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

2. Cover

Version 1.1.3

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.

HM Government

- 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:	Surrey
Completed by:	Suzi Stern
E-mail:	susan.stern@surreycc.gov.uk
Contact number:	susan.stern@surreycc.gov.uk
Has this report been signed off by (or on behalf of) the HWB at the time of	
submission?	<please select=""></please>
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	Tim	Oliver	tim.oliver@surr
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	Claire	Fuller	clairefuller1@nh
	Additional ICB(s) contacts if relevant	Mr	Jonathan	Sly	jonathan.sly@n
	Local Authority Chief Executive	Ms	Joanna	Killian	joanna.killian@s ov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Jon	Lillistone	jonathan.lillistor cc.gov.uk
	Better Care Fund Lead Official	Ms	Suzi	Stern	susan.stern@su .uk
	LA Section 151 Officer	Mr	Leigh	Whitehouse	leigh.whitehous c.gov.uk
Please add further area contacts that you would wish to be included	Health Integration Policy Lead	Ms	Lucy	Clements	lucy.clements4@
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.

	Complete:
2. Cover	No
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top



<u>Complete:</u>		
Yes		
No		
No		



Yes
Yes

3. Summary

Selected Health and Wellbeing Board:

Surrey

Income & Expenditure

Income >>

			*		
Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£10,155,847	£10,155,847	£10,155,847	£10,155,847	£0
Minimum NHS Contribution	£90,012,843	£95,107,570	£90,012,843	£95,107,570	£0
iBCF	£11,408,352	£11,408,352	£11,408,352	£11,408,352	£0
Additional LA Contribution	£1,008,564	£1,008,562	£1,008,564	£1,008,562	£0
Additional ICB Contribution	£11,343,869	£11,343,869	£11,343,869	£11,343,869	£0
Local Authority Discharge Funding	£1,599,433	£2,665,722	£1,599,433	£2,665,722	£0
ICB Discharge Funding	£5,509,223	£9,579,424	£5,509,223	£9,579,424	£0
Total	£131,038,131	£141,269,346	£131,038,131	£141,269,346	£0

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£25,582,047	£27,029,991
Planned spend	£37,523,959	

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£53,028,113	£56,029,504
Planned spend	£53,787,698	£56,920,735

<u>Metrics >></u>

Avoidable admissions

	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-2
	Plan	Plan	Plan	
Unplanned hospitalisation for chronic ambulatory care sensitive				
conditions	130.0	140.0	155.0	
(Rate per 100,000 population)				



		2022-23 estimated	2023-24 Plan
	Indicator value	2,124.5	2,124.5
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Count	5380	5380
	Population	228579	228579

Discharge to normal place of residence

	2023-24 Q1 Plan			
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	93.6%	86.8%	91.3%	93.6%
(SUS data - available on the Better Care Exchange)				

Residential Admissions

		2021-22 Actual	2023-24 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	555	698

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	69.4%

Planning Requirements >>

Theme	Code	Response
	PR1	Yes
NC1: Jointly agreed plan	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
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 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board:

Surrey

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

discharges from each trust by Pathway for each month. The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or addit estimates of reablement, rehabilitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

- Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.

- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not co you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care or short term care (non-discharge) each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care or short term care (non-discharge) each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care or short term care (non-discharge) each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care or short term care (non-discharge) each month for the number of people requiring intermediate care or short term care (non-discharge) each month (non-d

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or leng Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

tional support) into separate
option.
ollect referrals by source, and ediate care.
s these different service types:
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gth of stay
. For services in a person's

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response an template is split into 7 types of service:

• Social support (including VCS)

- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

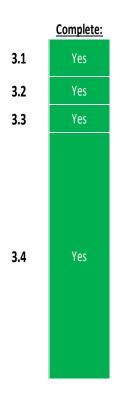
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guida available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made.	All data is from CSDS.
Please include your considerations and assumptions for Length of Stay and	Urgent includes all those with waiting times under 2hrs and Reablement includes all those that were
average numbers of hours committed to a homecare package that have	more than 2hrs.
been used to derive the number of expected packages.	
	This includes only Surrey Heartlands. 15% uplifted added to emulate Surrey-wide.
	As numbers for the voluntary sector are not collected, an assumed 3% of total capacity has been
	used.
	This includes referral numbers, not care contacts
	Includes/excludes referrals from acute setting [Acute Hospital Inpatient/Outpatient Department],
	where appropriate.
	Where [SourceOfReferralForCommunityDescription] is BLANK or UNKNOWN this is counted as a
	community source
	The following formula was used to get the total monthly capacity:
	The highest number of cases in a given day since 2018/19 * days in the month.
	This calculation assumes the average length of stay per patient is 1 day.

nd VCS support. The
d need to
ance on all sections is



"Click on the filter box_below to select Trust first!	Demand – Hospital Discharge											
Trust Referral Source (Select as many as you need)	Pathway 💌	Apr-2	May-	Jun- 🍸	Jul-2	Aug-	Sep-	Oct-23	Nov-23	Dec-23	Jan-24	Feb-2
OTHER	Social support (including VCS) (path w ay 0)	13	13	3 12	13	12	2 13	14	13	13	11	
OTHER	Reablement at home (pathway 1)	51	83	3 56	70	74	125	127	143	143	94	
OTHER	Rehabilitation at home (pathway 1)	0	(0	0) (0	0	0	0	
OTHER	Short term domiciliary care (path v ay 1)	61	48	3 49	72	50) 47	55	52	. 48	48	
OTHER	Reablement in a bedded setting (path v ay 2)	313	293	3 267	288	264	241	263	213) 223	196	
OTHER	Rehabilitation in a bedded setting (path v ay 2)	0	() 0	0	0) (0	0	0	0	
OTHER	Short-term residential/nursing care for someone likely to require a longer-	0	() 0	0	0) (0	0	0	0	

3.2 Demand - Community

Demand – Intermediate Care												
Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	11	16	18	20	20	26	29	25	27	24	15	17
Urgent Community Response	136	308	367	448	407	581	614	519	617	431	247	345
Reablement at home	43	61	71	81	136	163	205	169	202	208	178	139
Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting	2	3	5	7	1	5	5	0	4	6	3	2
Other short-term social care	156	150	132	122	112	113	111	125	76	140	68	60

3.3 Capacity - Hospital Discharge

Capa	acity - Hospital Discharge												
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	118	122	118	122	122	118	122	118	122	122	111	122
Reablement at Home	Monthly capacity. Number of new clients.	600	620	600	620	620	600	620	600	620	620	560	620
Rehabilitation at home	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care	Monthly capacity. Number of new clients.	210	217	210	217	217	210	217	210	217	217	196	217
Reablement in a bedded setting	Monthly capacity. Number of new clients.	3120	3224	3120	3224	3224	3120	3224	3120	3224	3224	2912	3224
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to	Monthly capacity. Number of new clients.	0	0	0	0	0	0						
require a longer-term care home placement								0	0	0	0	0	0

24	Mar-24
9	6
75	61
0	0
44	24
176	96
0	0
0	0

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly										
ICB	LA	Joint								
		100%								
		100%								
		100%								
		100%								

	Capacity - Community		I	1	1.	1						
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Social support (including VCS)	Monthly capacity. Number of new clients.	88	91	. 88	91	. 91	. 88	3 91	1 8	38 91	1 9)1
Urgent Community Response	Monthly capacity. Number of new clients.	144(1488	1440	1488	1488	3 144() 1488	3 144	1488	3 148	38
Reablement at Home	Monthly capacity. Number of new clients.	780	806	780	806	806	5 780	806	5 78	80	5 80)6
Rehabilitation at home	Monthly capacity. Number of new clients.	(0	0	0) ()) () ()	0 ()	0
Reablement in a bedded setting	Monthly capacity. Number of new clients.	(0	0	0) ()) () ()	0 ()	0
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	270	279	270	279	279	270) 279	27	279	9 27	79
Other short-term social care	Monthly capacity. Number of new clients.	420	434	420	434	434	420) 434	42	.0 434	4 43	34

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
ICB	LA	Joint
		100%
		100%
		100%
		100%
		100%

ļ	Mar-24
82	91
1344	1488
728	806
0	0
0	0
252	279
392	434

4. Income

Selected Health and Wellbeing Board:

Surrey

Local Authority Contribution			
	Gross Contribution	Gross Contribution	
Disabled Facilities Grant (DFG)	Yr 1	Yr 2	
Surrey	£10,155,847	£10,155,847	
DFG breakdown for two-tier areas only (where	applicable)		
Elmbridge	£976,997	£976,997	
Epsom and Ewell	£785,282	£785,282	
Guildford	£805,901	£805,901	
Mole Valley	£886,819	£886,819	
Reigate and Banstead	£1,286,692	£1,286,692	
Runnymede	£874,205	£874,205	
Spelthorne	£943,241	£943,241	
Surrey Heath	£884,021	£884,021	
Tandridge	£522,380	£522,380	
Waverley	£852,606	£852,606	
Woking	£1,337,703	£1,337,703	
Total Minimum LA Contribution (exc iBCF)	£10,155,847	£10,155,847	

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Surrey	£1,599,433	£2,665,722

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Frimley ICB	£506,521	£1,238,157
NHS Surrey Heartlands ICB	5002701.86	£8,341,267
Total ICB Discharge Fund Contribution	£5,509,223	£9,579,424

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Surrey	£11,408,352	£11,408,352
Total iBCF Contribution	£11,408,352	£11,408,352

Are any additional LA Contributions being made in 2023-25? If	Vac
yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1		Comments - Please use this box to clarify any specific uses or sources of funding
Surrey	£492,744	£492,742	Surrey contribution to BCF
Surrey	£515,820	£515,820	Carry Forward - Frimley side of council
Total Additional Local Authority Contribution	£1,008,564	£1,008,562	

Complete:

Yes

Yes

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Frimley ICB	£11,562,727	£12,217,178
NHS Surrey Heartlands ICB	£78,450,116	£82,890,393
Total NHS Minimum Contribution	£90,012,843	£95,107,570

Are any additional ICB Contributions being made in 2023-25? If	Yes
yes, please detail below	163

			Comments - Please use this box clarify any specific uses
Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	or sources of funding
NHS Surrey Heartlands ICB	£9,300,000	£9,300,000	Carry forward of Additional Contribution
NHS Frimley ICB	£1,300,000	£1,300,000	Carry forward of Additional Contribution
NHS Frimley ICB	£743,869	£743,869	Carry forward from 22/23
Total Additional NHS Contribution	£11,343,869	£11,343,869	
Total NHS Contribution	£101,356,712	£106,451,439	

	2023-24	2024-25
Total BCF Pooled Budget	£131,038,131	£141,269,346

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



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

Better (Care Fund 2023-25 Tem	plate				
	5. Expenditure					
Selected Health and Wellbe	ing Board:	Surrey]		
				2023-24		
	Running Balances		Income		Balance	
<< Link to summary sheet	Running Balances DFG			Expenditure		
<< Link to summary sheet		on	Income	Expenditure £10,155,847	£0	
<< Link to summary sheet	DFG	on	Income £10,155,847	Expenditure £10,155,847 £90,012,843	£0 £0	

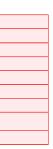
£95,107,570 £95,107,570 £0 £11,408,352 £11,408,352 £0 £1,008,562 £1,008,562 £0 £0 £0 Additional NHS Contribution £11,343,869 £11,343,869 £11,343,869 £11,343,869 £0 Local Authority Discharge Funding £1,599,433 £1,599,433 £2,665,722 £2,665,722 £0 ICB Discharge Funding £5,509,223 £5,509,223 £9,579,424 £9,579,424 £0 £0 £0 £131,038,131 £141,269,346 £141,269,346 Total £131,038,131 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).

	2	2023-24			2024-25	
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the						
minimum ICB allocation	£25,582,047	£37,523,959	£0	£27,029,991	£39,555,627	£0
Adult Social Care services spend from the minimum						
ICB allocations	£53,028,113	£53,787,698	£0	£56,029,504	£56,920,735	£0

Checkl	ist													
Colum	n complete:													
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Yes	Yes	Yes Yes	Yes	Yes Ye	es No	Yes Yes	Yes Yes
>> Inco	omplete fields on row	number(s):												
30, 39, 60, 61,														
62, 63,														
64, 65,														
66, 67,														
68, 69,														
70, 71, 72, 73,														
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96, 97, 98, 99,														
100, 10	1.													
102, 10	3,													
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110, 11 112, 11	3.													
114, 11	5,													
116, 11	7,													
118, 11	9,													
120, 12	1,													

2024-25

£10,155,847



Balance

£0

Expenditure

£10,155,847

									Planned Expend									
Scheme	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if		Expected 24 outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Join Commissioner		Source of Funding	New/ Existing	Expenditure 23/24 (£)	Expenditure % of 24/25 (£) Over
					'Other'	outputs 2023-2	24 Outputs 2024-25			is 'other'		commissioner)	commissioner	,	Fulluling	Scheme	23/24 (E)	24/25 (£) Over Sper
•	.т ГС 1-	Homecare Service Provision	Care Act	• Other	Carer advice and		•		Casial Casa	• •	-	•	-		Minimum	Eviation	6272 670	(Ave £373,670 14%
1	ES 1a - Responsibilities under the Care		Implementation Related Duties	Other	support				Social Care					Local Authority	NHS Contribution	Existing	£373,670	14%
	Act ES 1b -	A due en en	Cara Aat						Casial Casa						N dise intervente	Cuintin a	C4 551	C4 551 09/
2	Responsibilities under the Care		Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£4,551	£4,551 0%
	Act ES 1c -	Cofeenadiae	Care Act	Cofeenadiaa					Social Care						Minimum	Existing	£17,778	£17,778 1%
3	Responsibilities under the Care		Implementation Related Duties	Safeguarding					Social Care		LA			Local Authority	NHS Contribution	Existing	117,778	117,778 1%
1	Act ES 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		502	502	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS	Existing	£380,000	£380,000 4%
5	ES 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	t				Community Health		NHS			NHS Community Provider	Contribution Minimum NHS Contribution	Existing	£4,660,776	£4,924,576 4%
5		Social Prescription	Prevention / Early	anticipatory care Social Prescribing					Social Care		NHS			Local Authority	Minimum	Existing	£518,004	£547,323 1%
-	Schemes		Intervention	-											NHS Contribution		6160.650	5170 105 DX
	Grants	-	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£168,650	£178,196 0%
	ES 6 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment support for mental health				Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£120,341	£127,152 0%
)	ES 7 - Tech to Connect	enable social inclusion through the use of	Assistive Technologies and Equipment	Digital participation services		508	537	Number of beneficiaries	Other	Wellbeing Services	NHS			Charity / Voluntary Sector	Minimum	Existing	£67,479	£71,298 1%
10	ES 8 - Growing Health Together		Prevention / Early Intervention	Other	Local PCN led scheme to promote wellbeing				Primary Care		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£147,658	£156,015 0%
1	ES 9 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process	weitbeitig				Social Care		LA			Charity / Voluntary Sector		Existing	£149,183	£157,627 1%
2	ES 10 - Stroke Support		Transfer of Care Integrated Care Planning and	support/core costs Care navigation and planning					Social Care		LA			Charity / Voluntary Sector		Existing	£19,408	£20,507 1%
3	ES 11 - TECS	Technology Enabled Care Services	Navigation Assistive Technologies and Equipment	Assistive technologies including telecare		70	74	Number of beneficiaries	Social Care		LA			Local Authority	Contribution Minimum NHS	Existing	£120,000	£126,792 1%
4	ES 12 - Information &	Information and advice for the public to navigate the	Integrated Care Planning and	Care navigation and					Social Care		LA			Local Authority	Contribution Minimum NHS	Existing	£41,073	£43,397 2%
5	Advice ES 13a - Mental	care sector Mental Health Support	Navigation Prevention / Early	Other	Mental Health				Social Care		LA			Charity /	Contribution Minimum	Existing	£257,410	£276,264 0%
	Health Community Connections		Intervention		community support contracts									Voluntary Sector	NHS Contribution			
.6	ES 13b - Mental Health Community Connections		Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution		£75,709	£75,709 0%
7	ES 14 - Handy Persons		Housing Related Schemes						Social Care		LA			Local Authority	Minimum NHS	Existing	£44,683	£47,212 12%
8	ES 15 - Community		Assistive Technologies and Equipment	Community based equipment		1942	1954	Number of beneficiaries	Social Care		Joint	50.0%	50.0%	Private Sector	Contribution Minimum NHS	Existing	£570,610	£602,907 6%
9	Equipment ES - 16 Autism Friendly Communities	Providing support to communities in Surrey to be inclusive of people with	Community Based Schemes	Integrated neighbourhood services		_			Social Care		LA			Local Authority	Contribution Minimum NHS Contribution	Existing	£3,500	£3,698 0%
0	ES - 17 All Age	Autism Providing support to people	Integrated Care	Care navigation and					Social Care		LA			Local Authority	Minimum	Existing	£68,241	£72,104 4%
1	Autism Strategy ES 18 - Disabled	Funding passported to	Planning and Navigation DFG Related Schemes			224	224	Number of	Social Care		LA			Local Authority	NHS Contribution DFG	Existing	£1,268,237	£1,268,237 12%
	Facilities Grant	Borough and District Councils		statutory DFG grants				adaptations funded/people supported										
2	ES 19 - Improve BCF 23/24		Residential Placements	Other	Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 2)	38	38	Number of beds/Placement s	Social Care		LA			Local Authority	iBCF	Existing	£1,729,975	£1,729,975 1%
3	Discharge Fund - Surrey Heartlands Pathway 1		Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess	5	31711	52874	Hours of care	Social Care		NHS			Private Sector	ICB Discharge Funding	New	£760,755	£1,268,446 1%
4	ES 21 - ICB Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this through the year	Community Based Schemes	pathway 1) Other	Carry Forward				Community Health		NHS			NHS	Additional NHS Contribution	Existing	£4,800,000	£4,800,000 4%
25	ES 22 - D2A contribution	D2A Funding	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		19685	19540	Hours of care	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£472,253	£468,758 0%

	CW 1-	Homecare Service Provision	Cara Art	Other	Canan advise and	1	1	Т	Capiel Care		•	Г			D.dimino	Eviatia a	6427.200	6427 200	1 C 0/
26	GW 1a - Responsibilities under the Care		Care Act Implementation Related Duties	Other	Carer advice and support				Social Care		A			Local Authority	Minimum NHS Contribution	Existing	£427,399	£427,399	.6%
7	Act	A -1	Course A st						Cardial Card						N 41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	E. Jatin a	CE 207	CE 207	
/	GW 1b - Responsibilities under the Care		Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	L	A			Local Authority	Minimum NHS Contribution	Existing	£5,207	£5,207 ()%
3	Act GW 1c -	Safeguarding	Care Act	Safeguarding					Social Care		A			Local Authority	Minimum	Existing	£20,394	£20,394	1%
<u>,</u>	Responsibilities under the Care Act		Implementation Related Duties	Suregularing											NHS Contribution	Existing	220,354	120,554	
Э	GW 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		575	575	Beneficiaries	Social Care	Ľ	A			Local Authority	Minimum NHS Contribution	Existing	£435,000	£435,000 ·	4%
)	GW 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health	N	IHS			NHS Community Provider	Minimum NHS Contribution	Existing	£4,369,690	£4,617,014	3%
L		Mental Health Employment Support	Prevention / Early Intervention	anticipatory care Other	Employment Support for				Social Care	N	IHS			Charity / Voluntary Sector		Existing	£141,927	£149,960 ()%
2	GW 5 - End of Life Care -	End of Life Contract	Integrated Care Planning and	Care navigation and planning	Mental Health				Community Health	N	IHS			NHS Community Provider	Contribution Minimum NHS	Existing	£185,586	£196,090	11%
~	Contract		Navigation	Other.	Davida in taile				N do un tra la la caracteria					NUIC NA	Contribution	E. Jatin a	6400.076	C204 705	
3	Liaison Services		Prevention / Early Intervention	Other	Psychiatric Liaison				Mental Health		IHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£190,976	£201,785 (
4	GW 7 - Mental Health wards		High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge					Mental Health	L	A			Local Authority	Minimum NHS Contribution	Existing	£177,614	£187,667	!%
5	GW 8 - Funding for Non Elective Admissions in acute		Other						Acute	N	IHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£200,000	£211,320 ()%
5	•••••••••••••••••••••••••••••••••••••••	-	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health	N	IHS			Private Sector	Minimum NHS Contribution	Existing	£138,431	£146,266	1%
7	GW 10 - Let's get steady, Fall	Falls Prevention	Community Based Schemes	Integrated neighbourhood services					Community Health	N	IHS			Local Authority	Minimum NHS Contribution	Existing	£26,000	£27,472 ()%
8			Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		8095	9823	Hours of care	Community Health	N	IHS			Private Sector	Minimum NHS Contribution	Existing	£194,190	£235,661 ()%
9	GW 12 - Falls Prevention Packs		Community Based Schemes	Integrated neighbourhood services			-		Community Health	N	IHS			Local Authority	Minimum NHS Contribution	Existing	£9,343	£9,872 ()%
0	GW 13 - Social Prescribing Administrator	Social Prescription	Prevention / Early Intervention	Social Prescribing			-		Community Health	N	IHS			NHS Community Provider	Minimum NHS Contribution	Existing	£33,000	£34,868 ()%
1	GW 14 - Outline Grant	Outline Grant	Prevention / Early Intervention	Social Prescribing					Community Health	N	IHS			Charity / Voluntary Sector	Minimum	Existing	£276	£292 ()%
2	GW 15 - Red Bag		High Impact Change Model for Managing Transfer of Care	Red Bag scheme					Community Health	N	IHS			Private Sector		New	£1,794	£1,896)%
3	GW 16 - Home from Hospital	Home First	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care	Ľ	A			Charity / Voluntary Sector	Minimum	Existing	£23,010	£24,312 ()%
4	GW 17 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	L L	A			Charity / Voluntary Sector	Minimum	Existing	£22,833	£24,126	۱%
5	GW 18 - TECS	Technology Enabled Care		Assistive technologies including telecare		63	66	Number of beneficiaries	Social Care	L L	A			Local Authority		Existing	£107,000	£113,056	۱%
6			Integrated Care Planning and Navigation	Care navigation and planning					Social Care	U	A			Local Authority		Existing	£48,088	£50,809	3%
7			Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	Ľ	A			Charity / Voluntary Sector	Minimum	Existing	£293,492	£314,990 ()%
8		Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	L	A			Charity / Voluntary Sector	Additional LA Contribution	Existing	£86,319	£86,319)%
9	GW 21 - Handy Persons	-	Housing Related Schemes						Social Care	L	A			Local Authority	Minimum NHS Contribution	Existing	£51,917	£54,855	14%
0	GW 22 - Community Equipment		Assistive Technologies and Equipment	Community based equipment		2299	2314	Number of beneficiaries	Social Care	JC	oint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£675,568	£713,806	7%

51	GW 23 - Social Prescribing	Social Prescription	Prevention / Early Intervention	Social Prescribing					Social Care		LA	Charity / Voluntary Sector		Existing	£69,687	£73,632	ე%
52	GW 24- All Age Autism Strategy	with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA	Local Authority	Minimum NHS Contribution	Existing	£73,346	£77,498	4%
53		Grants to Community	Community Based Schemes	Integrated neighbourhood services					Social Care		LA	Charity / Voluntary Sector	Minimum	Existing	£35,960	£37,995)%
54	GW 26 - Disabled	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		222	222	Number of adaptations funded/people supported	Social Care		LA	Local Authority	DFG	Existing	£1,253,448	£1,253,448	12%
55	BCF 23/24		Residential Placements	Other	Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway	43	43	Number of beds/Placement s	Social Care		LA	Local Authority	iBCF	Existing	£1,981,153	£1,981,153	L%
56	Discharge Fund - Surrey Heartlands Pathway 2		Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)	3)	614	1024	Number of Placements	Social Care		NHS	Private Sector	ICB Discharge Funding	New	£3,686,198	£6,146,191	74%
57	Forward 22/23	This is the carryforward from the previous year, bids are made against this through the year	Community Based	Other	Carry forward				Community Health		NHS	NHS	Additional NHS Contribution	Existing	£1,500,000	£1,500,000	1%
58	SD 1a - New responsibilities under the Care		Care Act Implementation Related Duties	Other	Carer advice and support				Social Care		LA	Local Authority	Minimum NHS Contribution	Existing	£610,436	£610,436	23%
59	SD 1b - New responsibilities under the Care		Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA	Local Authority	Minimum NHS Contribution	Existing	£7,437	£7,437)%
50	SD 1c - New responsibilities under the Care		Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care		LA	Local Authority	Minimum NHS Contribution	Existing	£29,127	£29,127	1%
51	SD 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		821	821	Beneficiaries	Social Care		LA	Local Authority	Minimum NHS Contribution	Existing	£621,000	£621,000	5%
52	SD 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS	NHS Community Provider	Minimum NHS Contribution	Existing	£6,333,486	£6,691,961	5%
53	Employment	Support	Prevention / Early Intervention	Other	Employment Support for Mental Health				Social Care		NHS	 Charity / Voluntary Sector	Contribution	Existing	£173,715	£183,547	
54	SD 5 - End of Life Care Contract		Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS	NHS Community Provider	Minimum NHS Contribution		£371,934	£392,985	
55	Teams	Health Team	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge					Community Health		NHS	NHS Community Provider	Minimum NHS Contribution	Existing	£528,787	£558,716	
56 57	support post		Integrated Care Planning and Navigation	Care navigation and planning	Providencia				Continuing Care		NHS	NHS	Minimum NHS Contribution	Existing	£38,776	£40,971	
57	SD 8 - Mental Health - Psychiatric Liaison SD 9 - Local CCG	Various small contracts	Prevention / Early Intervention Community Based	Other Integrated neighbourhood	Psychiatric Liaison				Community		NHS	NHS Mental Health Provider NHS	Minimum NHS Contribution Minimum	Existing Existing	£469,101 £73,699	£495,652 £77,870	
69	Schemes mapped to BCF projects SD 10 - Funding for Non Elective		Schemes Other	services					Health Acute		NHS	NHS Acute Provider	NHS Contribution Minimum NHS	Existing	£334,000	£352,904	0%
70	Admissions in SD 11 - D2A funding	-	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		32952	34942	Hours of care	Community Health		NHS	Private Sector	Contribution Minimum NHS Contribution	Existing	£790,512	£838,265	1%
71	SD 12 - Tech to Connect		Assistive Technologies and Equipment	Digital participation services		470	497	Number of beneficiaries	Other	Wellbeing services	NHS	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£62,443	£65,977	1%
72	SD 13 - Care Home Improvement and	including workforce training	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Other	Workforce Development	NHS	NHS	Minimum NHS Contribution	Existing	£38,776	£40,971)%
73	SD 14 - Falls Prevention Packs		Community Based Schemes	Integrated neighbourhood services					Community Health		NHS	NHS	Minimum NHS Contribution	Existing	£10,782	£11,392	
74	SD 15 - Hospital to Home Support Service		High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA		Minimum NHS Contribution	Existing	£89,103	£94,146	
75	SD 16 - Stroke Support		Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£35,392	£37,395	2%

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6	SD 17 - TECS	Technology Enabled Care	-	Assistive technologies		132	140	Number of	Social Care	LA		Local Authority	Minimum	Existing	£225,000	£237,735 2%
		Services	and Equipment	including telecare				beneficiaries					NHS			
7	SD 18 -	Information and advice for	Integrated Care	Care navigation and					Social Care	LA		Local Authority	Contribution Minimum	Existing	£70,558	£74,551 4%
	Information &	the public to navigate the	Planning and	planning					Social Care	5		Local Authonity	NHS	LAISUING	170,558	1/4,331 4/8
	Advice	care sector	Navigation	F0									Contribution			
'8	SD 19a - Mental	Mental Health Support	Prevention / Early	Other	Mental Health				Social Care	LA		Charity /	Minimum	Existing	£400,063	£429,366 0%
	Health		Intervention		community							Voluntary Sector				
/	Community				support								Contribution			
	SD 19b - Mental	Mental Health Support	Prevention / Early	Other	Mental Health				Social Care	LA		Charity /	Additional LA	Existing	£117,666	£117,666 0%
	Health Community		Intervention		community							Voluntary Sector	Contribution			
	SD 20 - Handy	Handy Persons - not DFG	Housing Related		support				Social Care			Local Authority	Minimum	Existing	£80,610	£85,172 22%
-	Persons	funded	Schemes						Social care	5		Local Authonity	NHS	LAISting	100,010	103,172 22/0
													Contribution			
81	SD 21 -	Community Equipment	Assistive Technologies	Community based		3295	3316	Number of	Social Care	Joint	50.0% 50.0%	Private Sector	Minimum	Existing	£968,268	£1,023,072 10%
	Community	Service	and Equipment	equipment				beneficiaries					NHS			
	Equipment												Contribution			
	SD 22 - Social	Social Prescription	Prevention / Early	Social Prescribing					Social Care	LA		Local Authority	Minimum	Existing	£119,223	£125,971 0%
	Precribing		Intervention										NHS			
3	SD 23 - All Age	Providing support to people	Interneted Case	Care novicetion and					Social Care	LA		Local Authority	Contribution Minimum	Existing	6122.208	6140.953.89/
	Autism Strategy	with Autism in Surrey	Integrated Care Planning and	Care navigation and planning					Social Care	LA I		Local Authonity	NHS	EXISTING	£133,308	£140,853 8%
	, a don balacegy		Navigation	pictiming									Contribution			
34	SD 25 - Disabled	Funding passported to	DFG Related Schemes	Adaptations, including		489	489	Number of	Social Care	LA		Local Authority	DFG	Existing	£2,763,648	£2,763,648 27%
	Facilities Grant	Borough and District		statutory DFG grants				adaptations						-		
		Councils						funded/people								
	SD 26 - Improve	Support to D2A process	Residential	Other	Discharge from	62	62	Number of	Social Care	A		Local Authority	iBCF	Existing	£2,827,262	£2,827,262 2%
	BCF 23/24	through Care Home	Placements		hospital (with			beds/Placement								
		packages	Community Deced	Others	reablement) to			s	Community	NULC .		NUIC	A shallation of t	Fulations.	64 500 000	64 500 000 400
	SD 28 - ICB Carry Forward from	This is the carryforward from the previous year, bids	Community Based	Other	Carry forward				Community Health	NHS		NHS	Additional NHS	Existing	£1,500,000	£1,500,000 1%
	22/23	are made against this	Schemes						liealui				Contribution			
		through the year											Contribution			
8	NW 1a -	Homecare Service Provision	Care Act	Other	Safeguarding				Social Care	LA		Local Authority	Minimum	Existing	£734,033	£734,033 28%
	Responsibilities		Implementation		Board								NHS			
	under the Care		Related Duties										Contribution			
	Act NW 1b -	Advocacy	Care Act	Independent Mental Health					Social Care	LA		Local Authority	Minimum	Existing	£8,943	£8,943 0%
-	Responsibilities	Advocacy	Implementation	Advocacy					Social Care	LA		Local Authority	NHS	Existing	£8,943	£8,943 0%
	under the Care		Related Duties	Auvocacy									Contribution			
	Act															
	NW 1c -	Safeguarding	Care Act	Other	Safeguarding				Social Care	LA		Local Authority	Minimum	Existing	£35,025	£35,025 1%
	Responsibilities		Implementation		Board								NHS			
	under the Care		Related Duties										Contribution			
)1	Act NW 2 - Carers	Carers Contracts	Carers Services	Respite services		988	988	Beneficiaries	Social Care			Local Authority	Minimum	Existing	£747,000	£747,000 7%
	Funding	carers contracts	Carers Services	Respice services		500	500	benenciaries	Social care	5		Local Authonity	NHS	LAISting	1/4/,000	1747,000 770
	U U												Contribution			
)2	NW 3 - Health	Community Health Contracts	Community Based	Multidisciplinary teams that	:				Community	NHS		NHS Community	Minimum	Existing	£7,753,243	£8,192,077 6%
	Commissioned		Schemes	are supporting					Health			Provider	NHS			
	Services			independence, such as									Contribution			
13	NIM 4 Supported	Mental Health Employment	Prevention / Early	anticipatory care Other	Employment				Social Care	NHS		Charity /	Minimum	Existing	£237,148	£250,571 0%
	Employment	Support	Intervention	Other	Support for				Social Care			Voluntary Sector		LAISUING	1237,148	1230,371 078
					Mental Health								Contribution			
94	NW 5 - Mental	Mental Health Support	Personalised Care at	Mental health /wellbeing					Primary Care	NHS		NHS Community	Minimum	Existing	£451,981	£477,563 96%
	Health Virtual		Home									Provider	NHS			
/ /	Marde								-				Contribution			
	Wards								Acute	NHS		NHS Acute	Minimum	Existing	£1,687,000	£1,782,484 0%
	NW 6 - Acute	Contributions to Acute	Other									Providor	NHS			
		Contributions to Acute contracts	Other									Provider	NHS Contribution			
	NW 6 - Acute	contracts	Other Home Care or	Domiciliary care to support		43175	45512	Hours of care	Community	NHS		Provider Private Sector	NHS Contribution Minimum	Existing	£1,035,761	£1,091,825 1%
96	NW 6 - Acute Contributions			Domiciliary care to support hospital discharge		43175	45512	Hours of care	Community Health	NHS			Contribution	Existing	£1,035,761	£1,091,825 1%
96	NW 6 - Acute Contributions NW 7 - D2A	contracts	Home Care or	hospital discharge (Discharge to Assess		43175	45512	Hours of care		NHS			Contribution Minimum	Existing	£1,035,761	£1,091,825 1%
96	NW 6 - Acute Contributions NW 7 - D2A funding	contracts Funding for D2A	Home Care or Domiciliary Care	hospital discharge (Discharge to Assess pathway 1)		43175	45512	Hours of care	Health			Private Sector	Contribution Minimum NHS Contribution			
96	NW 6 - Acute Contributions NW 7 - D2A	contracts Funding for D2A Support to people with their	Home Care or Domiciliary Care Prevention / Early	hospital discharge (Discharge to Assess		43175	45512	Hours of care	Health	NHS NHS		Private Sector	Contribution Minimum NHS Contribution Minimum	Existing	£1,035,761 £481	£1,091,825 1% £508 0%
96	NW 6 - Acute Contributions NW 7 - D2A funding	contracts Funding for D2A	Home Care or Domiciliary Care Prevention / Early	hospital discharge (Discharge to Assess pathway 1)		43175	45512	Hours of care	Health			Private Sector	Contribution Minimum NHS Contribution Minimum NHS			
96	NW 6 - Acute Contributions NW 7 - D2A funding NW 8 - Outline	contracts Funding for D2A Support to people with their sexuality and gender identity	Home Care or Domiciliary Care Prevention / Early Intervention	hospital discharge (Discharge to Assess pathway 1) Choice Policy		43175	45512	Hours of care	Health Community Health	NHS		Private Sector Charity / Voluntary Sector	Contribution Minimum NHS Contribution Minimum NHS Contribution	New	£481	£508 0%
97 97 98	NW 6 - Acute Contributions NW 7 - D2A funding	contracts Funding for D2A Support to people with their	Home Care or Domiciliary Care Prevention / Early	hospital discharge (Discharge to Assess pathway 1)	Social	43175	45512	Hours of care	Health			Private Sector	Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum			
16 17 18	NW 6 - Acute Contributions NW 7 - D2A funding NW 8 - Outline NW 9 - Bright	contracts Funding for D2A Support to people with their sexuality and gender identity Support to individuals with	Home Care or Domiciliary Care Prevention / Early Intervention Prevention / Early	hospital discharge (Discharge to Assess pathway 1) Choice Policy Other	Social	43175	45512	Hours of care	Health Community Health Community	NHS NHS		Private Sector Charity / Voluntary Sector Charity /	Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS Contribution	New	£481 £13,224	£508 0% £13,972 0%
16 17 18 19	NW 6 - Acute Contributions NW 7 - D2A funding NW 8 - Outline NW 9 - Bright Lights NW 10 - Home	contracts Funding for D2A Support to people with their sexuality and gender identity Support to individuals with Learning Disabilities and	Home Care or Domiciliary Care Prevention / Early Intervention Prevention / Early Intervention High Impact Change	hospital discharge (Discharge to Assess pathway 1) Choice Policy Other Home First/Discharge to	Social	43175	45512	Hours of care	Health Community Health Community	NHS		Private Sector Charity / Voluntary Sector Charity /	Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum	New	£481	£508 0%
16 17 18 19	NW 6 - Acute Contributions NW 7 - D2A funding NW 8 - Outline NW 9 - Bright Lights	contracts Funding for D2A Support to people with their sexuality and gender identity Support to individuals with Learning Disabilities and Autism	Home Care or Domiciliary Care Prevention / Early Intervention Prevention / Early Intervention High Impact Change Model for Managing	hospital discharge (Discharge to Assess pathway 1) Choice Policy Other Home First/Discharge to Assess - process	Social	43175	45512	Hours of care	Health Community Health Community Health	NHS NHS		Private Sector Charity / Voluntary Sector Charity / Voluntary Sector	Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS	New	£481 £13,224	£508 0% £13,972 0%
16 17 18 19	NW 6 - Acute Contributions NW 7 - D2A funding NW 8 - Outline NW 9 - Bright Lights NW 10 - Home from Hospital	contracts Funding for D2A Support to people with their sexuality and gender identity Support to individuals with Learning Disabilities and Autism Home First	Home Care or Domiciliary Care Prevention / Early Intervention Prevention / Early Intervention High Impact Change Model for Managing Transfer of Care	hospital discharge (Discharge to Assess pathway 1) Choice Policy Other Home First/Discharge to Assess - process support/core costs	Social	43175	45512	Hours of care	Health Community Health Community Health Social Care	NHS NHS		Private Sector Charity / Voluntary Sector Charity / Voluntary Sector Local Authority	Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS Contribution	New New Existing	£481 £13,224 £97,410	£508 0% £13,972 0% £102,923 1%
16 17 18 19 .00	NW 6 - Acute Contributions NW 7 - D2A funding NW 8 - Outline NW 9 - Bright Lights NW 10 - Home	contracts Funding for D2A Support to people with their sexuality and gender identity Support to individuals with Learning Disabilities and Autism	Home Care or Domiciliary Care Prevention / Early Intervention Prevention / Early Intervention High Impact Change Model for Managing	hospital discharge (Discharge to Assess pathway 1) Choice Policy Other Home First/Discharge to Assess - process	Social	43175	45512 45512	Hours of care	Health Community Health Community Health	NHS NHS		Private Sector Charity / Voluntary Sector Charity / Voluntary Sector	Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum NHS Contribution Minimum	New	£481 £13,224	£508 0% £13,972 0%

101	NW 12 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare		123	130	Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS	Existing	£210,000	£221,886	2%
102	NW 13 - Information &	Information and advice for the public to navigate the	Integrated Care Planning and	Care navigation and planning					Social Care	LA			Local Authority	Contribution Minimum NHS	Existing	£79,185	£83,666	5%
103	Advice NW 14a - Mental Health	care sector Mental Health Support	Navigation Prevention / Early Intervention	Other	Mental Health community				Social Care	LA			Charity / Voluntary Sector	Contribution Minimum NHS	Existing	£501,720	£538,465	1%
104	Community Connections NW 14b - Mental	Mental Health Support	Prevention / Early	Other	support contracts Mental Health				Social Care				Charity /	Contribution Additional LA	Existing	£147,440	£147,438	0%
	Health Community Connections		Intervention		community support contracts								Voluntary Sector	Contribution				
105	NW 15 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes						Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£106,094	£112,099	29%
106	NW 16 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		3179	3199	Number of beneficiaries	Social Care	Joint	50.0	<mark>%</mark> 50.0%	Private Sector	Minimum NHS Contribution	Existing	£934,082	£986,951	
107	NW 17 All age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£154,879	£163,645	
108	NW 18 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		641	641	Number of adaptations funded/people supported	Social Care	LA			Local Authority	DFG	Existing	£3,622,770	£3,622,770	36%
109	NW 19 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3)	74	74	Number of beds/Placement s	Social Care	LA			Local Authority	iBCF	Existing	£3,400,298	£3,400,298	2%
110	Discharge Fund - Surrey Heartlands Staffing	Staffing	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care	NHS			Private Sector	ICB Discharge Funding	New	£318,340	£530,785	0%
111	NW 21 - ICB Carry forward from 22/23	This is the carryforward from the previous year, bids are made against this through the year	Community Based Schemes	Other	Carry forward				Community Health	NHS			NHS	Additional NHS Contribution	Existing	£1,500,000	£1,500,000	1%
112	Discharge Fund - Heartlands SCC	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		8947	14912	Hours of care	Social Care				Private Sector	Local Authority Discharge Funding	New	£214,643	£357,737	0%
113	Discharge Fund - Heartlands SCC	Pathway 2	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		173	289	Number of Placements	Social Care	LA			Private Sector	Local Authority Discharge Funding	new	£1,040,035	£1,733,392	21%
114	Discharge Fund - Heartlands SCC	Pathway 3	Residential Placements	Short-term residential/nursing care for someone likely to require a longer-term care home replacement					Social Care	LA			Private Sector	Local Authority Discharge Funding	New	£66,983	£111,639	0%
115	Discharge Fund - Heartlands SCC	Staffing	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care				Private Sector	Local Authority Discharge Funding	New	£89,817	£149,696	0%
116	Discharge Fund - Frimley ICB	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		13966	34140	Hours of care	Community Health	NHS			Private Sector	ICB Discharge Funding	New	£335,050	£819,007	0%
117	Discharge Fund - Frimley ICB	Pathway 2	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		29	70	Number of Placements	Community Health	NHS			Private Sector	ICB Discharge Funding	New	£171,471	£419,150	3%
118	Discharge Fund - Frimley SCC	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		5182	8637	Hours of care	Social Care	LA			Private Sector	Local Authority Discharge Funding	New	£124,327	£207,212	0%
119	Discharge Fund - Frimley SCC	Pathway 2	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to		11	18	Number of Placements	Social Care				Private Sector	Local Authority Discharge Funding	new	£63,628	£106,046	1%
120	GW 30 - Community Schemes / D2A	D2A Funding	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		30349	30349	Hours of care	Community Health	NHS			NHS	Minimum NHS Contribution	New	£728,068	£728,068	1%
121	SH 1a - New responsibilities under the Care Act	Homecare Service Provision	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£200,019	£200,019	8%
122	SH 1b - New responsibilities under the Care Act	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care				Local Authority	Minimum NHS Contribution	Existing	£2,437	£2,437	0%
123	SH 1c - New responsibilities under the Care Act	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£9,544	£9,544	0%
124	SH 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		270	270	Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£204,000	£204,000	2%
125	SH 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	t				Community Health	NHS			NHS Community Provider		Existing	£1,630,108	£1,722,372	1%

20		End of Life Contract	Internated Care	Care neurisetian and	1	T	1	Т	Community	NUC				Eviating	682.262	CRC 018	50/
	SH 4 - End of Life Care Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning					Community Health	NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£82,262	£86,918 5	9%
	SH 5 - End of Life Care Clinical Lead		Integrated Care Planning and Navigation	Care navigation and planning					Community Health	NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£11,870	£12,542 1	1%
28	SH 6 - Mental Health - Psychiatric Liaison - Contract	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison				Mental Health	NHS		NHS Mental Health Provider	Minimum NHS Contribution	Existing	£218,885	£231,274 ()%
	SH 7 - Integrated Care Team	Staffing costs	Enablers for Integration	Integrated models of provision					Social Care	NHS		NHS	Minimum NHS Contribution	Existing	£430,529	£454,897 6	58%
30	SH 8 - Out of Hospital	D2A	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process					Social Care	NHS		NHS	Minimum NHS Contribution	Existing	£221,148	£233,665 2	2%
	SH 9 - Occupational Therapist (SHBC)	Occupational Therapist (SHBC)	Community Based Schemes	support/core costs Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health	NHS		Local Authority	Minimum NHS Contribution	Existing	£72,940	£77,068 ()%
	SH 10 - VSNS Asset Development post	Social Prescribing	Prevention / Early Intervention	Social Prescribing					Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£40,638	£42,938 ()%
	SH11 - Social prescribing post Federation (CAB)	Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£34,172	£36,106 ()%
	SH 12 - Social prescribing post SHBC	Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS		NHS		Existing	£41,680	£44,039 ()%
		Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£1,800	£1,902 ()%
~~~~~~~~~	SH 14 - Time to Talk	Mental Health Support	Personalised Care at Home	Mental health /wellbeing					Mental Health	NHS		Charity / Voluntary Sector		Existing	£20,840	£22,020 4	1%
	SH 15 - Locality Director	Staffing costs	Enablers for Integration	Integrated models of provision					Social Care	NHS		NHS	Minimum NHS Contribution	Existing	£64,451	£68,099 1	10%
38	SH 16 - MH Case Worker (Homelessness)	Homelessness	Housing Related Schemes						Social Care	NHS		NHS		Existing	£27,175	£28,713 7	1%
	SH 17 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£112,226	£69,918 (	)%
	SH 18 - Community Schemes - Tech Post	Technology Enabled Schemes	Assistive Technologies and Equipment	Assistive technologies including telecare		345	365	Number of beneficiaries	Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£45,833	£48,427 (	)%
	SH 19 - Health Integration Development Officer	Development Officer to progress Health Integration	Workforce recruitment and retention						Primary Care	NHS		NHS	Minimum NHS Contribution	New	£43,012	£45,446 (	)%
	SH 20 - Home from Hospital ICB	Home First	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health	NHS		Charity / Voluntary Sector		Existing	£41,924	£44,297 (	)%
	SH 21 - Home from Hospital SCC	Home First	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care	LA		Charity / Voluntary Sector		Existing	£10,920	£11,538 (	)%
	SH 22 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning	***********				Social Care	LA		Charity / Voluntary Sector		Existing	£10,752	£11,361 1	1%
45	SH 23 - TECS	Technology Enabled Care Services		Assistive technologies including telecare		32	34	Number of beneficiaries	Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£55,000	£58,113 1	1%
46	SH 24 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA		Local Authority		Existing	£22,962	£24,261 1	.%
	SH 25a - Mental Health Community Connections	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	LA		Charity / Voluntary Sector	Minimum	Existing	£136,930	£147,073 (	)%
48	SH 25b - Mental Health Community Connections	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	LA		Charity / Voluntary Sector	Additional LA Contribution	Existing	£42,275	£42,275 (	)%
49	SH 26 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes						Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£37,509	£39,632 1	10%
	SH 27 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		1234	1242	Number of beneficiaries	Social Care	Joint	50.0% 50.0%	Private Sector		Existing	£362,636	£383,161 4	1%

151	SH 28 - All Age	Providing support to people	Integrated Care	Care navigation and				T	Social Care	LA		Local Authority	Minimum	Existing	£51,763	£54,693	3%
	Autism Strategy	with Autism in Surrey	Planning and Navigation	planning								· · · · · · · · · · · · ,	NHS Contribution		- ,	- ,	
152	SH 29 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		156	156	Number of adaptations funded/people supported	Social Care	LA		Local Authority	DFG	Existing	£882,488	£882,488	9%
153	SH 30 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3)	20	20	Number of beds/Placement s	Social Care	LA		Local Authority	IBCF	Existing	£927,309	£927,309	1%
	forward from 22/23	This is the carryforward from the previous year, bids are made against this through the year		Other	Carry forward				Community Health	NHS		NHS	Additional NHS Contribution	Existing	£1,212,658	£1,212,658	
155	Forward from 22/23	This is the carryforward from the previous year, bids are made against this through the year		Other	Carry forward				Social Care	LA		Local Authority	Additional LA Contribution		£106,129	£106,129	
156	NEHF 1a - Responsibilities under the Care Act	Homecare Service Provision	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£92,462	£92,462	
157	NEHF 1b - Responsibilities under the Care Act	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£1,126	£1,126	)%
158	NEHF 1c - Responsibilities under the Care Act	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£4,412	£4,412	)%
159	NEHF 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		124	124	Beneficiaries	Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£94,000	£94,000	1%
160	NEHF 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health	NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£1,186,435	£1,253,587	1%
161	NEHF 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support for Mental Health				Social Care	NHS		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£46,712	£49,356	)%
162	NEHF 5 - End of Life Care - Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning					Community Health	NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£39,075	£41,287	2%
163	NEHF 6 - Discharge to Assess	D2A	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care	 NHS		Local Authority	Minimum NHS Contribution	Existing	£95,719	£97,601	1%
164	NEHF 7 - Home from Hospital	Home First	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health	 NHS		 NHS	Minimum NHS Contribution	Existing	£144,781	£152,976	
165	NEHF 8 - Home from Hospital	Home First	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care	LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£5,070	£5,357	)%
166	NEHF 9 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£5,708	£6,031	
167	NEHF 10 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare		14	15	Number of beneficiaries	Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£24,000	£25,358	
168	NEHF 11 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	 LA		Local Authority	Minimum NHS Contribution	Existing	£10,653	£11,256	
	NEHF 12a - Mental Health Community Connections	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	 LA			Minimum NHS Contribution	Existing	£59,801	£64,181	
170	NEHF 12b - Mental Health Community Connections	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	LA		Charity / Voluntary Sector	Additional LA Contribution	Existing	£17,588	£17,588	)%
171	NEHF 13 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes						Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£11,971	£12,649	3%
172	NEHF 14 - Community Equipment		Assistive Technologies and Equipment	Community based equipment		738	743	Number of beneficiaries	Social Care	Joint	50.0%	Private Sector	Minimum NHS Contribution	Existing	£216,817	£229,089	
	Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	 LA		 Local Authority	Minimum NHS Contribution	Existing	£14,694	£15,526	
	Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		50	50	Number of adaptations funded/people supported	Social Care	LA			DFG	Existing	£282,969	£282,969	
175	NEHF 17 - Improve BCF 22/23	Support to D2A process through Care Home packages	Residential Placements	Short-term residential/nursing care for someone likely to require a longer-term care home replacement					Social Care	LA		Local Authority	iBCF	Existing	£428,574	£428,574	)%

176	NEHF 18 - CCG Carry Forward from 22/23	from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward				Community Health	NHS			NHS	Additional NHS Contribution	Existing	£519,578	£519,578	0%
177	NEHF 19 - SCC Carry Forward	through the year This is the carryforward from the previous year, bids	Community Based Schemes	Other	Carry forward				Social Care	LA			Local Authority	Additional LA Contribution	Existing	£182,982	£182,982	0%
178	from 22/23 EB 1a - New	are made against this through the year Homecare Service Provision	Care Act	Other	Safeguarding				Social Care				Local Authority	Minimum	Existing	£24,531	£24,531	1%
	Responsibilities under the Care Act		Implementation Related Duties		Board									NHS Contribution				
179	EB 1b - New Responsibilities under the Care Act	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£299	£299	0%
180	EB 1c - New Responsibilities under the Care Act	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£1,170	£1,170	0%
181	EB 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		33	33	Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£25,000	£25,000	0%
182	EB 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£264,027	£278,971	0%
183	EB 4 - Podiatry - Frimley NHS	Podiatry Service	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£25,233	£26,661	0%
184	EB 5 - D2A Risk Contingency Pool	D2A	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£28,169	£29,763	0%
185	EB 6 - End Of Life - TVHC	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning					Community Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£30,000	£31,698	2%
186	EB 7 - Commissioning Reserve	Support to Commissioning	Enablers for Integration	Joint commissioning infrastructure					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£24,425	£25,807	4%
187	EB 8 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£0	£513	0%
188	EB 9 - Reablement	Reablement in East Berkshire place	Other						Community Health	NHS			NHS	Minimum NHS Contribution	New	£49,419	£52,216	0%
189	EB 10 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,142	£1,206	0%
190	EB 11 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare		5		Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£8,000	£8,453	0%
191	EB 12 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£2,328	£2,459	0%
192	EB 13a - Mental Health Community Connections	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	LA			Charity / Voluntary Sector		Existing	£19,545	£20,976	0%
193	EB 13b - Mental Health Community Connections	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support contracts				Social Care	LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£5,747	£5,747	0%
194	EB 14 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes						Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£3,079	£3,253	1%
195	EB 15 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		178		Number of beneficiaries	Social Care	Joint	50.0	<mark>%</mark> 50.0%	Private Sector	Minimum NHS Contribution	Existing	£52,378	£55,343	1%
196	EB 16 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£3,768	£3,982	0%
197	EB 17 - Disabled Facilities Grant	Funding passported to Borough and District Councils		Adaptations, including statutory DFG grants		15		Number of adaptations funded/people supported	Social Care	LA			Local Authority	DFG	Existing	£82,287	£82,287	1%
198	EB 18 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Short-term residential/nursing care for someone likely to require a longer-term care home replacement					Social Care	LA .			Local Authority	iBCF	Existing	£113,781	£113,781	0%
199	EB 19 - CCG Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this through the year	Community Based Schemes	Other	Carry forward				Community Health	NHS			NHS	Additional NHS Contribution	Existing	£311,633	£311,633	0%
200	EB 20 - SCC Carry Forward from 22/23	Though the year This is the carryforward from the previous year, bids are made against this through the year	Community Based Schemes	Other	Carry forward				Social Care	LA			Local Authority	Additional LA Contribution	Existing	£226,709	£226,709	0%

201	Multi Disciplinary	Occupational Therapy	Model for Managing	Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge					Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£3,849,480	£4,067,361	37%
202	CW 2 - Integrated Multi Disciplinary Teams - Mental Health	Teams		Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge					Mental Health	LA	Local Authority	Minimum NHS Contribution	Existing	£269,621	£284,882	3%
203	CW 3 - Protection of Carers Service		Carers Services	Respite services	1	0302	10302	Beneficiaries	Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£7,791,119	£8,232,096	76%
204	of Community		Assistive Technologies and Equipment	Community based equipment	7	147		Number of beneficiaries	Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£2,100,000	£2,218,860 2	22%
205		Contribution to ASC reablement costs	Other						Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£7,867,281	£8,312,569 :	1%
206			Model for Managing	Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge					Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£3,352,652	£3,542,412	33%
207			Home Care or Domiciliary Care	Domiciliary care packages	4	63598	504588	Hours of care	Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£11,121,707	£12,105,061 8	3%
208	CW 8 - Protection of Collaborative Reablement	Reablement partnerships	Other						Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£1,330,535	£1,405,843 (	)%
209		Staffing costs		Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge					Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£1,025,350	£1,083,385	10%
210	CW 10 - BCF Administration	Staffing costs		Joint commissioning infrastructure					Social Care	LA	Local Authority	Minimum NHS Contribution	Existing	£111,800	£118,128	18%

## 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

2         Digital participations services         maintenance of independence           3         Core Art Implementation Italiated Dates         independent intenance of the services           3         Cores Art Implementation Italiated Dates         independent intenance of the services           3         Cores Art Implementation Italiated Dates         independent processor         Deckets           3         Cores Art Implementation Italiated Dates         independent processor         Deckets           4         Cores         independent processor         Deckets           4         Cores         independent processor         Deckets           4         Cores         independent processor         Deckets           5         Other         independent processor         Deckets           6         Other         independent processor         Deckets           7         Other         independent processor         Deckets         Deckets           8         Independent processor         Deckets         Deckets         Deckets           9         Deckets         Independent processor         Deckets         Deckets           9         Deckets         Independent processor         Deckets         Deckets           9         Defkets	Number	Scheme type/ services	Sub type	Description
Image: State and the state of the	1	Assistive Technologies and Equipment	<ol> <li>Digital participation services</li> <li>Community based equipment</li> </ol>	Using technology in care processes maintenance of independence and of care. (eg. Telecare, Wellness serv Digital participation services).
3         Carery Services         1. Respite Services         Supporting people to sustal Machines         Supporting people to sustal Machines           4         Community Haved Schemes         1. Integrate anglithmichael services         Support Instance anglithmichael services         Support Instance anglithmichael services           4         Community Haved Schemes         1. Integrate anglithmichael services         Scheme Schemes         Scheme S	2	Care Act Implementation Related Duties	2. Safeguarding	Funding planned towards the imple The specific scheme sub types refle the NHS minimum contribution to t
A         Community Based Schemes         Integrated integration that serves: A integrated integration that serves: A integrated integration that serves: A integrated integration that serves: A control on the provision integration that serves: A control on the provision integration integration that serves: A control on the provision integration integration that serves: A control on the provision integration integrater integratin integration integration integration	3	Carers Services	<ol> <li>Respite Services</li> <li>Carer advice and support related to Care Act duties</li> </ol>	Supporting people to sustain their r likelihood of crisis.
Image: Sector processing in the sector processing independence, such as anticipatory care spectrom sector practitioner deliver typically as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typically as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typically as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typically as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typically as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typical as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typical as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typical as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typical as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typical as might be sopilated discharge to Assess pathway 0)         Sector practitioner deliver typical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         The DFI is a manifestical as might be sopilated discharge to Assess pathway 0)         Sector Pathway 0)         Sector Pathway 0)         Sector				This might include respite care/care emotional and physical support, tra wellbeing and improve independen
Image: Constraint of the second sec	4	Community Based Schemes	<ol> <li>Multidisciplinary teams that are supporting independence, such as anticipatory care</li> <li>Low level social support for simple hospital discharges (Discharge to Assess pathway 0)</li> </ol>	Schemes that are based in the com sector practitioners delivering collai typically at a neighbourhood/PCN lo Teams)
2. Discretionary use of DFG     adapting a property: support       3. Handyperson services     1. Other       4. Other     The grant can also be used people to remain independence in the state build and design and region to refer, if a publishe this if stability can be received in this if stability can be received in the state build and design and response in the state bases are not build and design and response in the state bases are not being and response in the state bases are not being and response in the state bases are not being and response in the state state bases are not being and response and the state state state and the				Reablement services should be reco 'Reablement in a person's own hon
Image: Section of the sectio	5	DFG Related Schemes	2. Discretionary use of DFG 3. Handyperson services	The DFG is a means-tested capital g adapting a property; supporting per homes.
-       2. System IT Interopeability       are and housing integration         -       3. Programme management       ascearch and evaluation         -       New governance arrangements       Sector Business Development         6. New governance arrangements       . Volutary Sector Business Development       Sector Business Development         7. Volutary Sector Business Development       . Joint commissioning infrastructure       Joint commissioning infrastructure         9. Integrated models of provision       10. Other       Accesses Development       Sector Business Development         8. United sector Business Development       Noultary Sector Business Development       Sector Business Development         9       High Impact Change Model for Managing Transfer of Care       1. Early Discharge Planning       Distribution of the sector Business Development         8. Mithi-Disciplinary/Multi-Agency Discharge Teams supporting discharge       1. Monitoring and responding to system demand and capacity       The eight changes or apporting timey and effect         9       Housing Related Schemes       1. Demicillary care       Instigration Sector Business Support/Core costs       Sector Business Support/Core costs         8       Home Care or Domicillary Care       1. Demicillary care packages       Disperment and choice services       Disperment and choice         9       Housing Related Schemes       Somet and chonicillary care workforce				The grant can also be used to fund people to remain independent in th Reform Order, if a published policy this flexibility can be recorded unde 'handyperson services' as appropri
Image: Part of the section of the s	6	Enablers for Integration	<ol> <li>2. System IT Interoperability</li> <li>3. Programme management</li> <li>4. Research and evaluation</li> <li>5. Workforce development</li> <li>6. New governance arrangements</li> <li>7. Voluntary Sector Business Development</li> <li>8. Joint commissioning infrastructure</li> <li>9. Integrated models of provision</li> </ol>	Schemes that build and develop the care and housing integration, encor areas including technology, workfou Sector Business Development: Func preparedness of local voluntary sec Collaboratives) and programme ma Joint commissioning infrastructure enable joint commissioning. Schem Integration, System IT Interoperabil Research and evaluation, Supportin development, Community asset ma arrangements, Voluntary Sector De commissioning infrastructure amor
9       Housing Related Schemes       2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)       through the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and the provision of domestic tasks, shopping, how starts and tasks, how starts and tasks, how starts and tasks, how starts and tasks,	7	High Impact Change Model for Managing Transfer of Care	<ol> <li>Monitoring and responding to system demand and capacity</li> <li>Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge</li> <li>Home First/Discharge to Assess - process support/core costs</li> <li>Flexible working patterns (including 7 day working)</li> <li>Trusted Assessment</li> <li>Engagement and Choice</li> <li>Improved discharge to Care Homes</li> <li>Housing and related services</li> <li>Red Bag scheme</li> </ol>	The eight changes or approaches id supporting timely and effective disc the social and health system. The H the 'Red Bag' scheme, while not in t
	8	Home Care or Domiciliary Care	<ol> <li>Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)</li> <li>Short term domiciliary care (without reablement input)</li> <li>Domiciliary care workforce development</li> </ol>	A range of services that aim to help through the provision of domicilian domestic tasks, shopping, home ma care can link with other services in t housing, community health services
	9	Housing Related Schemes		This covers expenditure on housing than adaptations; eg: supported ho

es to supportive self-management, nd more efficient and effective delivery ervices, Community based equipment,

plementation of Care Act related duties. flect specific duties that are funded via o the BCF.

ir role as carers and reduce the

arers breaks, information, assessment, training, access to services to support lence.

mmunity and constitute a range of cross llaborative services in the community N level (eg: Integrated Neighbourhood

ecorded under the specific scheme type ome'

I grant to help meet the costs of people to stay independent in their own

nd discretionary, capital spend to support a their own homes under a Regulatory (cy on doing so is in place. Schemes using nder 'discretionary use of DFG' or priate

the enabling foundations of health, social compassing a wide range of potential force, market development (Voluntary unding the business development and sector into provider Alliances/ management related schemes.

re includes any personnel or teams that emes could be focused on Data ibility, Programme management, ting the Care Market, Workforce mapping, New governance Development, Employment services, Joint iongst others.

identified as having a high impact on ischarge through joint working across Hospital to Home Transfer Protocol or n the HICM, is included in this section.

elp people live in their own homes ary care including personal care, maintenance and social activities. Home n the community, such as supported ces and voluntary sector services.

ing and housing-related services other housing units.

10	Integrated Care Planning and Navigation	<ol> <li>Care navigation and planning</li> <li>Assessment teams/joint assessment</li> <li>Support for implementation of anticipatory care</li> <li>Other</li> </ol>	Care navigation s services and sup the assistance of and social care s services and soci appropriate care services which ca elderly, or deme Anticipatory Care complex individu Integrated care p proactive case m care needs and c professionals as Note: For Multi-I discharge, please Where the plann Integrated care p please select the
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol> <li>Bed-based intermediate care with rehabilitation (to support discharge)</li> <li>Bed-based intermediate care with reablement (to support discharge)</li> <li>Bed-based intermediate care with rehabilitation (to support admission avoidance)</li> <li>Bed-based intermediate care with reablement (to support admissions avoidance)</li> <li>Bed-based intermediate care with rehabilitation accepting step up and step down users</li> <li>Bed-based intermediate care with reablement accepting step up and step down users</li> <li>Other</li> </ol>	Short-term inter might otherwise admission to ho often delivered
12	Home-based intermediate care services	<ol> <li>Reablement at home (to support discharge)</li> <li>Reablement at home (to prevent admission to hospital or residential care)</li> <li>Reablement at home (accepting step up and step down users)</li> <li>Rehabilitation at home (to support discharge)</li> <li>Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>Rehabilitation at home (accepting step up and step down users)</li> <li>Joint reablement and rehabilitation service (to support discharge)</li> <li>Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)</li> <li>Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>Joint reablement and rehabilitation service (accepting step up and step down users)</li> </ol>	Provides suppor ability to live as
13	Urgent Community Response		Urgent commun homes which he live independen adults with com access to a range hours.
14	Personalised Budgeting and Commissioning		Various person o including direct p
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specific at home, through complemented w needs. This could establishment of over the longer t for people. Inter care intervention scheme type.
16	Prevention / Early Intervention	<ol> <li>Social Prescribing</li> <li>Risk Stratification</li> <li>Choice Policy</li> <li>Other</li> </ol>	Services or scher are empowered helping prevent These are essent independence a

In services help people find their way to appropriate upport and consequently support self-management. Also, offered to people in navigating through the complex health e systems (across primary care, community and voluntary ocial care) to overcome barriers in accessing the most are and support. Multi-agency teams typically provide these is can be online or face to face care navigators for frail mentia navigators etc. This includes approaches such as are, which aims to provide holistic, co-ordinated care for iduals.

e planning constitutes a co-ordinated, person centred and management approach to conduct joint assessments of d develop integrated care plans typically carried out by as part of a multi-disciplinary, multi-agency teams.

ti-Disciplinary Discharge Teams related specifically to ase select HICM as scheme type and the relevant sub-type. Inned unit of care delivery and funding is in the form of e packages and needs to be expressed in such a manner, he appropriate sub-type alongside.

ervention to preserve the independence of people who se face unnecessarily prolonged hospital stays or avoidable nospital or residential care. The care is person-centred and d by a combination of professional groups.

ort in your own home to improve your confidence and s independently as possible

unity response teams provide urgent care to people in their helps to avoid hospital admissions and enable people to ently for longer. Through these teams, older people and mplex health needs who urgently need care, can get fast nge of health and social care professionals within two

n centred approaches to commissioning and budgeting, at payments.

ifically designed to ensure that a person can continue to live ugh the provision of health related support at home often d with support for home care needs or mental health uld include promoting self-management/expert patient, c of 'home ward' for intensive period or to deliver support er term to maintain independence or offer end of life care termediate care services provide shorter term support and ions as opposed to the ongoing support provided in this

nemes where the population or identified high-risk groups and activated to live well in the holistic sense thereby int people from entering the care system in the first place. entially upstream prevention initiatives to promote and well being.

17	Residential Placements	1. Supported housing	Residential placements provide accomm
l		2. Learning disability	or physical disabilities, mental health dif
İ		3. Extra care	loss, who need more intensive or special
		4. Care home	provided at 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	
18	Workforce recruitment and retention	1. Improve retention of existing workforce	These scheme types were introduced in
		2. Local recruitment initiatives	Discharge Fund. Use these scheme decri
		3. Increase hours worked by existing workforce	for incentives or activity to recruit and re
		4. Additional or redeployed capacity from current care workers	increase the number of hours they work
		5. Other	
19	Other		Where the scheme is not adequately rep
			types, please outline the objectives and s
			in a short description in the comments of

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

nmodation for people with learning difficulties or with sight or hearing cialised support than can be

I in planning for the 22-23 AS ecriptors where funding is used to d retain staff or to incentivise staff to rork.

represented by the above scheme nd services planned for the scheme ts column.

# 6. Metrics for 2023-24

Selected Health and Wellbeing Board:

Surrey

8.1 Avoidable admissions

		*Q4 Actual not available at time of publication							
		2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4				
		Actual	Actual	Actual	Plan	Rationale for how ambition was set	Local plan to meet am		
	Indicator value	158.0	134.8	138.7	127.6	We looked at the average indicator value	We will deliver this thr		
	Number of					for last year and overlayed this with	front door offer and ir		
Indirectly standardised rate (ISR) of admissions	Admissions	2,147	1,831	1,884	-		preventative program		
per 100,000 population	Population	1,196,236			1,196,236	increased attendances and admissions to	BCF. Many of the sche		
(See Guidance)		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4		neighbourhood teams		
		Plan	Plan	Plan	Plan	postion. This is a challenging target given	urgent care which we		
	Indicator value	130	140	155	143		the rate of admissions		

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

# 8.2 Falls

		2021-22	2022-23	2023-24		
		Actual	estimated		Rationale for ambition	Local plan to meet am
					Our overall performance has been stable	We continue to invest
					over the last few years, and we aim to	prevention programm
	Indicator value	2,124.5	2,124.5	2,124.5	maintain current performance. Again,	to wider frailty progra
Emergency hospital admissions due to falls in					this is a challenging target given the	regular MDTs. We are
people aged 65 and over directly age					expected increase in the number of	targeted work underp
standardised rate per 100,000.	Count	5,380	5380	5380	people living with complex needs and	population health dat
					inflationary cost pressures on services.	Hampshire and Farnh
	Population	228,579	228579	228579		

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							
		2022-23 Q1	2022-23 Q2	2022-23 Q3	2021-22 Q4				
		Actual	Actual	Actual	Plan	Rationale for how ambition was set	Local plan to meet am		
	Quarter (%)	90.2%	91.6%	91.3%			We are supporting peo		
	Numerator	20,182	18,881	18,816			own homes, providing		
Percentage of people, resident in the HWB, who are discharged from acute hospital to their	Denominator	22,380	20,621	20,608	24,000	known seasonal and other trends and variatons. Due to national trends in	reablement/rehabilita term services to maxir		
normal place of residence		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	increased attendances and admissions to			
normal place of residence		Plan	Plan	Plan	Plan		reablement measure a		
(SUS data - available on the Better Care Exchange)	Quarter (%)	93.6%	86.8%	91.3%	93.6%	postion. This is a challenging target given	the number of new re		
	Numerator	20,500	19,000	20,000	20,500	the rising demand and more complex	nursing home admissi		
	Denominator	21,900	21,900	21,900	21,900	needs of Surrey's ageing population, and			

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Complete: Yes

Yes

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## 8.4 Residential Admissions

		2021-22	2022.22				
		2021-22	2022-23	2022-23	2023-24		
		Actual	Plan	estimated	Plan	Rationale for how ambition was set	Local plan to meet amb
						Projection of 2021 census data. Local	We have inserted an in
	Annual Rate	555.5	508.9	623.8	697.8	data showing increase of patient acuity	but this is a worst case
						and increase in placement being made.	take actions to minimis
	Numerator	1,277	1,200	1,471	1,670	We have published our Market Position	care homes as reference
iomes, per 100,000 population						Statement for long term planning for	narrative document of
	Denominator	229,900	235,815	235,815	239,307	older people's care. This includes	particulay in relatrion to
t	port needs of older people (age 65 by admission to residential and omes, per 100,000 population	port needs of older people (age 65 by admission to residential and omes, per 100,000 population	port needs of older people (age 65 by admission to residential and omes, per 100,000 population	port needs of older people (age 65 by admission to residential and omes, per 100,000 population	port needs of older people (age 65 by admission to residential and omes, per 100,000 population	pport needs of older people (age 65 by admission to residential and omes, per 100,000 population	port needs of older people (age 65 by admission to residential and omes, per 100,000 population Annual Rate Annual Rate 1,277 1,200 1,471 Projection of 2021 census data. Local data showing increase of patient acuity and increase in placement being made. We have published our Market Position Statement for long term planning for

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

## 8.5 Reablement

		2021-22	2022-23	2022-23	2023-24		
		Actual	Plan	estimated	Plan	Rationale for how ambition was set	Local plan to meet amb
						We have a strong reablement team who	We are supporting peo
Departies of older popula (CE and every) whe	Annual (%)	67.9%	70.3%	69.8%	69.4%	work across the system in partnership	own homes, providing
Proportion of older people (65 and over) who						with other providers. The operational	reablement/rehabilitat
were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Numerator	434	460	398	431	teams have assessed the trends and data	term services to maxim
nospital into readlement / renabilitation services						from last year and developed a plan	<ul> <li>this will support the d</li> </ul>
	Denominator	639	654	570	621	based on this. Our proposed targets are	reablement measure a

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- Actuals and plans for <u>Cumberland</u> and <u>Westmorland and Furness</u> are using the <u>Cumbria</u> combined figure for all metrics since a split was not available; Please use comments box to advise.

- 2022-23 and 2023-24 population projections (i.e. the denominator for Residential Admissions) have been calculated from a ratio based on the 2021-22 estimates.

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7. Confirmation of Planning Requirements

Selected Health and Well	ibeing E	soard:	Surrey				
	Code	Planning Requirement	<b>Key considerations for meeting the planning requirement</b> These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	whether your	Please note any supporting documents referred to and relevant page numbers to assist the assurers	
	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	Expenditure plan		Section 1	
			Has the HWB approved the plan/delegated approval? Paragraph 11	Expenditure plan			
			Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph</i> 11	Narrative plan	Yes		
			Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Validation of submitted plans			
			Have all elements of the Planning template been completed? Paragraph 12	Expenditure plan, narrative plan			
	PR2	-	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:	Narrative plan		Section 3, Section 8	
		health, social care and housing	• How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs <i>Paragraph 13</i>				
			• The approach to joint commissioning Paragraph 13				
NC1: Jointly agreed plan			How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include     How equality impacts of the local BCF plan have been considered Paragraph 14		Yes		
			- Changes to local priorities related to health inequality and equality and how activities in the document will address these. Paragraph 14				
			The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. <i>Paragraph 15</i>				
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG)	Is there confirmation that use of DFG has been agreed with housing authorities? Paragraph 33	Expenditure plan		Section 7	
		spending	• Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? Paragraph 33	Narrative plan			
			<ul> <li>In two tier areas, has:</li> <li>Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or</li> <li>The funding been passed in its entirety to district councils? <i>Paragraph 34</i></li> </ul>	Expenditure plan	Yes		
	PR4	A demonstration of how the services the area commissions will support	Does the plan include an approach to support improvement against BCF objective 1? Paragraph 16	Narrative plan		Section 4	
NC2: Implementing BCF Policy Objective 1:		people to remain independent for longer, and where possible support	Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? Paragraph 19	Expenditure plan			
Enabling people to stay		them to remain in their own home	Does the narrative plan provide an overview of how overall spend supports improvement against this objective? Paragraph 19	Narrative plan	Yes		
well, safe and independent at home for longer			Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i>	Expenditure plan, narrative plan			
	PR5	An agreement between ICBs and	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of	Expenditure plan		Section 5	
		-	reducing delayed discharges? Paragraph 41 Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and				
Additional discharge		and community-based reablement capacity to reduce delayed discharges and improve outcomes.	in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? <i>Paragraph 41</i>				
Additional discharge funding			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 workforce capacity needed for additional services? <i>Paragraph 44</i>	Narrative plan	Yes		
			Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? <i>Paragraph 51</i>	Narrative and Expenditure plans			
			Is the plan for spending the additonal discharge grant in line with grant conditions?				

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rement is not met,	requirement is not met,
e note the actions in	please note the anticipated
towards meeting the	timeframe for meeting it
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Complete:



	PR6	A demonstration of how the services the area commissions will support	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? <i>Paragraph 21</i>	Narrative plan		Section 5
		provision of the right care in the right place at the right time	Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? Paragraph 22	Expenditure plan		
			Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of	Narrative plan		
NC3: Implementing BCF			capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? Paragraph 24			
Policy Objective 2:				Expenditure plan, narrative plan	Vec	
Providing the right care n the right place at the			Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i>		Yes	
right time			Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and	Expenditure plan		
			summarised progress against areas for improvement identified in 2022-23? Paragraph 23	Nevertive alex		
				Narrative plan		
	PR7	A demonstration of how the area will maintain the level of spending on	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Paragraphs 52-55	Auto-validated on the expenditure plan		Expenditure Plan - 10.05
VC4: Maintaining NHS's		social care services from the NHS				update from NHSE to say PR7 should read 'maintain
contribution to adult		minimum contribution to the fund in line with the uplift to the overall				spending on social care
social care and		contribution			Yes	services to the fund and
nvestment in NHS						investment in NHS
commissioned out of nospital services						commissioned out of hospital services from the NHS
lospital services						minimum'
	PR8	Is there a confirmation that the components of the Better Care Fund	Do expenditure plans for each element of the BCF pool match the funding inputs? Paragraph 12	Auto-validated in the expenditure plan Expenditure plan		Section 6
		pool that are earmarked for a purpose are being planned to be used	Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? <i>Paragraph 12</i>			
		for that purpose?	Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Paragraph 73	Expenditure plan		
				Expenditure plan		
Agreed expenditure blan for all elements of			Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Paragraphs 25 – 51	Expenditure plan	Yes	
he BCF			Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? Paragraph 41			
			Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? Paragraph 13	Narrative plans, expenditure plan		
			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?	Expenditure plan		
			- Reablement? Paragraph 12			
	PR9	Does the plan set stretching metrics and are there clear and ambitious	Have stretching ambitions been agreed locally for all BCF metrics based on:	Expenditure plan		Metrics tab
		plans for delivering these?	- current performance (from locally derived and published data)     - local priorities, expected demand and capacity			
			<ul> <li>- Iocal provides, expected demand and capacity</li> <li>- planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? Paragraph 59</li> </ul>			
Netrics			Is there a clear narrative for each metric setting out:		Yes	
Metrics			Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set,	Expenditure plan	Yes	
Metrics				Expenditure plan	Yes	

	Yes
	Yes
	Yes
	Yes