

## BCF Planning Template 2024-25

## 1. Guidance

## Overview

## Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

## 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).
3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
6. Please ensure that all boxes on the checklist are green before submission.
7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

## 4. Capacity and Demand

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

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

## 4.2 Hospital Discharge

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

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

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

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

## 4.3 Community

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

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

## 5. Income

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

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

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

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

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

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

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

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

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

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

## 6. Expenditure

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

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

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

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

On this sheet, please enter the following information:

### 1. Scheme ID:

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

### 2. Scheme Name:

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

### 3. Brief Description of Scheme

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

### 4. Scheme Type and Sub Type:

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

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

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

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

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

### 5. Expected outputs

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

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

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

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

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

### 6. Area of Spend:

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

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

### 7. Commissioner:

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

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

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

### 8. Provider:

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

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

### 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 (£)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 was 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 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 2024-25. 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 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

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 2024-25. 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
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown 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-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

### 2. Falls

- This metric for the BCF requires areas to 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 the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
  - We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: <https://future.nhs.uk/bettercareexchange/view?objectID=116035109>
- Further information about this measure and methodology 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 usual 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. Areas should agree ambitions for a rate for each quarter of the year.
- 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 where available else we will use the previously entered plan data.

### 4. Residential Admissions:

- This section requires inputting the expected and plan 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 2023-24. 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.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.



Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

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

8

Health and Wellbeing Board:	Surrey
Completed by:	Paul Morgan
E-mail:	<a href="mailto:paul.morgan@surreycc.gov.uk">paul.morgan@surreycc.gov.uk</a>
Contact number:	07805 690402
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Wed 19/06/2024

<< Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Bernie	Muir	<a href="mailto:bernie.muir@surreycc.gov.uk">bernie.muir@surreycc.gov.uk</a>
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Karen	McDowell	karen.mcdowell2@nhs.net
	Additional ICB(s) contacts if relevant	xxx	xxx	xxx	xxx
	Local Authority Chief Executive		Leigh	Whitehouse	Leigh.whitehouse@surreycc.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Helen	Coombes	helen.coombes@surreycc.gov.uk
	Better Care Fund Lead Official		Paul	Morgan	paul.morgan@surreycc.gov.uk
	LA Section 151 Officer		Anna	D'Alessandro	Anna.DAlessandro@surreycc.gov.uk

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Yes
Yes
No
Yes
Yes
Yes
Yes

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](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

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

<< [Link to the Guidance sheet](#)

^^ [Link back to top](#)

## Better Care Fund 2024-25 Update Template

### 3. Summary

Selected Health and Wellbeing Board:

Surrey

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£11,077,494	£11,077,494	£0
Minimum NHS Contribution	£95,107,570	£95,107,570	£0
iBCF	£11,408,352	£11,408,352	£0
Additional LA Contribution	£1,639,109	£1,639,109	£0
Additional ICB Contribution	£1,374,416	£1,374,416	£0
Local Authority Discharge Funding	£2,665,722	£2,665,722	£0
ICB Discharge Funding	£9,579,424	£9,579,424	£0
<b>Total</b>	<b>£132,852,087</b>	<b>£132,852,087</b>	<b>£0</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£27,029,991
Planned spend	£39,718,220

#### Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£56,029,504
Planned spend	£57,022,887

[Metrics >>](#)

#### Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	137.8	130.9	155.0	143.0

#### Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,433.0	2,433.0
	Count	6176	6176
	Population	228579	228579

#### Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.7%	91.7%	91.3%	93.6%

#### Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	643	617

[Planning Requirements >>](#)

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



Demand - Hospital Discharge		Please enter refreshed expected no. of referrals:												
Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
<b>Total Expected Discharges:</b>	Total Discharges	454	456	458	423	438	436	445	469	477	520	513	495	
Reablement & Rehabilitation at home (pathway 1)	Total	221	222	221	203	194	191	209	211	209	234	223	215	
	OTHER	221	222	221	203	194	191	209	211	209	234	223	215	
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	Short term domiciliary care (pathway 1)	Total	130	116	116	115	125	127	126	132	133	157	154	162
		OTHER	130	116	116	115	125	127	126	132	133	157	154	162
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Reablement & Rehabilitation in a bedded setting (pathway 2)		Total	0	0	0	0	0	0	0	0	0	0	0	0
		OTHER	0	0	0	0	0	0	0	0	0	0	0	0
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Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Surrey

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

Average LoS/Contact Hours	Units
Full Year	Units
0	Contact Hours
0	Contact Hours
0	Contact Hours
0	Average LoS
0	Contact Hours

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

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Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	24	29	38	35	30	30	28	29	31	62	53	50
Urgent Community Response	Monthly capacity. Number of new clients.	517	605	860	807	587	600	581	633	587	1396	1114	1125
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	141	152	145	122	123	104	92	83	152	172	148	128
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	6	3	0	7	1	5	3	10	6	3
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

- Yes
- Yes
- Yes
- Yes
- Yes

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	24	29	38	35	30	30	28	29	31	62	53	50
Urgent Community Response	517	605	860	807	587	600	581	633	587	1396	1114	1125
Reablement & Rehabilitation at home	141	152	145	122	123	104	92	83	152	172	148	128
Reablement & Rehabilitation in a bedded setting	1	1	6	3	0	7	1	5	3	10	6	3
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

- Yes
- Yes
- Yes
- Yes
- Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board:

Surrey

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Surrey	£11,077,494
DFG breakdown for two-tier areas only (where applicable)	
Elmbridge	£1,065,660
Epsom and Ewell	£856,547
Guildford	£879,037
Mole Valley	£967,298
Reigate and Banstead	£1,403,460
Runnymede	£953,540
Spelthorne	£1,028,840
Surrey Heath	£964,246
Tandridge	£569,786
Waverley	£929,980
Woking	£1,459,100
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£11,077,494</b>

Complete:

Yes

8

Local Authority Discharge Funding	Contribution
Surrey	£2,665,722

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Frimley ICB	£1,238,157	£1,238,157	
NHS Surrey Heartlands ICB	£8,341,267	£8,341,267	
<b>Total ICB Discharge Fund Contribution</b>	<b>£9,579,424</b>	<b>£9,579,424</b>	

Yes

iBCF Contribution	Contribution
Surrey	£11,408,352
<b>Total iBCF Contribution</b>	<b>£11,408,352</b>

Yes

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Surrey	£492,742	£492,742	
Surrey	£515,820	£1,146,367	
<b>Total Additional Local Authority Contribution</b>	<b>£1,008,562</b>	<b>£1,639,109</b>	

Yes

NHS Minimum Contribution	Contribution
NHS Frimley ICB	£12,217,178
NHS Surrey Heartlands ICB	£82,890,393
<b>Total NHS Minimum Contribution</b>	<b>£95,107,570</b>

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Surrey Heartlands ICB	£9,300,000	£437,758	
NHS Frimley ICB	£1,300,000	£0	Additional contribution returned to ICB 23/24
NHS Frimley ICB	£743,869	£936,658	
<b>Total Additional NHS Contribution</b>	<b>£11,343,869</b>	<b>£1,374,416</b>	
<b>Total NHS Contribution</b>	<b>£106,451,439</b>	<b>£96,481,986</b>	

Yes

Total BCF Pooled Budget	2024-25
	£132,852,087

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



21	ES 18 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		224	245	Number of adaptations funded/people	Social Care	LA			Local Authority	DFG	Existing	£1,268,237	£1,383,330	12%	Yes	Increase to DFG allocation grant
22	ES 19 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to	38		Number of beds	Social Care	LA			Local Authority	BCF	Existing	£1,729,975		1%	No	
23	Discharge Fund - Surrey Heartlands Pathway 1	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		52874		Hours of care (Unless short-term in which)	Social Care	NHS			Private Sector	ICB Discharge Funding	New	£1,268,446		1%	No	
24	ES 21 - ICB Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward		0		Community Health	NHS			NHS	Additional NHS Contribution	Existing	£4,800,000	£0	0%	Yes	Additional investment in BCF from previous years was returned and spend on Health schemes during 23/24
25	ES 22 - D2A contribution	D2A Funding	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		19540		Hours of care (Unless short-term in which)	Community Health	NHS			Private Sector	Minimum NHS Contribution	Existing	£468,758		0%	No	
26	GW 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Carer advice and support				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£427,399		16%	No	
27	GW 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£5,207		0%	No	
28	GW 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Safeguarding					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£20,394		1%	No	
29	GW 2 - Carers Funding	Carers Contracts -respite care/carers breaks, information, assessment,	Carers Services	Respite services		575		Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£435,000		4%	No	
30	GW 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	£4,617,014		3%	No	
31	GW 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	£149,960		0%	No	
32	GW 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	£196,090		11%	No	
33	GW 6 - Psychiatric Liaison Services	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison				Mental Health	NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£201,785		0%	No	
34	GW 7 - Mental Health wards	Mental Health Support	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health	LA			Local Authority	Minimum NHS Contribution	Existing	£187,667		2%	No	
35	GW 8 - Funding for Non Elective Admissions in	Contributions to Acute contracts	Other						Acute	NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£211,320		0%	No	
36	GW 9 - Care Home Matrons	Discharge to Care Homes	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health	NHS			Private Sector	Minimum NHS Contribution	Existing	£146,266		1%	No	
37	GW 10 - Let's get steady, Fall prevention	Falls Prevention	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS			Local Authority	Minimum NHS Contribution	Existing	£27,472		0%	No	
38	GW 11 - D2A funding	Funding for D2A	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		9823		Hours of care (Unless short-term in which)	Community Health	NHS			Private Sector	Minimum NHS Contribution	Existing	£235,661		0%	No	
39	GW 12 - Falls Prevention Packs	Falls Prevention	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS			Local Authority	Minimum NHS Contribution	Existing	£9,872		0%	No	
40	GW 13 - Social Prescribing Administrator	Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£34,868		0%	No	
41	GW 14 - Outline Grant	Outline Grant	Prevention / Early Intervention	Social Prescribing					Community Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£292		0%	No	
42	GW 15 - Red Bag	Red Bag Scheme	High Impact Change Model for Managing Transfer of Care	Red Bag scheme					Community Health	NHS			Private Sector	Minimum NHS Contribution	New	£1,896		0%	No	
43	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	LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£24,312		0%	No	
44	GW 17 - 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	£24,126		1%	No	
45	GW 18 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare		66	0	Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£113,056	£107,000	1%	Yes	Reduced to last years budget as not fully spend within year.
46	GW 19 - Information and Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£50,809	£50,110	3%	Yes	Small reduction from previous plan
47	GW 20a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support		0		Social Care	LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£314,990	£313,367	0%	Yes	Small reduction from previous plan
48	GW 20b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support				Social Care	LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£86,319		0%	No	
49	GW 21 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes				0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£54,855	£51,917	14%	Yes	Reduced to match 23/24 budget
50	GW 22 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		2314	2499	Number of beneficiaries	Social Care	Joint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£713,806	£771,918	7%	Yes	Small increase to previous budget

51	GW 23 - Social Prescribing	Social Prescription	Prevention / Early Intervention	Social Prescribing		0			Social Care	LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£73,632	£71,253	0%	Yes	Small reduction to match contract in place	
52	GW 24 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning		0			Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£77,498	£73,346	4%	Yes	Reduced to 23/24 budget	
53	GW 25 - ASC Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		0			Social Care	LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£37,995	£0	0%	Yes	Reduced as not spend last year	
54	GW 26 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants	222	242	Number of adaptations funded/people		Social Care	LA		Local Authority	DFG	Existing	£1,253,448	£1,367,198	12%	Yes	Increase to DFG allocation grant	
55	GW 27 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to	43		Number of beds	Social Care	LA		Local Authority	iBCF	Existing	£1,981,153		1%	No		
56	Discharge Fund - Surrey Heartlands Pathway 2	Pathway 2	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		1024		Number of placements	Social Care	NHS		Private Sector	ICB Discharge Funding	New	£6,146,191		74%	No		
57	GW 29 - ICB Carry Forward 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0			Community Health	NHS		NHS	Additional NHS Contribution	Existing	£1,500,000	£0	0%	Yes	Additional investment in BCF from previous years was returned and spend on Health schemes during 23/24	
58	SD 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Carer advice and support				Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£610,436		23%	No		
59	SD 1b - New responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£7,437		0%	No		
60	SD 1c - New responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£29,127		1%	No		
61	SD 2 - Carers Funding	Carers Contracts -respite care/carers breaks, information, assessment,	Carers Services	Respite services		821		Beneficiaries	Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£621,000		6%	No		
62	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	£6,691,961		5%	No		
63	SD 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	£183,547		0%	No		
64	SD 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	£392,985		22%	No		
65	SD 6 - Integrated Teams	Integrated Community 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	£558,716		5%	No		
66	SD 7 - Care Home support post	Support to Care Homes	Integrated Care Planning and Navigation	Care navigation and planning					Continuing Care	NHS		NHS	Minimum NHS Contribution	Existing	£40,971		2%	No		
67	SD 8 - Mental Health - Psychiatric Liaison	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison				Mental Health	NHS		NHS Mental Health Provider	Minimum NHS Contribution	Existing	£495,652		1%	No		
68	SD 9 - Local CCG Schemes mapped to BCF projects	Various small contracts	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£77,870		0%	No		
69	SD 10 - Funding for Non Elective Admissions in	Contributions to Acute contracts	Other						Acute	NHS		NHS Acute Provider	Minimum NHS Contribution	Existing	£352,904		0%	No		
70	SD 11 - D2A funding	Funding for D2A	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		34942		Hours of care (Unless short-term in which	Community Health	NHS		Private Sector	Minimum NHS Contribution	Existing	£838,265		1%	No		
71	SD 12 - Tech to Connect	Training to residents to enable social inclusion through the use of	Assistive Technologies and Equipment	Digital participation services		497		Number of beneficiaries	Other	Wellbeing services	NHS		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£65,977		1%	No	
72	SD 13 - Care Home improvement including workforce training Improvement and	Care Home improvement including workforce training Improvement and	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Other	Workforce Development	NHS		NHS	Minimum NHS Contribution	Existing	£40,971		0%	No	
73	SD 14 - Falls Prevention Packs	Falls Prevention	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS		NHS	Minimum NHS Contribution	Existing	£11,392		0%	No		
74	SD 15 - Hospital to Home Support Service	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	£94,146		1%	No		
75	SD 16 - 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	£37,395		2%	No		
76	SD 17 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare		140		Number of beneficiaries	Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£237,735	£225,000	2%	Yes	Reduced to last years budget as not fully spend within year.	
77	SD 18 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		0			Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£74,551	£73,525	4%	Yes	Small reduction from previous plan	
78	SD 19a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental health community support	0			Social Care	LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£429,366	£427,159	0%	Yes	Small reduction from previous plan	
79	SD 19b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental health community support				Social Care	LA		Charity / Voluntary Sector	Additional LA Contribution	Existing	£117,666		0%	No		
80	SD 20 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			0			Social Care	LA		Local Authority	Minimum NHS Contribution	Existing	£85,172	£80,610	22%	Yes	Reduced to match 23/24 budget	

81	SD 21 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		3316	3581	Number of beneficiaries	Social Care	Joint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£1,023,072	£1,106,362	10%	Yes	Small increase to previous budget
82	SD 22 - Social Prescribing	Social Prescription	Prevention / Early Intervention	Social Prescribing			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£125,971	£119,223	0%	Yes	Reduced to 23/24 budget
83	SD 23 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£140,853	£133,309	8%	Yes	Reduced to 23/24 budget
84	SD 25 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		489	533	Number of adaptations funded/people	Social Care	LA			Local Authority	DFG	Existing	£2,763,648	£3,014,451	27%	Yes	Increase to DFG allocation grant
85	SD 26 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to	62		Number of beds	Social Care	LA			Local Authority	BCF	Existing	£2,827,262		2%	No	
86	Discharge Fund - Surrey Heartlands Pathway 3	Pathway 3	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Social Care	NHS			Private Sector	ICB Discharge Funding	New	£395,845		0%	No	
87	SD 28 - ICB Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward		0		Community Health	NHS			NHS	Additional NHS Contribution	Existing	£1,500,000	£0	0%	Yes	Additional investment in BCF from previous years was returned and spend on Health schemes during 23/24
88	NW 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£734,033		28%	No	
89	NW 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£8,943		0%	No	
90	NW 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£35,025		1%	No	
91	NW 2 - Carers Funding	Carers Contracts -respite care/carers breaks, information, assessment,	Carers Services	Respite services		988		Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£747,000		7%	No	
92	NW 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	£8,192,077		6%	No	
93	NW 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	£250,571		0%	No	
94	NW 5 - Mental Health Virtual Wards	Mental Health Support	Personalised Care at Home	Mental health /wellbeing					Primary Care	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£477,563		96%	No	
95	NW 6 - Acute Contributions	Contributions to Acute contracts	Other						Acute	NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£1,782,484		0%	No	
96	NW 7 - D2A funding	Funding for D2A	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		45512		Hours of care (Unless short-term in which)	Community Health	NHS			Private Sector	Minimum NHS Contribution	Existing	£1,091,825		1%	No	
97	NW 8 - Outline	Support to people with their sexuality and gender identity	Prevention / Early Intervention	Choice Policy					Community Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	New	£508		0%	No	
98	NW 9 - Bright Lights	Support to individuals with Learning Disabilities and Autism	Prevention / Early Intervention	Other	Social Interaction				Community Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	New	£13,972		0%	No	
99	NW 10 - 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			Local Authority	Minimum NHS Contribution	Existing	£102,923		1%	No	
100	NW 11 - 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	£39,702		2%	No	
101	NW 12 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare		130	0	Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£221,886	£210,000	2%	Yes	Reduced to last years budget as not fully spend within year.
102	NW 13 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£83,666	£82,514	5%	Yes	Small reduction from previous plan
103	NW 14a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support		0		Social Care	LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£538,465	£535,596	1%	Yes	Small reduction from previous plan
104	NW 14b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support				Social Care	LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£147,438		0%	No	
105	NW 15 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes				0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£112,099	£106,094	29%	Yes	Reduced to match 23/24 budget
106	NW 16 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		3199	3454	Number of beneficiaries	Social Care	Joint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£986,951	£1,067,301	10%	Yes	Small increase to previous budget
107	NW 17 All age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£163,645	£154,879	9%	Yes	Reduced to 23/24 budget
108	NW 18 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		641	699	Number of adaptations funded/people	Social Care	LA			Local Authority	DFG	Existing	£3,622,770	£3,951,538	36%	Yes	Increase to DFG allocation grant
109	NW 19 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to	74		Number of beds	Social Care	LA			Local Authority	BCF	Existing	£3,400,298		2%	No	
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	£530,785		0%	No	

111	NW 21 - ICB Carry forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward		0		Community Health	NHS			NHS	Additional NHS Contribution	Existing	£1,500,000	£0	0%	Yes	Additional investment in BCF from previous years was returned and spend on Health schemes during 23/24
112	Discharge Fund - Heartlands SCC	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		14912		Hours of care (Unless short-term in which)	Social Care	LA			Private Sector	Local Authority Discharge	New	£357,737		0%	No	
113	Discharge Fund - Heartlands SCC	Pathway 2	Bed based intermediate Care Services (Reablement)	Bed-based intermediate care with rehabilitation (to support discharge)		289		Number of placements	Social Care	LA			Private Sector	Local Authority Discharge	new	£1,733,392		21%	No	
114	Discharge Fund - Heartlands SCC	Pathway 3	Residential Placements	Short-term residential/nursing care for someone likely to require a				Number of beds	Social Care	LA			Private Sector	Local Authority Discharge	New	£111,639		0%	No	
115	Discharge Fund - Heartlands SCC	Staffing	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care	LA			Private Sector	Local Authority Discharge	New	£149,696		0%	No	
116	Discharge Fund - Frimley ICB	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		34140		Hours of care (Unless short-term in which)	Community Health	NHS			Private Sector	ICB Discharge Funding	New	£819,007		0%	No	
117	Discharge Fund - Frimley ICB	Pathway 2	Bed based intermediate Care Services (Reablement)	Bed-based intermediate care with rehabilitation (to support discharge)		70		Number of placements	Community Health	NHS			Private Sector	ICB Discharge Funding	New	£419,150		3%	No	
118	Discharge Fund - Frimley SCC	Pathway 1	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		8637		Hours of care (Unless short-term in which)	Social Care	LA			Private Sector	Local Authority Discharge	New	£207,212		0%	No	
119	Discharge Fund - Frimley SCC	Pathway 2	Bed based intermediate Care Services (Reablement)	Bed-based intermediate care with rehabilitation (to support discharge)		18		Number of placements	Social Care	LA			Private Sector	Local Authority Discharge	new	£106,046		1%	No	
120	GW 30 - Community Schemes / D2A	D2A Funding	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		30349		Hours of care (Unless short-term in which)	Community Health	NHS			NHS	Minimum NHS Contribution	New	£728,068		1%	No	
121	SH 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£200,019		8%	No	
122	SH 1b - New responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£2,437		0%	No	
123	SH 1c - New responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£9,544		0%	No	
124	SH 2 - Carers Funding	Carers Contracts -respite care/carers breaks, information, assessment,	Carers Services	Respite services		270		Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£204,000		2%	No	
125	SH 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	£1,722,372		1%	No	
126	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	£86,918		5%	No	
127	SH 5 - End of Life Care Clinical Lead	Staffing costs	Integrated Care Planning and Navigation	Care navigation and planning					Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£12,542		1%	No	
128	SH 6 - Mental Health - Psychiatric Liaison	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison				Mental Health	NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£231,274		0%	No	
129	SH 7 - Integrated Care Team	Staffing costs	Enablers for Integration	Integrated models of provision					Social Care	NHS			NHS	Minimum NHS Contribution	Existing	£454,897		68%	No	
130	SH 8 - Out of Hospital	D2A	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care	NHS			NHS	Minimum NHS Contribution	Existing	£233,665		2%	No	
131	SH 9 - Occupational Therapist (SHBC)	Occupational Therapist (SHBC)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health	NHS			Local Authority	Minimum NHS Contribution	Existing	£77,068		0%	No	
132	SH 10 - VSNS Asset Development	Social Prescribing	Prevention / Early Intervention	Social Prescribing					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£42,938		0%	No	
133	SH11 - Social prescribing post Federation (CAB)	Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£36,106		0%	No	
134	SH 12 - Social prescribing post SHBC	Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£44,039		0%	No	
135	SH 13 - Elemental Subscription for Social Subscribers	Social Prescription	Prevention / Early Intervention	Social Prescribing					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£1,902		0%	No	
136	SH 14 - Time to Talk	Mental Health Support	Personalised Care at Home	Mental health /wellbeing					Mental Health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£22,020		4%	No	
137	SH 15 - Locality Director	Staffing costs	Enablers for Integration	Integrated models of provision					Social Care	NHS			NHS	Minimum NHS Contribution	Existing	£68,099		10%	No	
138	SH 16 - MH Case Worker (Homelessness)	Homelessness	Housing Related Schemes						Social Care	NHS			NHS	Minimum NHS Contribution	Existing	£28,713		7%	No	
139	SH 17 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services					Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£69,918		0%	No	
140	SH 18 - Community Schemes - Tech	Technology Enabled Schemes	Assistive Technologies and Equipment	Assistive technologies including telecare		365		Number of beneficiaries	Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£48,427		0%	No	

141	SH 19 - Health Integration Development	Development Officer to progress Health Integration	Workforce recruitment and retention				WTE's gained	Primary Care		NHS			NHS	Minimum NHS Contribution	New	£45,446	0%	No		
142	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	Minimum NHS Contribution	Existing	£44,297	0%	No		
143	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	Minimum NHS Contribution	Existing	£11,538	0%	No		
144	SH 22 - 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	£11,361	1%	No		
145	SH 23 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare	34	0		Number of beneficiaries		LA			Local Authority	Minimum NHS Contribution	Existing	£58,113	£55,000	1%	Yes	Reduced to last years budget as not fully spend within year.
146	SH 24 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		0				LA			Local Authority	Minimum NHS Contribution	Existing	£24,261	£23,354	1%	Yes	Small reduction from previous plan
147	SH 25a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	0				LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£147,073	£147,855	0%	Yes	Small reduction from previous plan
148	SH 25b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support					LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£42,275	0%	No		
149	SH 26 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			0				LA			Local Authority	Minimum NHS Contribution	Existing	£39,632	£37,509	10%	Yes	Reduced to match 23/24 budget
150	SH 27 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	1242	1341		Number of beneficiaries		Joint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£383,161	£414,355	4%	Yes	Small increase to previous budget
151	SH 28 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning		0				LA			Local Authority	Minimum NHS Contribution	Existing	£54,693	£51,763	3%	Yes	Reduced to 23/24 budget
152	SH 29 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants	156	170		Number of adaptations funded/people		LA			Local Authority	DFG	Existing	£882,488	£962,574	9%	Yes	Increase to DFG allocation grant
153	SH 30 - Improve BCF 23/24	Support to D2A process through Care Home packages	Residential Placements	Other	Discharge from hospital (with reablement) to	20		Number of beds		LA			Local Authority	BCF	Existing	£927,309		1%	No	
154	SH 31 - CCG Carry forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0				NHS			NHS	Additional NHS Contribution	Existing	£1,212,658	£476,327	1%	Yes	Carry Forward from 23/24 - additional investment in BCF from previous years was returned and spend on Health schemes during 23/24
155	SH 32 - SCC Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0				LA			Local Authority	Additional LA Contribution	Existing	£106,129	£309,798	0%	Yes	Additional underspend from 23/24 to be carried forward to 24/25
156	NEHF 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Safeguarding Board					LA			Local Authority	Minimum NHS Contribution	Existing	£92,462		4%	No	
157	NEHF 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy						LA			Local Authority	Minimum NHS Contribution	Existing	£1,126		0%	No	
158	NEHF 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board					LA			Local Authority	Minimum NHS Contribution	Existing	£4,412		0%	No	
159	NEHF 2 - Carers Funding	Carers Contracts -respite care/carers breaks, information, assessment,	Carers Services	Respite services		124		Beneficiaries		LA			Local Authority	Minimum NHS Contribution	Existing	£94,000		1%	No	
160	NEHF 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as						NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£1,253,587		1%	No	
161	NEHF 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Support for Mental Health					NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£49,356		0%	No	
162	NEHF 5 - End of Life Care - Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning						NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£41,287		2%	No	
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						NHS			Local Authority	Minimum NHS Contribution	Existing	£97,601		1%	No	
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						NHS			NHS	Minimum NHS Contribution	Existing	£152,976		1%	No	
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						LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£5,357		0%	No	
166	NEHF 9 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning						LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£6,031		0%	No	
167	NEHF 10 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare	15	0		Number of beneficiaries		LA			Local Authority	Minimum NHS Contribution	Existing	£25,358	£24,000	0%	Yes	Reduced to last years budget as not fully spend within year.
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		0				LA			Local Authority	Minimum NHS Contribution	Existing	£11,256	£11,100	1%	Yes	Small reduction from previous plan
169	NEHF 12a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	0				LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£64,181	£63,851	0%	Yes	Small reduction from previous plan
170	NEHF 12b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support					LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£17,588		0%	No	



171	NEHF 13 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£12,649	£11,971	3%	Yes	Reduced to match 23/24 budget
172	NEHF 14 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	743	802	Number of beneficiaries	Social Care	Joint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£229,089	£247,740	2%	Yes	Small increase to previous budget
173	NEHF 15 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning		0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£15,526	£14,694	1%	Yes	Reduced to 23/24 budget
174	NEHF 16 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants	50	55	Number of adaptations funded/people	Social Care	LA			Local Authority	DFG	Existing	£282,969	£308,648	3%	Yes	Increase to DFG allocation grant
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			Number of beds	Social Care	LA			Local Authority	BCF	Existing	£428,574		0%	No	
176	NEHF 18 - CCG Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0		Community Health	NHS			NHS	Additional NHS Contribution	Existing	£519,578	£229,485	0%	Yes	Carry Forward from 23/24 - additional investment in BCF from previous years was returned and spend on Health schemes during 23/24
177	NEHF 19 - SCC Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0		Social Care	LA			Local Authority	Additional LA Contribution	Existing	£182,982	£172,889	0%	Yes	Additional underspend from 23/24 to be carried forward to 24/25
178	EB 1a - New Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Safeguarding Board			Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£24,531		1%	No	
179	EB 1b - New Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£299		0%	No	
180	EB 1c - New Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board			Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£1,170		0%	No	
181	EB 2 - Carers Funding	Carers Contracts -respite care/carers breaks, information, assessment,	Carers Services	Respite services	33		Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£25,000		0%	No	
182	EB 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	£278,971		0%	No	
183	EB 4 - Podiatry - Frimley NHS	Podiatry Service	Community Based Schemes	Integrated neighbourhood services				Community Health	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£26,661		0%	No	
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	£29,763		0%	No	
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	£31,698		2%	No	
186	EB 7 - Commissioning Reserve	Support to Commissioning	Enablers for Integration	Joint commissioning infrastructure				Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£25,807		4%	No	
187	EB 8 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services				Community Health	NHS			NHS	Minimum NHS Contribution	Existing	£513		0%	No	
188	EB 9 - Reablement	Reablement in East Berkshire place	Other					Community Health	NHS			NHS	Minimum NHS Contribution	New	£52,216		0%	No	
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	£1,206		0%	No	
190	EB 11 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Assistive technologies including telecare	5	0	Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£8,453	£8,000	0%	Yes	Reduced to last years budget as not fully spend within year.
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		0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£2,459	£2,425	0%	Yes	Small reduction from previous plan
192	EB 13a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	0		Social Care	LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£20,976	£20,867	0%	Yes	Small reduction from previous plan
193	EB 13b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support			Social Care	LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£5,747		0%	No	
194	EB 14 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£3,253	£3,079	1%	Yes	Reduced to match 23/24 budget
195	EB 15 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	179	193	Number of beneficiaries	Social Care	Joint	50.0%	50.0%	Private Sector	Minimum NHS Contribution	Existing	£55,343	£59,849	1%	Yes	Small increase to previous budget
196	EB 16 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning		0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£3,982	£3,768	0%	Yes	Reduced to 23/24 budget
197	EB 17 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants	15	16	Number of adaptations funded/people	Social Care	LA			Local Authority	DFG	Existing	£82,287	£89,755	1%	Yes	Increase to DFG allocation grant
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			Number of beds	Social Care	LA			Local Authority	BCF	Existing	£113,781		0%	No	
199	EB 19 - CCG Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0		Community Health	NHS			NHS	Additional NHS Contribution	Existing	£311,633	£230,846	0%	Yes	Carry Forward from 23/24 - additional investment in BCF from previous years was returned and spend on Health schemes during 23/24
200	EB 20 - SCC Carry Forward from 22/23	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry forward	0		Social Care	LA			Local Authority	Additional LA Contribution	Existing	£226,709	£225,922	0%	Yes	Additional underspend from 23/24 to be carried forward to 24/25

201	CW 1 - Integrated Multi Disciplinary Teams - Social	Hospital, Reablement and Occupational Therapy Staffing	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£4,067,361	£3,936,372	37%	Yes	Small reduction from previous plan
202	CW 2 - Integrated Multi Disciplinary Teams - Mental	Integrated Mental Health Teams	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0		Mental Health	LA			Local Authority	Minimum NHS Contribution	Existing	£284,882	£182,730	3%	Yes	Small reduction from previous plan
203	CW 3 - Protection of Carers Service	Contribution to Carers Contracts - respite care/carers breaks,	Carers Services	Respite services	10302		Beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£8,232,096		76%	No	
204	CW 4 - Protection of Community Equipment	Contribution to ASC Community Equipment Costs	Assistive Technologies and Equipment	Community based equipment	7192	7192	Number of beneficiaries	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£2,218,860	£2,100,000	22%	Yes	Contract contribution in place has stayed at £2.1M level
205	CW 5 - Protection of Reablement Staffing	Contribution to ASC reablement costs	Other			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£8,312,569	£8,390,952	1%	Yes	Some staff posts have been moved
	CW 6 - Protection of Hospital ASC Teams	Contribution to ASC Hospital Staffing	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£3,542,412	£3,369,031	33%	Yes	Some staff posts have been moved
207	CW 7 - Protection of OP HBC	Contribution to Homecare Service Provision	Home Care or Domiciliary Care	Domiciliary care packages	504588	532000	Hours of care (Unless short-term in which	Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£12,105,061	£12,572,020	8%	Yes	Overestimated expenditure for CRS and CES has meant increase to contribution to HBC.
208	CW 8 - Protection of Collaborative Reablement	Reablement partnerships	Other			0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£1,405,843	£1,064,939	0%	Yes	Block contracts have been reduced
209	CW 9 - D2A Staffing	Contribution to ASC D2A Staffing costs	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge				Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£1,083,385		10%	No	
210	CW 10 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		0		Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£118,128	£266,757	18%	Yes	Further posts supporting the management of BCF is now funded from the pooled fund.

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## Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme	Expenditure for 2024-25 (£)	% of Overall Spend
211	ES 23 - ICB Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Community Health		NHS			NHS	Additional NHS Contribution	New	£84,866	3%
212	ES 24 - SCC Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Social Care		LA			Local Authority	Additional LA Contribution	New	£84,866	3%
213	GW 31 - ICB Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Community Health		NHS			NHS	Additional NHS Contribution	New	£79,764	3%
214	GW 32 - SCC Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Social Care		LA			Local Authority	Additional LA Contribution	New	£79,764	3%
215	SD 29 - ICB Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Community Health		NHS			NHS	Additional NHS Contribution	New	£185,128	7%
216	SD 30 - SCC Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Social Care		LA			Local Authority	Additional LA Contribution	New	£185,128	7%
217	NW 22 - ICB Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Community Health		NHS			NHS	Additional NHS Contribution	New	£88,000	3%
218	NW 23 - SCC Carry Forward from 23/24	This is the carryforward from the previous year, bids are made against this	Community Based Schemes	Other	Carry Forward			Social Care		LA			Local Authority	Additional LA Contribution	New	£88,000	3%

## Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

### 2023-25 Revised Scheme types

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

11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> <li>1. Bed-based intermediate care with rehabilitation (to support discharge)</li> <li>2. Bed-based intermediate care with reablement (to support discharge)</li> <li>3. Bed-based intermediate care with rehabilitation (to support admission avoidance)</li> <li>4. Bed-based intermediate care with reablement (to support admissions avoidance)</li> <li>5. Bed-based intermediate care with rehabilitation accepting step up and step down users</li> <li>6. Bed-based intermediate care with reablement accepting step up and step down users</li> <li>7. Other</li> </ol>	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	<ol style="list-style-type: none"> <li>1. Reablement at home (to support discharge)</li> <li>2. Reablement at home (to prevent admission to hospital or residential care)</li> <li>3. Reablement at home (accepting step up and step down users)</li> <li>4. Rehabilitation at home (to support discharge)</li> <li>5. Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>6. Rehabilitation at home (accepting step up and step down users)</li> <li>7. Joint reablement and rehabilitation service (to support discharge)</li> <li>8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)</li> <li>9. Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>10. Other</li> </ol>	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	<ol style="list-style-type: none"> <li>1. Mental health /wellbeing</li> <li>2. Physical health/wellbeing</li> <li>3. Other</li> </ol>	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> <li>1. Social Prescribing</li> <li>2. Risk Stratification</li> <li>3. Choice Policy</li> <li>4. Other</li> </ol>	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> <li>1. Supported housing</li> <li>2. Learning disability</li> <li>3. Extra care</li> <li>4. Care home</li> <li>5. Nursing home</li> <li>6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement</li> <li>7. Short term residential care (without rehabilitation or reablement input)</li> <li>8. Other</li> </ol>	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> <li>1. Improve retention of existing workforce</li> <li>2. Local recruitment initiatives</li> <li>3. Increase hours worked by existing workforce</li> <li>4. Additional or redeployed capacity from current care workers</li> <li>5. Other</li> </ol>	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

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

**Better Care Fund 2024-25 Update Template**

**7. Narrative updates**

Selected Health and Wellbeing Board:

Surrey

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

**2024-25 capacity and demand plan**

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

Across the Integrated Care System, Surrey Heartlands has seen 8% rise in population growth since 19/20 and a 7% decrease in unplanned admissions. Overall, the average time a person spends in hospital has decreased by 4%. We are seeking similar data for the Frimley part of the HWB. Each of the Surrey Places undertake an end of year review that considers demand across all services. We look at demands in different areas. We look at activity, pathways, the type of care provision and length of stay within the services. Each Place has a Local Joint Commissioning Group (LJCG) and a Discharge to Assess Oversight Group that examines LoS in hospital and identifies what the delay points are in hospital discharge. This helps us identify where we need to invest in key services. Another development has been the creation of Local Integrated Neighbourhood Teams. We look at the levels of demand for these teams and make sure that they are fully resourced through BCF funding, then look to other NHS funding sources if required.

Actuals have transferred into a need to invest additional funding and capacity into community equipment for 2024-25. Again, we have monitored the in-year demand for equipment in each of our Places and this has read across into additional use of BCF for investment for 2024-25. SCC has a JSNA and a suite of Commissioning Strategies, as well as a Market Sustainability Plan that considers capacity and demand for residential and nursing care, as well as home based care.

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

Ongoing development of services is happening at Place in Surrey. The existing intermediate care services include Urgent Community Response (with a 2 hr response designed to prevent hospital admission) and Virtual Wards (that both support discharge and avoid admission). Surrey has used BCF to develop a service offer that can be proactive and reactive and includes Integrated Neighbourhood support, Carers support, Falls prevention, Care Home support, Proactive planning and support, Virtual Wards, Anticipatory Care, Ageing Well, High Intensity Users. There is in-year evaluation and monitoring of capacity and demand via LJCGs and D2A Oversight Groups. There are daily System Oversight Calls, which along with use of SHREWD, provide a real time system view of pressure points. SCC have real-time brokerage activity reporting ability. This means that we know at any one time which care homes and home care providers have vacancies, how many hospital discharges are planned for that day, how many referrals have been received and how many care providers are assessing potential patients/residents.

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

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

One impact has been around workforce. Within the HWB we know about care sector challenges in staffing across health and care. Within the ICB we undertook a detailed gap analysis for our workforce model. We recruited a new Recovery at Home service, which provided a new type of worker (rather than taking up existing workforce capacity). This provided additional capacity equating to around 800 weekly additional care calls. All of these calls were committed to keeping people out of hospital. We have also been monitoring the outcomes of our D2A cohort that go temporarily to a care home. Our data shows that 18% of people in this cohort have a hospital episode within the first 6 weeks. This compares with 13% of all new admissions to care homes having a hospital episode within the same timeframe. We will be doing some work to understand this and to consider whether we need to provide greater support to people and care providers during that time of transition. This is related to reducing admissions.

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

As we move into year 2 of this plan, we continue to monitor our commissioned services and the contribution that they make to improving Hospital Discharge, as outlined above. Commissioners have spent a lot of time trying to re-purpose and support Places with maximising occupancy of block contracts, but, more importantly, improving the service to benefit residents/patients and system flow. This has been done at pace, where necessary, based upon positive and long-standing relationships with residential and domiciliary care providers. Change can be achieved quickly in this arena. Currently, we are looking at varying residential care block bed provision in North West Surrey so that long term residential beds are reduced. This will be replaced with bed provision that has more flexibility in terms of short term, step-up/step down provision. This change will assist with admission avoidance and discharge flow. We have historically dedicated some of our BCF allocation to staff whose roles directly influence hospital discharge. Although this is badged against Acutes in lines 35,69 and 95 on tab 6a, we will refine this to give it a more accurate description in 2024/25.

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

We have not made as much progress as we would have wished regarding this at the end of year one of the Plan. Capacity and demand work is going on in a wide variety of settings - in Places, in Acutes, in SCC, as well as each individual BCF funded service having intelligence and insights about what needs are and are likely to be. Care home & domiciliary providers and the voluntary sector will also have such intelligence (some of it adding extra richness, as it will qualitative). So there is enough evidence & D&C data within Surrey HWB but it is clunky in the way that it shared. Our HWB ambition is for D&C to be rephrased and reframed beyond just data and include insights and intelligence. Additionally, in year 2, we aim to develop some initial thinking on an easily accessible, cross-system D&C data sharing platform. Such a platform would explain the Surrey HWB narrative, link our HWB ambitions with other plans - BCF, MSIF, SCC commissioning strategies, etc - and give service provider D&C real time data, where we can collect it. This would give additional assurance around commissioning decisions being soundly based upon local evidence and relating to these plans. We would be interested in learning from NHSE whether there any other local systems that have got progressed this approach already and considering the learning from that.

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

Yes

**Linked KLOEs (For information)**

**Checklist**

Complete:

Yes

Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?

Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?

Yes

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

Data is shared across the HWB to assist in our understanding of the needs of our population, using this to influence the types and volumes of care that we need to avoid admission to hospital and to facilitate timely hospital discharge. HWB ICBS have access to SUS on Better Care Exchange and have produced a Community Dashboard during 2023-24. The LA produce data through Public Health and via the Adults, Well Being and Health Partnerships Business intelligence Team. Below this, activity data is held at Place level and by Place service. For example, one Surrey Place has a Home First, Transfer of Care Hub. This Hub is able to report on activity and unmet demand that will be fed back to the LJCG.

Long term demand for OP residential care has been modelled up to 2030 using multiple variable linear regressions, considering factors such as population growth, dementia diagnosis, and the availability of alternative care services such as Extra Care Housing and Direct Payments. The models suggest the demand for general residential beds will fall by approximately 250 to 300 beds by 2030. Conversely, the demand for enhanced residential (dementia and complex needs) and nursing beds will both increase, with approximately 50 to 100 additional beds required in Nursing, and 125 to 175 beds for enhanced residential care (based on March 2024 service user data). We have a Care Home Operational Group which aims to implement the Enhanced Health in Care Home Framework, linking with all the care home place leads. We are currently putting together the programme plan for next year and have included work on hospital discharge (not just discharge to assess which comes with its own unique challenges). We have done work to promote personalised care, as well as UCR, with care homes. Every care home is aligned to a primary care network (PCN), has a named clinical lead, has a weekly 'home round' supported by the care home multidisciplinary team (MDT)

Yes

Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?

Approach to using Additional Discharge Funding to improve

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

We have been providing monthly reports to NHSE re ADF. Surrey has used ADF, as well as BCF, to contribute to our wider Discharge To Assess offer. Each Surrey Place and Acute has a locally agreed approach to D2A that focuses upon timely discharge and appropriate interim support whilst ongoing health and care assessments are undertaken. The ADF has been crucial in funding this D2A capacity, which would have not been available through our broader recurrent funding. Without investing the ADF into D2A schemes, we would have had a much reduced D2A offer, resulting in fewer timely discharges and an increased LoS. We have a Surrey Wide Discharge To Assess Task Force which has the function of taking an overarching view of D2A across Surrey, The Task Force considers the monthly D2A Activity and Performance Report and identifies areas of strength and areas for improvement. Comparisons are made between Places to consider variation and share learning.

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

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

Local learning from 23-24 has influenced our ADF plans in the following ways via our D2A approach - we have reduced reliance on block contracts, we have increasingly shifted to home first approach, we have used ADF as an enabler for collaborative working at Place - thus creating shared imperatives for Acutes and community health and social care services. Commissioners have worked proactively with care providers to ensure that varying levels of patient needs can be met. This has involved securing complex care and care for people who have delirium or are non weight bearing. In addition to this each Place has used its own experiential learning from 23-24 to make local changes for 2024-25 (within the same D2A envelope). For example, one Place will recruit in 2024-5 a practitioner dedicated to moving people on from their interim D2A arrangement in a timely way. This is seen as more efficient than various different practitioners working with a different number of patients. Another Place has chosen to ringfence ADF to make service developments - working with secondary care to align D2A strategic and operational goals. Another area has reduced its amount of block contracted care home beds in 2024-5 as it seeks to continue the Home First approach. The ADF national evaluation 22-23 has been useful in learning what other systems have done and in hearing about the similar challenges faced. It has not particularly influenced any changes in 2024-25 in Surrey as we have largely adopted a "steady-state" approach over the 2 year plan. However, we intend to update and revise this approach during this year on the basis of a HWB event held in February 2024.

Yes

Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?

Is the plan for spending the additional discharge grant in line with grant conditions?

Yes

Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"

Ensuring that BCF funding achieves impact

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

Surrey's HWB Board signs off the final BCF Plan and ensures it is aligned with Surrey's HWB Strategy. This is a ten-year strategy (first published in 2019 and refreshed in 2022) and was the result of extensive collaboration between the NHS, Surrey County Council, district and borough councils and wider partners, including the voluntary and community sector and the police. The Health and Wellbeing Strategy sets out the need for different partners across Surrey work to together with local communities to commission services. All services that are funded by BCF have to meet the criteria set out in the BCF requirements.

Yes

Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board:

Surrey

8.1 Avoidable admissions

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	137.8	130.9	155.0	143.0	We looked at the average indicator value for last year and overlaid this with known seasonal and other trends and variations. Due to national trends in increased attendances and admissions to acute Trusts, our plan is to maintain our position. This is a challenging target given the rising demand and more complex needs of Surrey's ageing population, and the inflationary cost pressures on services.	We will deliver this through an enhanced front door offer and implementation of preventative programmes through the BCF. Many of the schemes invested in support the development of neighbourhood teams and same-day urgent care which we anticipate reducing the rate of admissions.
	Number of Admissions	1,872	1,778	-	-		
	Population	1,205,616	1,205,616	-	-		
	2024-25 Q1 Plan	137.8	130.9	155	143		

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

Complete:

Yes

Yes

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,124.5	2,433.0	2,433.0	We aim to maintain current performance. Again, this is a challenging target given the expected increase in the number of people living with complex needs and inflationary cost pressures on services.	We continue to invest in a falls prevention programme and this is linked to wider frailty programmes through regular MDTs. We are also planning targeted work underpinned by population health data in North East Hampshire and Farnham.
	Count	5,380	6176	6176		
	Population	228,579	228579	228579		

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

Yes

Yes

Yes

8.3 Discharge to usual place of residence

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.7%	91.7%	91.3%	93.6%	We looked at the average indicator value for last year and overlaid this with known seasonal and other trends and variations. Due to national trends in increased attendances and admissions to acute Trusts, our plan is to maintain our position. This is a challenging target given the rising demand and more complex needs of Surrey's ageing population, and the reduction in the ASC DF funding this year. Understanding the schemes and impact which have been invested in through the BCF in 22/23 has helped us understand the expected impact of them in 23/24.	We are supporting people to be in their own homes, providing reablement/rehabilitation and short-term services to maximise independence – this will support the delivery of the reablement measure and help to reduce the number of new residential and nursing home admissions.
	Numerator	21,180	21,571	20,000	20,500		
	Denominator	23,108	23,511	21,900	21,900		
	2024-25 Q1 Plan	91.7%	91.7%	91.3%	93.6%		
Quarter (%)	91.7%	91.7%	91.3%	93.6%			
Numerator	21,604	22,002	20,400	20,910			
Denominator	23,570	23,981	22,338	22,338			

Yes

Yes

Yes

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	643.1	697.8	616.4	616.7	We are reflecting the % increase in population for 2024-5. We have not considered additional pressures such as increasing complexity and acuity. Collectively, our various Plans contain ambitions to keep people at home, and, if people should go into hospital, have Home First as a default offer.	As detailed in tab 6a, BCF supports a wide range of health and social care services that are aimed at keeping people in their own homes and out of hospital and residential care homes.
	Numerator	1,470	1,670	1,475	1,497		
	Denominator	228,579	239,307	239,307	242,739		

Yes

Yes

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

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

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

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Surrey

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assessors	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i>  Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? * <i>Paragraph 11 as stated in BCF Planning Requirements 2023-25</i>  Have local partners, including providers, VCS representatives and local authority service	Cover sheet Cover sheet Cover sheet Cover sheet	Yes				Yes
		Not covered in plan update - please do not use	A clear narrative for the integration of health, social care and housing  Not covered in plan update						
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	Is there confirmation that use of DFG has been agreed with housing authorities?  In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes	We have asked for reports on DFG from the D&Bs within our HWB. We will also be suggesting to D&Bs that further scrutiny is undertaken in the			Yes
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	A demonstration of how the services the area commissions will support the BCF policy objectives to:  - Support people to remain independent for longer, and where possible support them to remain in their own home  - Deliver the right care in the right place at the right time?	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?  Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?  Have gaps and issues in current provision been identified?  Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?  Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?  Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes				Yes
Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?  Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?  Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes				Yes
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	PR 4 and PR6 are dealt with together (see above)						
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?  Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes	In both areas the total spend exceeds the minimum required contribution			Yes
Agreed expenditure plan for all elements of the BCF	PR8	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	Do expenditure plans for each element of the BCF pool match the funding inputs?  Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?  Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)  Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?  Is there confirmation that the use of grant funding is in line with the relevant grant conditions?  Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?  Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes	Plan supports the BCF objectives. Some % is still to be worked out after draft submission. Some work is still to be done around grant conditions, where the grant is paid to D&Bs and not managed by SCC. HWB is sighted on plans and will sign off at next meeting. We acknowledge the use of "Other" which is the same as last year and cannot be changed. We commit to reducing the use of "Other" and to provide narrative in the future regarding this. HWB ICBS and SCC intend to spend all			Yes
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?		Yes		The narrative does provide rationale in tab 8. However the HWB does not have any stretch plans or targets in place		Yes