BCF Planning Template 2022-23

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

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
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 are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

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 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

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

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

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

5. Expenditure (click to go to sheet)

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

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

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

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. 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 National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. 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 under National Condition 3. 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.

7. 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.
8. 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.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

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 2022-23. 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 2022-23.

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 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 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.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value: https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- 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. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 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.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. 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.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Lancashire
Completed by:	Paul Robinson
E-mail:	Paul.robinson27@nhs.net
Contact number:	7920466112
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	
If using a delegated authority, please state who is signing off the BCF plan:	County Councillor Michale Green, Chair Lancashire HWB

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	County Councillor Michale Green, Chair Lancashire HWB
Name:	County Councillor Michale Green, Chair Lancashire HWB

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	County Councillor	Michael	Green	Michael.Green@lancashire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Sam	Proffitt	sam.proffitt3@nhs.net
	Additional ICB(s) contacts if relevant		Paul	Kingan	Paul.kingan@nhs.net
	Local Authority Chief Executive		Angie	Ridgwell	angie.ridgwell@lancashire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Louise	Taylor	Louise.Taylor@lancashire.gov.uk
	Better Care Fund Lead Official		Paul	Robinson	paul.robinson27@nhs.net
	LA Section 151 Officer		Neil	Kissock	Neil.Kissock@lancashire.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

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

Please see the Checklist below for further details on incomplete fields

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

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Lancashire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£16,714,881	£16,714,881	£0
Minimum NHS Contribution	£101,905,994	£102,192,696	-£286,702
iBCF	£54,946,963	£54,946,963	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£1,097,851	£1,097,851	£0
Total	**£174,665,689**	**£174,952,391**	**-£286,702**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£27,125,831
Planned spend	£69,848,696

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£18,631,966
Planned spend	£39,865,001

Scheme Types

Assistive Technologies and Equipment	£12,587,295	(7.2%)
Care Act Implementation Related Duties	£5,264,000	(3.0%)
Carers Services	£9,369,347	(5.4%)
Community Based Schemes	£28,672,935	(16.4%)
DFG Related Schemes	£16,714,881	(9.6%)
Enablers for Integration	£4,418,002	(2.5%)
High Impact Change Model for Managing Transfer of	£3,981,000	(2.3%)
Home Care or Domiciliary Care	£34,872,963	(20.0%)
Housing Related Schemes	£80,000	(0.0%)
Integrated Care Planning and Navigation	£32,625,662	(18.7%)
Bed based intermediate Care Services	£12,834,180	(7.4%)
Reablement in a persons own home	£9,786,024	(5.6%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£119,495	(0.1%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£2,780,000	(1.6%)
Other	£505,000	(0.3%)
Total	**£174,610,784**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 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)	88.9%	95.4%	95.4%	95.4%

Residential Admissions

		2020-21 Actual	2022-23 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	477	637

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.0%

Planning Requirements >>

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

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Lancashire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Lancashire	£16,714,881
DFG breakdown for two-tier areas only (where applicable)	
Burnley	£2,722,544
Chorley	£878,988
Fylde	£1,237,227
Hyndburn	£1,095,958
Lancaster	£2,144,278
Pendle	£1,104,815
Preston	£1,680,459
Ribble Valley	£393,008
Rossendale	£1,160,053
South Ribble	£774,141
West Lancashire	£1,443,446
Wyre	£2,079,964
Total Minimum LA Contribution (exc iBCF)	**£16,714,881**

iBCF Contribution	Contribution
Lancashire	£54,946,963
Total iBCF Contribution	**£54,946,963**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Lancashire and South Cumbria ICB	£101,905,994
Total NHS Minimum Contribution	**£101,905,994**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Lancashire and South Cumbria ICB	£1,097,851	East Lancashire place based additional funding
Total Additional NHS Contribution	**£1,097,851**	
Total NHS Contribution	**£103,003,845**	

	2021-22
Total BCF Pooled Budget	**£174,665,689**

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

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

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Lancashire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£16,714,881	£16,714,881	£0
Minimum NHS Contribution	£101,905,994	£102,192,696	-£286,702
iBCF	£54,946,963	£54,946,963	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£1,097,851	£1,097,851	£0
Total	**£174,665,689**	**£174,952,391**	**-£286,702**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£27,125,831	£69,848,696	£0
Adult Social Care services spend from the minimum ICB allocations	£18,631,966	£39,865,001	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

>> Incomplete fields on row number(s):

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						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	**Residential Rehab**	Provision of residential rehabilitation services by LCC's Older People's	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum NHS Contribution	£5,300,000	Existing
2	Urgent Care - Crisis Support	Urgent Care - Crisis Support - Core Hours	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,619,000	Existing
3	Carers - Respite	This scheme is to provide and develop good quality local	Carers Services	Respite services		Social Care		LA			Private Sector	Minimum NHS Contribution	£7,069,000	Existing
4	Carers - Carers Assessment & Support Contracts	The aim of the scheme is to provide and develop good quality local	Carers Services	Other	Carers Advice & Support	Social Care		LA			Private Sector	Minimum NHS Contribution	£2,247,000	Existing
5	Care Act (carers personal budgets, training,	Care Act - carers including personal budgets, information,	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum NHS Contribution	£5,264,000	Existing
6	Equipment & Adaptions	The Lancashire Community Equipment Service provides	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Minimum NHS Contribution	£5,933,000	Existing

7	Integrated Neighbourhood Teams	Community Area Staff Teams	Community Based Schemes	Integrated neighbourhood services	Integrated Neighbourhood Teams	Social Care		LA			Local Authority	Minimum NHS Contribution	£1,627,000	Existing
8	Intermediate Care Team	Countywide Intermediate Care Staff Team	Other		Intermediate Care Team	Social Care		LA			Local Authority	Minimum NHS Contribution	£505,000	Existing
9	Contribution to Annual Social Care Packages Fee &	Securing & Creating Market Capacity for commissioned social	Residential Placements	Care home	Contribution to Annual Social Care Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	£2,780,000	Existing
10	Reablement: Provider Contract & LCC Reablement	Provision of a reablement service across Lancashire with	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Private Sector	iBCF	£8,985,000	Existing
11	Hospital Aftercare	Block Contract provided by Age UK	Community Based Schemes	Low level support for simple hospital discharges		Social Care		LA			Charity / Voluntary Sector	iBCF	£841,000	Existing
12	Roving Nights	The roving nights service is a domiciliary home care service that	Community Based Schemes	Other	Nightime response	Social Care		LA			Private Sector	iBCF	£675,000	Existing
13	Telecare	Provision of telecare services using technology such as	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	iBCF	£5,572,000	Existing
14	High Impact Changes Fund	Various staffing across social care teams to support timely and	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£2,057,000	Existing
15	Promoting Independence Project Team	Enabling the review of people in STC both on discharge from hospital	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	iBCF	£862,000	Existing
16	Urgent Care - Crisis Support	Urgent Care - Crisis Support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	iBCF	£1,896,000	Existing
17	Community Equipment	Equipment for the intermediate care units across Lancashire to	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	iBCF	£130,000	Existing
18	Intermediate Care Unit management and additional	Increased capacity to continue the ongoing quality improvement	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	iBCF	£412,000	Existing
19	Additional Staffing Capacity across Discharge to	Additional D2A Social Worker support across the County to meet the	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£1,924,000	Existing
20	Housing Options Programme including	Develop and test the options of 'neighbourhood	Housing Related Schemes			Social Care		LA			Local Authority	iBCF	£80,000	Existing
21	Capacity to lead the implementation of	Dedicated team to provide pace and detailed work necessary	Enablers for Integration	Programme management	Capacity to lead the implementation	Social Care		LA			Local Authority	iBCF	£155,000	Existing
22	Contribution to Annual Social Care Packages Fee &	Securing & Creating Market Capacity for commissioned social	Home Care or Domiciliary Care	Domiciliary care packages	Contribution to Annual Social Care Packages	Social Care		LA			Private Sector	iBCF	£31,357,963	Existing
23	Community Specialist Services	Community Based Schemes	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		CCG			NHS Acute Provider	Minimum NHS Contribution	£819,174	Existing
24	IMC Care Co-Ordination	Intermediate Care Services	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		CCG			NHS Community Provider	Minimum NHS Contribution	£5,373,289	Existing
25	Dementia advisors / carer support	Dementia advisors / carer support	Carers Services	Other	Advice	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£33,439	Existing

26	MH carer support	MH carer support	Carers Services	Other	Advice and practical	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£19,907	Existing
27	GP advisors	Support to LCC	Community Based Schemes	Integrated neighbourhood services		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£45,773	Existing
28	Solutions Plus	Mental Health Recovery	Reablement in a persons own home	Reablement service accepting community and		Mental Health		Joint	100.0%	0.0%	NHS Mental Health Provider	Minimum NHS Contribution	£50,489	Existing
29	REACT	Rapid Response	Reablement in a persons own home	Preventing admissions to acute setting		Continuing Care		Joint	100.0%	0.0%	NHS Acute Provider	Minimum NHS Contribution	£112,000	Existing
30	ICAT (UHMB)	Rapid Response	Reablement in a persons own home	Preventing admissions to acute setting		Continuing Care		Joint	100.0%	0.0%	NHS Community Provider	Minimum NHS Contribution	£55,536	Existing
31	Community stroke early supported discharge	6-Month check for stroke survivors	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Primary Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£67,619	Existing
32	Community equipment (MBCCG)	Admission avoidance, discharge to assess etc	Assistive Technologies and Equipment	Community based equipment		Continuing Care		Joint	100.0%	0.0%	Local Authority	Minimum NHS Contribution	£952,295	Existing
33	Enhanced Care Home Support	Care Home Support from Primary Care	Community Based Schemes	Multidisciplinary teams that are supporting		Continuing Care		CCG			CCG	Minimum NHS Contribution	£894,062	Existing
34	Intermediate Care Beds	Nurse-led rehabilitation and D2A beds	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Private Sector	Minimum NHS Contribution	£1,007,499	Existing
35	Urgent Care	Lancashire health economy whole system urgent care	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1	Existing
36	ICAT	iBCF Central Allocation Team for Care and Health & Home First	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			NHS Community Provider	Minimum NHS Contribution	£551,096	Existing
37	Crisis care	iBCF Crisis Hours	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1	Existing
38	Rehab Beds, Intermediate Care Therapist Services	Therapeutic input into LCC commissioned beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£5,037,398	Existing
39	Community Hospitals - Longridge	Inpatient facility to support early discharge from LTH and to preent	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£1,328,538	Existing
40	Falls Lifting	Assisted lifting service for individuals (over 65) who have fallen	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£119,495	Existing
41	Frality Home Based	To enable patients to remain at home and avoid unnecessary acute	Community Based Schemes	Multidisciplinary teams that are supporting		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1,165,990	Existing
42	Develop Integrated Care Teams	Integrated Neighbourhood Teams	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£12,311,763	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

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'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. 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. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. 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. 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 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 - including small adaptations 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. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. 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. Domiciliary care workforce development 4. 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	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible

13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	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.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Lancashire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	240.0	218.6	242.1	211.6	An overall 1% reduction target has been set. This realistically reflects system pressures resulting at least in part from the lower level of long term condition patient reviews undertaken in Primary Care during covid pandemic. In turn this has resulted in the short term many of these 'Ambulatory Care Sensitive conditions' which would normally be managed via primary care may not have been - and hence we anticipate a greater likelihood of people with these conditions having associated complications and presenting in an acute / emergency setting.	The narrative plan sets out a wde range of activity at place level that addresses this. With five acute trusts within the footprint a single plan would not be feasible. The approaches taken are shaped around local need and demand, the nature of the trust and the clinical services it provides.
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value						
	Indicator value	207	216	240	228		

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

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
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 (%)	91.0%	90.8%	90.0%	89.5%	This is in line with The Lancashire and South Cumbria planning submission target and represents a significant challenge to the health and social care system.	Through increased capacity of intermediate care services that support people on discharge, this enables more people to be discharged to their normal place of residence. This remains a challenge against the backdrop of the fragile care market, and work continues to provide stability as well as improve throughput of intermediate care services to facilitate more people to return home. The pressures are well understood, and currently more interim residential supports are sought than we would like, in order to facilitate timely discharge. Work continues to improve this metric.
	Numerator	25,970	26,076	25,250	23,026		
	Denominator	28,539	28,720	28,043	25,727		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	88.9%	95.4%	95.4%	95.4%		
	Numerator	23,859	27,415	26,758	24,560		
	Denominator	26,843	28,723	28,034	25,731		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
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	476.8	600.0	680.4	637.1	The target set is deliberately challenging to bring Lancashire in line with 2020/21 ASCOF regional benchmark for the North West of england.	The ICS Intermediate care programme will support the nuber of people able to remain in their own homes to increase, whilst reducing the number of admissions to residential care. The roll out of the 3 Conversations model, focussing on peoples' strengths and assets will also reduce the number of avoidable dmissions to residential care. Increases in hospital discharge services such as 'crisis plus' which specifically provides 24/7 support at home for a short time means that people are less likely to be discharged to residential care and more likely to have their assessments at home even where their needs are more complex
	Numerator	1,219	1,560	1,769	1,684		
	Denominator	255,637	259,985	259,985	264,331		

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

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.6%	87.4%	87.8%	90.0%	This extends current high levels of performance that are already well beyond ASCOF England benchmark.	Reablement is therapy led, and the therapists ensure that all relevant goals are met before people move on to any longer term support options. Plans are in place to try and increase the throughput of Reablement and release hours int capacity, allowing more people to access this type of support and remain in their own homes in stable and supported ways.
	Numerator	829	1,311	897	1,009		
	Denominator	1,016	1,500	1,022	1,121		

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

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Lancashire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	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 assurers	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
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 ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	To provide confirmation emails from the LA, ICB and Chair of HWB		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes			
	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? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • 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?	Narrative plan Confirmation sheet	Yes	As detailed in the narrative plan the use of DFGs and collaboration in developing more innovative approaches is subject to an ongoing piece of work involving the county council , all 12 district councils and supported by Foundations.		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	This is also referred to in the narrative as health and social care have been in discussion about the original baselining of the NHS minimum contribution and are considering a review.		
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	The initial capacity and demand analysis is complete and included. It will be used as a tool to take forward a much more sophisticated approach working through the Lancashire and South Cumbria Intermediate Care Board. See the attached most recent HICM system self assessment		

Agreed expenditure plan for all elements of the BCF	**PR7**	**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? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • 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?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	The narrative plan sets out how BCF funding supports unpaid carers and		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes			