Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

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

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

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

Note on entering information into this template

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

Data needs inputting in the cell
Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%.
Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

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

ASC Discharge Fund-due 2nd May

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

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.
Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.
If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF 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

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Dischaege to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

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

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

5. Income and Expenditure

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

Income section:

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

Expenditure section:

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

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges
This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

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

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

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

7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

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

		Checklist: Complete:
Health and Wellbeing Board:	Halton	Yes
Completed by:	Suzanne Salaman	Yes
E-mail:	suzanne.salaman@halton.gov.uk	Yes
Contact number:	0151 511 8694	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:	Tue 23/05/2023	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

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

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

<< Link to the Guidance sheet

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: Halton

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

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4. Metrics

Selected Health and Wellbeing Board: Halton

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

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

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	2,460.0	On track to meet target	none	Actual performance for 22/23 was 1028.6	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	95.5%	Not on track to meet target	Actual performance for 22/23 was 95.3% Target was missed by 0.2%. An increase in discharges to 'other' in August meant that the overall target for the year was missed, this was potentially linked to the increase	The target was met in March 23. , overall the target was missed for the year, however things are improving and by the time we reached the end of the year the target was being met, unfortunately poor	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	598	On track to meet target	We are currently working on year-end calculations, therefore actual figures are not yet available.	We are currently working on year-end calculations, therefore actual figures are not yet available.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	On track to meet target	We are currently working on year-end calculations, therefore actual figures are not yet available.	We are currently working on year-end calculations, therefore actual figures are not yet available.	Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Halton

Income

	2022-23	
Disabled Facilities Grant	£1,994,703	
Improved Better Care Fund	£6,982,074	
NHS Minimum Fund	£12,078,498	
Minimum Sub Total		£21,055,275

	Planned	
NHS Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total		£0

Actual			
Do you wish to change your additional actual NHS funding?	No		
Do you wish to change your additional actual LA funding?	No		
			£0

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£21,055,275	£21,055,275

ASC Discharge Fund		
	Planned	
LA Plan Spend	£538,528	
ICB Plan Spend	£1,089,082	
ASC Discharge Fund Total		£1,627,610

Actual			
Do you wish to change your additional actual LA funding?	No		
Do you wish to change your additional actual ICB funding?	No		
			£1,627,610

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£22,682,885	£22,682,885

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	

Checklist
Complete:

Yes
Yes
Yes
Yes
Yes

Expenditure

	2022-23
Plan	£21,055,275

Do you wish to change your actual BCF expenditure?	Yes	Yes
Actual	£20,552,572	Yes

	ASC Discharge Fund
Plan	£1,627,610

Do you wish to change your actual BCF expenditure?	No	Yes
Actual	£1,627,610	Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	DFG is underspent by £502,703 at year end due to slippage on the capital programme for the councils internal care homes. Although committed works have not been completed within the financial year therefore the funds have been carried forward to use in 2023/4.	Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Halton

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Good integrated working demonstratted throughout the year and achieved good outcomes for individuals.	Yes
2. Our BCF schemes were implemented as planned in 2022-23	Agree	Contingency fund used to provide care capacity.	Yes
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	Strong placed based focus maintained with change from CCG to ICB supported by the One Halton programme.	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	8. Pooled or aligned resources	History of pooled resurces maintained throughout the year with agreed governance.	Yes
Success 2	9. Joint commissioning of health and social care	Integrated commissioning plan through BCF successfully delivered home first approach for hospital discharge ensuring resources reallocated to maintain an improved capacity.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Plans still in development for integrated care records.	Yes

Challenge 2	7. Joined-up regulatory approach	While we maintain good relationships with regulators the approach undertaken focuses on individual services and not process pathways and system outcomes.	Yes

Footnotes:

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

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

Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board: Halton

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditu
sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulat
The actual impact column is used to understand the benefit from the fund. This is different for each sheme and sub type and th
1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through
care).
2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purcl
6) For 'Assistive Techonologies and Equipment' , please state the number of unique beneficiaries through the fund.
7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section founc

Scheme Name	Scheme Type	Sub Types
Acute Discharge Co-ordination (STH&K)	Additional or redeployed capacity from current care workers	Costs of agency staff
Acute Mental Health - Bed Flow	Additional or redeployed capacity from current care workers	Costs of agency staff
Acute Mental Health Support	Residential Placements	Other
Administration	Administration	(blank)
Care Home - Nursing/ Dementia Nursing (Additional/Redployed Capacity)	Additional or redeployed capacity from current care workers	Costs of agency staff
Care Home - Nursing/ Dementia Nursing (Increased Hours)	Increase hours worked by existing workforce	Overtime for existing staff.
Care Home - Nursing/ Dementia Nursing (Retention Incentives)	Improve retention of existing workforce	Bringing forward planned pay increases
Community Telecare & Warden Service	Assistive Technologies and Equipment	Telecare

Domiciliary Care - Incentives	Improve retention of existing workforce	Incentive payments
Equipment - Stock Levels	Assistive Technologies and Equipment	Community based equipment
Lilycross - Transitional Care Beds	Residential Placements	Discharge from hospital (with reablement) to long term care
Night Service	Reablement in a Person's Own Home	Reablement service accepting community and discharge
Packages of Care - High Cost	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge
Reablement	Reablement in a Person's Own Home	Reablement service accepting community and discharge
Social Work Capacity - Hospital Discharge Teams	Additional or redeployed capacity from current care workers	Costs of agency staff
Social Work Capacity - Later Life & Memory Service (LLAMS)	Additional or redeployed capacity from current care workers	Costs of agency staff
Support at Home (Voluntary Sector & Carers)	Home Care or Domiciliary Care	Other
Transitional Care Capacity	Other	(blank)
Transport	Other	(blank)

Schemes added since Plan		
	Local recruitment initiatives	
	<Please Select>	

Planned Expenditure	£1,627,610
Actual Expenditure	£1,627,610
Actual Expenditure ICB	£1,095,000
Actual Expenditure LA	£532,610

ıre. Please then provide narrative around how the fund was utilised, the duration of care it
tion.
ıe unit for this metric has been pre-populated. This will align with metrics reported in fortn
the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and pl

hased through the fund purchased.

d by scrolling further down.

Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?
£75,000	£75,000	2,786	hours worked	No
£10,000	£0	0	hours worked	Yes
£50,000	£25,000	2	Number of beds	Yes
£16,082	£28,565	0	N/A	Yes
£97,625	£97,625	4,494	hours worked	No
£10,600	£10,600	500	hours worked	No
£41,775	£41,775	137	number of staff	No
£50,000	£0	0	Number of beneficiaries	Yes

£50,000	£35,712	151	number of staff	Yes
£20,000	£5,000	10	Number of beneficiaries	Yes
£446,528	£326,306	12	Number of beds	Yes
£92,000	£92,000	1,456	Hours of care	No
£70,000	£157,654	2,973	Hours of care	Yes
£276,000	£418,654	26,000	Hours of care	Yes
£53,000	£73,000	1,957	hours worked	Yes
£20,000	£0	0	hours worked	Yes
£19,000	£20,000	0	Hours of care	Yes
£220,000	£220,000	0	N/A	No
£10,000	£719	0	N/A	Yes

provided and and any changes to planned spend. At the very bottom of this

ıightly returns for scheme types.
lease add in your column K explanation that this achieve 120 weeks of bed based

If yes, please explain why	Did the scheme have the intended impact?
N/A	Yes
The scheme didn't come to fruition, so the funding was used to support the Reablement and High Cost Packages schemes.	No
Halton provided a contribution to the Mental Health Trust improvement programmes that covered a wider system coverage.	Yes
Additional administration was required to support the reporting requirements etc of the Fund. However, the expenditure incurred is less than the permitted 2% of the allocation.	Yes
N/A	Yes
N/A	Yes
N/A	Yes
The scheme didn't come to fruition, so the funding was used to support the Reablement and High Cost Packages schemes.	No

Not all funding was required, therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes.	Yes
Not all funding was required, therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes.	Yes
Not all funding was required, therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes. Funding for the scheme ran from 1.10.22 - 31.3.23	Yes
N/A	Yes
Some of the schemes originally planned didn't come to fruition, so the funding was used to support High Cost Packages of Care, hence increase in expenditure.	Yes
Some of the schemes originally planned didn't come to fruition, so this funding was used to secure additional Reablement capacity, hence increase in expenditure.	Yes
As the Social Work Capacity Later Life & Memory Servie Scheme didn't come to fruition (see below), this funding was used to increase capacity in the Hospital Discharge Teams further.	Yes
The scheme didn't come to fruition, so the funding was used to support Social Work Capacity within the Hospital Discharge Teams (See above).	Yes
Provided a slightly higher contribution.	Yes
N/A	Yes
Not all funding was required; therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes.	Yes

If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
The trust initiated an MDT process within A&E to triage all patients that can be diverted to alternative pathways and support discharges to community teams, avoiding admissions	The pilot has been a success and has been extending into the 1st quarter of the year,
N/A - Scheme didn't come to fruition due to timescales involved.	N/A
The trust has introduced 7 day working and increased discharge support. The funding was used as a contribution towards increasing bed caapcity with provider over winter.	N/A
Without the administration support the ASC Discharge Fund reporting requirements etc would not have been able to be adhered to.	Support to administer the Funding and adhere to the reporting requirements is
Additional capacity allowed for beds to remain open over the winter period to improve admissions.	Support required to providers to ensure financial sustainability
Additonal capacity allowed for beds to remain open over the winter period to improve admissions.	Support required to providers to ensure financial sustainability
Funding used to improve retention of exisitng workforce, thus allowing beds to remain open over the winter period.	Support required to providers to ensure financial sustainability
N/A - Scheme didn't come to fruition due to timescales involved in the necessary recruitment to posts etc.	N/A

Incentive Scheme within Domiciliary Care to improve retention of existing workforce to ensure that there was appropriate Domiciliary Care capacity over the 2 week Christmas and New	N/A
Increased the stock of high demand items in Community Equipment Stores to support speediness of Hospital Discharges	N/A
12 beds were provided up to 29.1.23 (17 weeks) and then 6 beds were funded from 30.1.23 to 26.2.23 (4 weeks). This equates to a total of 228 weeks of bed based care. Ensured that there was	A requirement for an appropiate level of transitional bed capacity
Additional capacity to support discharges of patients requiring overnight care in Reablement. Funding for the scheme ran from 1.10.22 - 31.3.23.	N/A
Additional support provided towards high cost packages of care to support speedy hospital discharges.	N/A
Additional capacity to support pressures and speediness of Hospital Discharges, as part of Home First approach. Funding for the scheme ran from 1.10.22 - 31.3.23.	N/A
Additional capacity within the Discharge Team supported the discharge process and flow out of the Acute Trusts	N/A
Additional capacity within the Discharge Team supported the discharge process and flow out of the Acute Trusts	N/A
Healthy @ Home capacity was increased to support patients on pathway 0 return to their own homes and settle, the scheme expanded to cover St Helens Hospital. No specific packages of	N/A
9 Transitional Beds were made avaialbe for 14 weeks, thus providing 149 weeks of bed based care. Funding allowed the Trust to retain staffing to sustain 27 escalation beds open until	The scheme eased the pressures on the acute system, for a hospital with
Funding allowed for additional transport to be put in place during Christmas and New Year to support hospital discharges	N/A