

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 Discharge 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 into the 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 Institute 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 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

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 the ASC

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](#)

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board:

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:
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? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist
Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board:

Croydon

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
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3)	569.0	Data not available to assess progress	There are a number of challenges that the local system is facing, including workforce shortages and exacerbation of long term conditions. We are aware these are national problems and not just for Croydon, but it is	Current performance Q1-Q3 at 470.9. Awaiting Quarter 4 but unlikely we will achieve the target based on local BI knowledge.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.6%	Not on track to meet target	Extremely challenging winter, as evidence by the Q4 data (92.7% vs the planned 93.7%). Compounded by difficulties with recruitment that continue to hamper progress with some projects. While the impact of strikes has also	Local BI data - 93.2% - almost on target. Croydon is one of the best performers in SWL on par with Sutton, Merton and Wandsworth. Croydon is just missing the target by a few decimal points.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	290	On track to meet target	The demand for bed based care is still high and increasing as shown by the utilisation of the additional Pathway 3 beds commissionend through the adult social care discharge fund. This is based on existing flow on pathway 2	Whilst initial data shows that we are track to meet the target with us being at 280.60, there has been some work in this area around establishing key home first principals and short term step down beds over the
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	93.3%	On track to meet target	LIFE would like to increase in-house reablement capacity to meet demand. We are looking at ways to reduce therapy waiting time, for example by changing skills mix (converting some of the difficult to	We have introduced and embedded a Trusted Assessors training, and OD culture change training to ensure the focus remains on reablement, rehab and recovery to prevent residents going on long term care.

Checklist Complete:
Yes
Yes
Yes
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:

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
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Our plan for 2022-23 was built upon established joint working in Croydon through the One Croydon Alliance and the delivery of the Croydon Health and Care Plan. This is a fully integrated programme of work between NHS partners, the Voluntary Sector, Mental Health and social care which outlines a vision for how health and social care will be delivered across
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	This year's plan was developed with input from the One Croydon Alliance partners and wider stakeholders in health and social care. The One Croydon Governance was used to agree and implement the schemes as planned.
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	Strongly Agree	The BCF and One Croydon Programme remain the strong foundations for integrated care in Croydon and help us deliver on our strategic commitments on the sustainability of Croydon's health and care services, delivering care where our population needs it and encouraging healthy lifestyles, as well as recognising the need within our transformational work to reduce

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	5. Integrated workforce: joint approach to training and upskilling of workforce	We have recruited more integrated workforce to tackle frailty, link in with voluntary sector organisation and bring care homes into the system. We have continued to run a joined organisational development working group to understand the learning and development needs across the system and increase awareness of and access to training and learning opportunities that are available across
Success 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	We have introduced Community-led support across discharge teams. Staff have received training on the 'good conversation' tool. The training will enable them to offer community support and non-funded solutions at the point of options being discussed with patients and families. The Community Connect map will be used as a first point of contact and on triage to inform available alternative options at every conversation with the person. Key features of this approach are: •No decision about a patient's long term care needs should be taken in an acute setting
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	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Croydon has a very high number of residential and nursing care homes in the borough (128) and while it has a good quality and sustainable market due to the fact it admits a greater number of its residents to permanent residential placement than it would like to due to a high number of out of borough patients it admits. Meaning that residents are not moved onto more suitable longer-term accommodation. Despite the high number of homes in Croydon there is often still a need to find placements outside of the borough, resulting in the undesirable outcome of an individual being cared for outside of their
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Croydon continues to struggle with IT interoperability across its multiple providers and stakeholders which provides additional barriers to transferring patient records etc limiting the discharge process and the ability to develop integrated care plans easily accessible by all. There is also a need to create a seamless approach to managing the demand through using our current IT systems in enabling us to better monitor the demand to ensure we have the capacity to deliver .

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

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Croydon

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 expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a table summary please also include aggregate spend by A and C8 which should match actual total expenditure. The actual impact column is used to understand the benefits from the fund. This is different for each scheme and sub type and the unit for this report has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

- 1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund, i.e. if 10 beds are made available for 12 weeks, please put 10 in column 1 and please add in your column 6 explanation that this achieves 120 weeks of bed based care.
- 2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
- 3) For 'respite care in a person's own home', please state the number of care hours purchased through the fund.
- 4) For 'reprieve/respite 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 purchased through the fund purchased.
- 6) For 'Assistive Technologies 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 included in your submitted plans, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme meet the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
12 additional step down beds	Residential Placements	Nursing home	£135,800	£142,246	36	Number of beds	Yes	11 beds were purchased instead of 12. There was also an increase in the amount spent per bed per week. This meant the spend was £142K for the period up to 31/03/2023	Yes	Provided valuable Pathway 3 capacity in local Nursing Homes where our local residents can be transferred to whilst waiting for any issues which may be preventing them returning to their	Yes which is being taken forward into designs of new commissioned services
Additional community Equipment	Assistive Technologies and Equipment	Community based equipment	£300,000	£357,258	126	Number of beneficiaries	No	Increased capacity via pathway to support 1 to facilitate discharge	Yes	This supported and helped facilitate capacity for an extra 30 discharges per week via Pathway 1. This also supported the increased ongoing demand for equipment which	Yes which is being taken forward as part of Frontrunner Programme in
Additional discharge staff in LIFE	Additional or redeployed capacity from current care workers	Costs of agency staff	£75,000	£179,385	5,600	hours worked	Yes	We increased the amount of staff available to meet demand via pathway 1 which is included within the figure below	Yes	Case Workers were employed to solely carry out Part B assessments. An average of 15-18 DCA discharges per day Monday - Friday using up substantive staff capacity to cover weekends	Yes which is being taken forward as part of Frontrunner Programme in
Additional home treatment capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£37,333	£37,333	840	hours worked	No		Yes	2 additional staff members supported discharge into the community from inpatient and ED. Weeks at 37.5hrs + 12hrs weekends	Yes which is being taken forward as part of Frontrunner Programme in
Additional pharmacy staff to reduce waits for medication on discharge	Additional or redeployed capacity from current care workers	Local staff banks	£23,000	£31,000	525	hours worked	Yes	Increased to provide additional support	Yes	TFA turnaround time to ADU before resource: 56 minutes TFA turnaround time to ADU after resource: 32 minutes	
Administration	Administration		£26,864	£23,392	0	N/A	Yes	Slightly reduced costs incurred	Yes	This covered the costs for the administration of the scheme	
Advance discharge planning liaison	Additional or redeployed capacity from current care workers	Local staff banks	£100,088	£0	0	hours worked	Yes	We couldn't recruit to mobilise the scheme	No		
Bed Bureau contribution to SWL	Residential Placements	Care home	£38,500	£38,500	30	Number of beds	No		Yes	Additional beds provided at a SWL level, created additional bed capacity. Increased capacity of 6 beds across the system	Bed locations created additional potential barriers for use. We are taking forward into
Bed Bureau staffing	Residential Placements	Care home	£15,552	£15,552	525	Number of beds	No	This is a staffing metric and therefore the number reported is on hours.	Yes	Staffing contribution to support the above beds. This employed an extra 1 member of staff to manage and support use of the beds.	Yes which is being taken forward as part of Frontrunner Programme in
Brokerage and placement staffing	Additional or redeployed capacity from current care workers	Costs of agency staff	£48,384	£45,986	1,620	hours worked	Yes	Slightly reduced costs incurred	Yes	4 additional Placement and brokerage staff to help support the additional discharges facilitated by the other projects. This supported as an enabler for discharge and the actual discharge	
CHC staffing	Additional or redeployed capacity from current care workers	Local staff banks	£24,000	£24,000	525	hours worked	No		Yes	Provided additional support for CHC to accommodate additional discharges from the trust. This provided additional assessments and work with families to inform them of the	
Enhanced discharge staff including weekend	Additional or redeployed capacity from current care workers	Costs of agency staff	£60,480	£27,189	525	hours worked	Yes	Reduced amount of staff and funding used elsewhere within schemes to support	Yes	Additional staff within the hospital at weekends to facilitate additional weekend discharges. The fully dedicated service included Therapists, IDTs and Consultants. This supported as an	Yes which is being taken forward as part of Frontrunner Programme in
Enhanced packages (DSS)	Residential Placements	Other	£18,666	£18,666	6	Number of beds	No		Yes	Provided additional funding to increase the number of packages of care to support discharge. Giving a further 6 beds over a 14weeks.	
Enhanced Primary care support to community discharge	Additional or redeployed capacity from current care workers	Costs of agency staff	£87,000	£90,577	3,258	hours worked	Yes	We repurposed the funding for the scheme below to increase capacity into this scheme	Yes	Paramedic capacity within the Rapid Response team. Provided additional capacity within the LIFE discharge team to support more complex discharges. It also provided AHP, drivers and	
Enhanced Primary care support to community discharge	Additional or redeployed capacity from current care workers	Local staff banks	£239,000	£176,771	3,300	hours worked	Yes	We repurposed this money to fund additional capacity for the scheme above	Yes	Extended OP capacity within the Rapid Response team. Provided additional capacity within the LIFE discharge team to support more complex discharges. It also provided AHP, drivers and	
Extended equipment service to days	Assistive Technologies and Equipment	Community based equipment	£45,000	£0	0	Number of beneficiaries	Yes	Not used as funded used for increased equipment to facilitate discharge from hospital.	Yes	Provided delivery and install service over 7 days a week either phase 5, creating additional capacity to facilitate discharges 7 days a week. This supported as an enabler for discharge and the	
Extra supported housing units	Residential Placements	Other	£212,800	£212,800	17	Number of beds	No		Yes	12 Male and 5 female supported housing beds were commissioned to increase capacity within the community to facilitate the discharge of Mental Health patients. It also	
Flow hub	Other		£360,000	£360,000	12	N/A	No		Yes	Operational 24/7 the flow hub targeted patients suitable for discharge the following morning. The overnight discharge lounge house 12 beds.	
Housing pathway support staff	Additional or redeployed capacity from current care workers	Local staff banks	£90,000	£90,000	3,250	hours worked	No		Yes	A total of 5 staff who facilitated the flow of mental health patients. 12weeks at 37.5hrs/week + 250hrs	
Increase availability for pathway 1 discharges	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£30,055	£301,438	28,478	Hours of care	Yes	Slightly reduced costs incurred	Yes	Increase of 30 discharges per week for people returning home who need care at home via pathway 1. This is for the increased package if care spend for residents up to 6 weeks.	Yes which is being taken forward as part of Frontrunner Programme in
overspill discharge support	Additional or redeployed capacity from current care workers	Costs of agency staff	£18,666	£18,666	525	hours worked	No		Yes	Dedicated staff member who supported out of area discharge planning for Croydon patients placed out of care. 14weeks at 37.5hrs + 12hrs	
Responsible commissioner identification support	Additional or redeployed capacity from current care workers	Costs of agency staff	£37,333	£37,333	1,050	hours worked	Yes		Yes	Admin staff who facilitated the early identification of responsible commissioner on admission and information gathering to support funding decisions early in the patients pathway.	
Social work staffing	Additional or redeployed capacity from current care workers	Costs of agency staff	£36,000	£115	255	hours worked	Yes	Less hours provided to support within hospital and this was repurposed to LIFE staffing.	Yes	Provided 2 additional staff and increased operational hours of the team to improve patient flow.	
Staying Put, increased costs and weekend support	Other		£25,000	£25,000	0	N/A	No		Yes	Additional capacity within the Staying Put service for the winter providing additional blitz cleans, purchasing of key safes and equipment and providing alternative heating arrangements for this scheme. Did not happen due to time constraints of delivering the scheme	
Trusted Assessor model for Home Care Providers	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£1,000	£0	0	Hours of care	Yes	This scheme did not happen and this funded supported the pathway 1	No		
Winter bed staffing	Residential Placements	Care home	£26,928	£26,928	0	Number of beds	No	This is a staffing metric and therefore the number reported is on hours.	Yes	Supported the additional 12 Pathway 3 Beds. This provided an extra 2 staff to manage these beds. The actual numbers are included elsewhere within this summary. This supported as an	

Planned Expenditure	£2,012,440
Actual Expenditure	£2,012,440
Actual Expenditure CB	£1,466,907
Actual Expenditure LA	£1,167,582