



Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

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

Health and Wellbeing Board:	East Sussex
Completed by:	Sally Reed
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Contact number:	01273 481912
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Tue 16/07/2024 << Please enter using the format, DD/MM/YYYY

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Keith	Glazier	cldr.keith.glazier@eastsussex.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Hannah Claudia	Hamilton Griffith	hannah.hamilton2@nhs.net claudia.griffiths@nhs.net
	Additional ICB(s) contacts if relevant		Ashley	Scarff	ashley.scarff@nhs.net
	Local Authority Chief Executive		Becky	Shaw	becky.shaw@eastsussex.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Mark	Stainton	mark.stainton@eastsussex.gov.uk
	Better Care Fund Lead Official		Sally	Reed	sally.reed@eastsussex.gov.uk
	LA Section 151 Officer		Ian	Gutsell	ian.gutsell@eastsussex.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
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

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

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Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board:

East Sussex

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£8,860,833	£8,860,833	£0
Minimum NHS Contribution	£52,426,847	£52,426,847	£0
iBCF	£21,776,611	£21,776,611	£0
Additional LA Contribution	£694,000	£694,000	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£5,088,412	£5,088,412	£0
ICB Discharge Funding	£5,024,117	£5,024,117	£0
Total	£93,870,820	£93,870,820	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£14,898,223
Planned spend	£20,860,699

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£26,092,688
Planned spend	£26,098,655

[Metrics >>](#)

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	182.1	180.7	179.3	178.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,421.8	2,313.1
	Count	3720	3657
	Population	143415	147175

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.0%	93.5%	93.5%	93.5%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	489	348

[Planning Requirements >>](#)

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

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board:

East Sussex

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
East Sussex	£8,860,833
DFG breakdown for two-tier areas only (where applicable)	
Eastbourne	£1,914,512
Hastings	£2,243,297
Lewes	£1,337,135
Rother	£2,012,223
Wealden	£1,353,666
Total Minimum LA Contribution (exc iBCF)	£8,860,833

Local Authority Discharge Funding	Contribution
East Sussex	£5,088,412

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Sussex ICB	£5,024,117	£5,024,117	
Total ICB Discharge Fund Contribution	£5,024,117	£5,024,117	

iBCF Contribution	Contribution
East Sussex	£21,776,611
Total iBCF Contribution	£21,776,611

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
East Sussex	£694,000	£694,000	
Total Additional Local Authority Contribution	£694,000	£694,000	

NHS Minimum Contribution	Contribution
NHS Sussex ICB	£52,426,847
Total NHS Minimum Contribution	£52,426,847

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	£0	
Total NHS Contribution	£52,426,847	£52,426,847	

	2024-25
Total BCF Pooled Budget	£93,870,820

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

Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

East Sussex

<< Link to summary sheet

Running Balances	2024-25		
	Income	Expenditure	Balance
DFG	£8,860,833	£8,860,833	£0
Minimum NHS Contribution	£52,426,847	£52,426,847	£0
iBCF	£21,776,611	£21,776,611	£0
Additional LA Contribution	£694,000	£694,000	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£5,088,412	£5,088,412	£0
ICB Discharge Funding	£5,024,117	£5,024,117	£0
Total	£93,870,820	£93,870,820	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£14,898,223	£20,860,699	£0
Adult Social Care services spend from the minimum ICB allocations	£26,092,688	£26,098,655	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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>> Incomplete fields on row number(s):

298, 299, 300, 301, 302, 303, 304

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Planned Expenditure		Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)
									Area of Spend	Please specify if 'Area of Spend' is 'other'									
1	Protecting ASC services which benefit health	A range of social care services which benefit health	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£6,936,579	£7,423,000	9%
2	Protecting ASC services which support hospital discharge	A range of social care services to support hospital discharge	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£5,386,547	£5,764,000	7%
3	Protecting ASC services in line with iBCF criteria	A range of social care services to meet iBCF criteria	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF	Existing	£21,776,611		27%
4	Milton Grange - Community Bed Based	ESCC provision of Intermediate Care beds in Eastbourne	Bed based intermediate Care Services (Reablement, accepting step up and step	Bed-based intermediate care with reablement accepting step up and step		149	148	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,683,500	£1,734,500	47%
4	Milton Grange - Community Bed Based	ESCC provision of Intermediate Care beds in Eastbourne	Bed based intermediate Care Services (Reablement, accepting step up and step	Bed-based intermediate care with reablement accepting step up and step		149	148	Number of placements	Community Health		LA			Local Authority	Minimum NHS Contribution	Existing	£1,683,500	£1,734,500	47%
5	Community Bed Based Intermediate Care	Funding towards Independent Sector Commissioned Intermediate	Bed based intermediate Care Services (Reablement, accepting step up and step	Bed-based intermediate care with rehabilitation (to support discharge)		10	9	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£89,000	£95,000	3%
5	Community Bed Based Intermediate Care	Funding towards Independent Sector Commissioned Intermediate	Bed based intermediate Care Services (Reablement, accepting step up and step	Bed-based intermediate care with reablement (to support discharge)		10	9	Number of placements	Community Health		LA			Private Sector	Minimum NHS Contribution	Existing	£89,000	£95,000	3%
6	Joint Community Rehabilitation Services	Funding to support provision of 7 day service	Home-based intermediate care services	Joint reablement and rehabilitation service (accepting step up and step		77	0	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£433,500	£0	0%
6	Joint Community Rehabilitation Services	Funding to support provision of 7 day service	Home-based intermediate care services	Joint reablement and rehabilitation service (accepting step up and step		155	0	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£433,500	£0	0%
7	Carers Services	A range of carers support services commissioned by ESCC.	Carers Services	Respite services		6586	0	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,982,153	£0	0%
7	Carers Services	A range of carers support services commissioned by ESCC.	Carers Services	Respite services		61	0	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£22,000	£0	0%

7	Carers Services	A range of carers support services commissioned by ESCC.	Carers Services	Respite services		10	0	Beneficiaries	Community Health		LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£4,000	£0	0%
8	Carers Services	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties		13344	0	Beneficiaries	Social Care		LA		Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,463,355	£0	0%
8	Carers Services	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties		2671	0	Beneficiaries	Social Care		LA		Charity / Voluntary Sector	Additional LA Contribution	Existing	£672,000	£0	0%
9	Disabled Facilities Grant	DFG and housing support services	DFG Related Schemes	Adaptations, including statutory DFG grants		1367	253	Number of adaptations funded/people	Other	Adaptations, including statutory DFG	LA		Local Authority	DFG	Existing	£4,061,806	£6,645,625	75%
10	Disabled Facilities Grant	DFG and housing support services	DFG Related Schemes	Discretionary use of DFG		600	59	Number of adaptations funded/people	Other	Discretionary use of DFG	LA		Local Authority	DFG	Existing	£4,061,806	£2,215,208	25%
12	Carers Services	Carers commissioning team	Carers Services	Other	Carers commissioning team	0	0	Beneficiaries	Social Care		LA		Local Authority	Minimum NHS Contribution	Existing	£175,100	£0	0%
13	Care Act Implementation	Care Act Duties, including info/advice, safeguarding, advocacy and reviewing.	Care Act Implementation Related Duties	Other	Care Act Duties, including info/advice,		0		Social Care		LA		Local Authority	Minimum NHS Contribution	Existing	£1,617,000	£1,680,000	92%
14	Frailty	Multi-disciplinary frailty services in HWLH area	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£491,000		3%
15	Diabetes	Diabetes Support in HWLH area	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£1,216,000		8%
16	Lewes UTC	Ad Av pathways	Urgent Community Response						Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£474,000		100%
17	Intermediate Care Services	Joint Community Rehab services in HWLH area	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		4414	4221	Packages	Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£888,000	£888,000	46%
18	IAPT	Access to Psychological Therapies in HWLH	Prevention / Early Intervention	Other	Psycholgical Therapies in HWLH				Mental Health		NHS		NHS Mental Health Provider	Minimum NHS Contribution	Existing	£352,000		6%
19	Enhanced Health in Care Homes	Enhanced Health in Care Homes	Personalised Care at Home	Other	Physical health and mental health well-being				Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£1,188,000		8%
20	Enhanced HIT - scheme continuing	Additional ASC capacity to cover extended hours	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		NHS		Local Authority	Minimum NHS Contribution	Existing	£205,000	£211,000	29%
21	SCT Medicines Optimisation in Care Homes	Medicines Optimisation in Care Homes	Other				0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£529,000	£0	0%
22	ESHT Community Programme	Additional community services including crisis response, frailty	Community Based Schemes	Integrated neighbourhood services			0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£7,809,000	£8,086,000	10%
23	HSCC Overnight Service	Funding for HSCC cover 22.00-08.00hrs	Enablers for Integration	Integrated models of provision			0		Social Care		LA		Local Authority	Minimum NHS Contribution	Existing	£132,500	£153,000	6%
23	HSCC Overnight Service	Funding for HSCC cover 22.00-08.00hrs	Enablers for Integration	Integrated models of provision			0		Community Health		NHS		Local Authority	Minimum NHS Contribution	Existing	£132,500	£153,000	6%
24	Consultant pharmacist in diabetes	Consultant pharmacist in diabetes	Other						Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£76,000		3%
25	Dieticians in Meds Management team (2)	Dieticians in Meds Management team (2)	Other						Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£95,000		4%
26	Medicines Optimisation in LD Care Homes	Medicines Optimisation in Care Homes	Other				0		Community Health		NHS		NHS Community Provider	Minimum NHS Contribution	Existing	£98,000	£0	0%
27	Home First Pathway 3	D2A beds	Residential Placements	Short-term residential/nursing care for someone likely to require a			7	Number of beds	Social Care		LA		Private Sector	Minimum NHS Contribution	Existing	£2,132,329	£588,500	1%
27	Home First Pathway 3	D2A beds	Residential Placements	Short-term residential/nursing care for someone likely to require a			7	Number of beds	Community Health		LA		Private Sector	Minimum NHS Contribution	Existing	£2,132,328	£588,500	1%
28	Staff - Programme and Project support	A range of joint posts	Other				0		Social Care		LA		Local Authority	Minimum NHS Contribution	Existing	£786,721	£354,000	33%

28	Staff - Programme and Project support	A range of joint posts	Other				0		Community Health		NHS			NHS	Minimum NHS Contribution	Existing	£277,475	£292,500	12%
29	Health and Social Care Connect	Funding for health hub within HSCC (Single Point of Access)	Enablers for Integration	Integrated models of provision			0		Community Health		NHS			Local Authority	Minimum NHS Contribution	Existing	£630,000	£844,000	29%
30	High Intensity User Service	High Intensity Users - case management	Personalised Care at Home	Mental health /wellbeing					Community Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£181,000		1%
31	ICES Pooled Budget	NHS contribution to Community Equipment Pooled budget	Assistive Technologies and Equipment	Community based equipment		129142	0	Number of beneficiaries	Community Health		LA			Private Sector	Minimum NHS Contribution	Existing	£2,900,000	£0	0%
32	VCSE services	NHS contibution to VCSE services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE		0		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,892,084	£349,000	33%
32	VCS services	NHS contribution to VCS services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE		0		Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£946,042	£349,000	16%
32	VCS services	NHS contribution to VCS services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE		0		Mental Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£946,042	£0	0%
33	Healthy Hastings and Rother	VCSE services commissioned by NHS.	Prevention / Early Intervention	Other	A range of services provided by VCSE		0		Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£862,817	£0	0%
34	Domiciliary care capacity	Additional investment in home care provision to support hospital discharge	Home Care or Domiciliary Care	Domiciliary care packages		42540	0	Hours of care (Unless short-term in which	Social Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,418,000	£0	0%
35	Dementia Post Diagnostic Support Services:	Dementia Post Diagnostic Support Services	Prevention / Early Intervention	Other	Dementia Post Diagnostic Support Services		0		Mental Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£784,000	£1,092,000	14%
36	BCF Reserve	Contingency for service pressures	Other				0		Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	New	£123,997	£0	0%
37	BCF Reserve	Pending uplift and application agreements	Other				0		Community Health		NHS			NHS	Minimum NHS Contribution	New	£751,278	£458,195	16%
38	Domiciliary Home care capacity	Additional investment in home care provision to support hospital discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		87108	161494	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Local Authority Discharge	New	£2,873,047	£3,541,484	16%
39	Weekend Discharge Team	Additional capacity to support hospital discharges at weekends	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Acute		NHS			NHS Acute Provider	ICB Discharge Funding	New	£342,408		48%
40	High Intensity Users/Mental Health Discharge	Discharge Co-ordination	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	New	£170,004	£148,152	24%
41	Additional ASC assessment	Additional ASC assessment capacity	Workforce recruitment and retention				0	WTE's gained	Social Care		LA			Local Authority	Local Authority Discharge	New	£500,000	£0	0%
42	Personal Health Grants	Small grants issued to support hospital discharge	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		NHS			Charity / Voluntary Sector	ICB Discharge Funding	New	£62,400	£64,400	1000%
43	Additional D2A Beds	Additional D2A Beds	Residential Placements	Short-term residential/nursing care for someone likely to require a			31	Number of beds	Social Care		NHS			Private Sector	ICB Discharge Funding	New	£3,439,836	£1,966,757	2%
44	Assisted Discharge Home - BRC	Home from Hospital support form the British Red Cross	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Social Care		LA			Charity / Voluntary Sector	ICB Discharge Funding	New	£171,516	£125,256	2500%
45	Domiciliary Home care capacity	Additional investment in home care provision to support hospital discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		922	0	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	ICB Discharge Funding	New	£837,953	£0	0%
46	Block beds for clients with complex care	Block beds for clients with complex care needs	Residential Placements	Short-term residential/nursing care for someone likely to require a			0	Number of beds	Social Care		LA			Private Sector	Local Authority Discharge	New	£1,040,000	£0	1%
47	OT in-reach to D2A beds	OT in-reach to D2A beds	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Social Care		LA			Local Authority	Local Authority Discharge	New	£655,011	£187,500	100%

Adding New Schemes:

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme		Expenditure for 2024-25 (£)	% of Overall Spend
48	Carers Services - Independent Sector Respite	A range of carers support services commissioned by ESCC.	Carers Services	Respite services			626	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing		£1,873,000	100%
49	Carers Services - Contracts	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties			11312	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	Existing		£694,000	32%
48	Carers Services - Staffing	A range of carers support services commissioned by ESCC.	Carers Services	Other	Staff		0	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing		£45,000	85%
48	Carers Services - Staffing	A range of carers support services commissioned by ESCC.	Carers Services	Other	Staff		0	Beneficiaries	Community Health		LA			Local Authority	Minimum NHS Contribution	Existing		£135,000	15%
48	Carers Services - Contracts	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties			5827	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£552,500	25%
48	Carers Services - Contracts	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties			1027	Beneficiaries	Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£97,500	5%
48	Carers Services - Carers Personal Budgets	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties			1732	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£678,300	32%
48	Carers Services - Carers Personal Budgets	A range of carers support services commissioned by ESCC.	Carers Services	Carer advice and support related to Care Act duties			306	Beneficiaries	Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£119,700	6%
21	Medicines Optimisation in Care Homes	Medicines Optimisation in Care Homes	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing		£627,000	100%
28	Staff - Programme and Project support	A range of joint posts	Enablers for Integration	Joint commissioning infrastructure					Community Health		LA			Local Authority	Minimum NHS Contribution	Existing		£421,500	100%
31	ICES Pooled Budget	NHS contribution to Community Equipment Pooled budget	Assistive Technologies and Equipment	Community based equipment			60108	Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing		£3,045,000	50%
32	Mental Health VCSE services	NHS contibution to VCSE services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£989,200	33%
32	Mental Health VCSE services	NHS contibution to VCSE services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Mental Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£1,483,800	50%
32	Mental Health VCSE services	NHS contibution to VCSE services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£204,220	7%
32	Mental Health VCSE services	NHS contibution to VCSE services commissioned by ESCC.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Mental Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£306,329	10%
50	Lewes Foundry Project	Population Health Collaboration Pilot	Community Based Schemes	Integrated neighbourhood services					Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	New		£30,000	50%
50	Lewes Foundry Project	Population Health Collaboration Pilot	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	New		£30,000	50%
51	Transfer of Care Hub (TOCH)	Hospital Discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		NHS			NHS Community Provider	Minimum NHS Contribution	New		£500,000	50%
51	Transfer of Care Hub (TOCH)	Hospital Discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	New		£500,000	50%
33	Healthy Hastings and Rother	VCSE services commissioned by LA.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£296,213	33%
33	Healthy Hastings and Rother	VCSE services commissioned by LA.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£437,740	49%
33	Healthy Hastings and Rother	VCSE services commissioned by NHS.	Prevention / Early Intervention	Other	A range of services provided by VCSE				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing		£150,955	17%
34	Domiciliary care capacity	Additional investment in home care provision to support hospital discharge	Home Care or Domiciliary Care	Domiciliary care packages			56057	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing		£1,517,000	8%

36	BCF Reserve	Contingency for service pressures	Other		Contingency for service pressures				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing		£458,195	100%
6	Joint Community Rehabilitation Services	A range of additional staff to ensure 7 day cover	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing		£461,500	22%
6	Joint Community Rehabilitation Services	A range of additional staff to ensure 7 day cover	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing		£461,500	22%
41	Additional ASC assessment	Additional ASC assessment capacity	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Private Sector	Local Authority Discharge	Existing		£480,000	11%
52	JCR In-reach	Intermediate care in-reach to acute	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Local Authority Discharge	New		£120,000	100%
53	Tail/Transition Costs/MH Hub	Tail/Transition Costs/MH Hub	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			Private Sector	ICB Discharge Funding	New		£472,792	100%
54	HWLH UCR Medical Cover	HWLH UCR Medical Cover	Urgent Community Response						Community Health		NHS			NHS	ICB Discharge Funding	New		£313,571	100%
55	Contribution to PMO	Contribution to PMO	Enablers for Integration	Programme management					Community Health		NHS			NHS	ICB Discharge Funding	New		£120,000	33%
56	Discharge Transformation	Discharge Transformation	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			NHS	ICB Discharge Funding	New		£1,470,781	100%
57	Additional D2A beds	Additional D2A Beds	Residential Placements	Short-term residential/nursing care for someone likely to require a			9	Number of beds	Community Health		NHS			Private Sector	Local Authority Discharge	Existing		£759,428	19%

Further guidance for completing Expenditure sheet

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

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

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

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

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Independent Mental Health Advocacy 2. Safeguarding 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other 	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other 	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other 	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other 	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> 1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. 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.

12	Home-based intermediate care services	<ol style="list-style-type: none"> 1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other 	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	<ol style="list-style-type: none"> 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.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> 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.
17	Residential Placements	<ol style="list-style-type: none"> 1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> 1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other 	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

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

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board:

East Sussex

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

2024-25 capacity and demand plan

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

Working in conjunction across the 3 Sussex places and in engagement with our discharge hub leads, we analysed the discharge pathways based on the latest available 2023/24 demand data, as influenced by the John Bolton Theoretical Optimal Model, to establish more accurate splits and update our capacity model in alignment with the ICB's operational planning submission.

Assumptions for 24/25 have been set based on the analysis of the 23/24 actuals. Summary of key points:

- There is variable access to Pathway 1 Home First Urgent Community Response (UCR) services due to geographical areas of challenge in respect of the availability of onward care capacity.
- The current processes for referral to Discharge to Assess (DZA) pathways are complex and there is a need to simplify the existing pathway.
- Assessment capacity to meet all demands including timely assessments to support discharge was a challenge over the winter period.
- Complex cases remain a key issue, where clients' clinical needs are high requiring specialist input from a range of professionals and services.
- The care market faces a continuing challenge to recruit and retain sufficient staff to meet demand both in the community and for hospital discharge.

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

Significant consideration has been given to the intermediate care requirements for 24/25 across all pathways within the East Sussex system. To address this, the Discharge Funding will be utilised to provide additional home and bed based care along with social support for those on pathway 0. These include:

- Home care: additional block hours to support hospital discharge.
- High Intensity Users/Mental Health Discharge Co-ordinators
- Additional Adult Social Care assessment capacity
- Personal Health Grants: small grants to support low level hospital discharges.
- Additional DZA Beds and therapy in-reach support
- Assisted Discharge Home: additional capacity for this service provided by the British Red Cross to support low level hospital discharges.

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

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

The transformation programme, service redesign schemes and developments in East Sussex are significantly wider than those funded by the Better Care Fund however the BCF plans for 2023/25 seek to support people to stay well safe and independent at home for longer through:

1. Enhanced prevention, personalisation and reducing health inequalities.
2. Support for people with mental health needs by ensuring access to a full range of services.
3. Continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes.
4. Improving services that deliver planned care for local people including voluntary sector support for carers and people with mental health needs.

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

A key priority for improving discharge continues to be the Home First (HF) pathway, ensuring as many people as possible are discharged home from a stay in an acute hospital or community bedded setting. HF underpins our delivery of a Discharge to Assess (DZA) approach, enabling people to come home as soon as they are medically ready, with support wrapped around them by joint Health and Social Care service. This will include:

- Implementing a strategic approach to our enhanced Discharge to Assess (DZA) services to improve outcomes for patients, including linking this to other services such as rehabilitation and reablement and pharmacy support.
- Reviewing the urgent community response model across acute, community health and social care. This will support people to avoid going into hospital where there is a better alternative service and enable them to get home quickly when they are ready to leave hospital.
- Identifying and implementing Trusted Assessor opportunities, for example NHS staff being able to commission simple social care packages and telecare.

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

East Sussex system partners have undertaken a significant amount of modelling to understand the demand and capacity for different parts of the system. Much of the data has been derived from tracking discharge hub activity and reviewing unmet community demand both within the NHS and local authority.

Demand Assumptions

- Underpinned by Trust Discharge Sitreps for four core providers, providing analysis by Pathway.
- Growth: net neutral
- Phased by month by days in month with limited adjustments for seasonal variation.
- Pan Sussex assessment that 2% of Pathway 0 activity requires Social Support
- Limited amount of Pathway 2 activity transferred to Pathway 1 – Domiciliary care – in line with pan Sussex agreed focus on 'Home First' and evidence from East Sussex service leads.

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

Yes

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

The hospital discharge demand estimate is derived using the Operational Planning submission for Sussex ICB with common assumptions regarding transformation of discharge pathways for example underpinning the modelling, and with engagement with discharge hub leads.

Approach to using Additional Discharge Funding to improve

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

Linked KLOEs (For information)

Checklist Complete:

Yes

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

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?
Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

Yes

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

Yes

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

Yes

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

Yes

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

Yes

Significant consideration has been given to the intermediate care requirements for 24/25 across all pathways within the East Sussex system. To address this, the Discharge Funding will be utilised to provide additional home and bed based care along with social support for those on pathway 0. These include:

- Home care: additional block hours to support hospital discharge. ☑
- Weekend Discharge Team: additional capacity to facilitate hospital discharge at weekends.
- High Intensity Users/Mental Health Discharge Co-ordinators☑
- Additional Adult Social Care assessment capacity
- Personal Health Grants: small grants to support low level hospital discharges. ☑
- Additional DZA Beds and therapy in-reach support ☑

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

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

Throughout 23/24, Sussex made progress implementing the agreed SDP transformation priorities of the short-term system discharge improvement plan at system, place and provider level, supported by the system's participation in the national Discharge Front Runner Programme.

Following initial improvements in discharge delays in 23/24, the number of acute discharge delays increased during Autumn following admission demand pressure and the impact of industrial action on improvement and transformation. Despite the challenges, significant progress was made ahead of Winter with a notable reduction in the number of acute delays ahead of Christmas/New year. However a rise in admissions over Q4, not matched by an equivalent increase in discharges, has eroded some of the positive gains in NCTR and LoS made earlier in 2023/24. The challenge remains to translate the improvements into sustained operational improvements in respect of NCTR as benchmarked against peers.

Ensuring that BCF funding achieves impact

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

How the application of the Better Care Fund, including the Discharge Funds, supports the delivery of the Sussex Shared Delivery Plan, is captured through the Sussex system oversight governance arrangements. East Sussex governance arrangements link to the Shared Delivery Plan and System Oversight governance that encompasses health and social care, to ensure alignment of plans and benefits realisation through the current and future deployment of the BCF.

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

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

Yes

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

Yes

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

Yes

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board:

East Sussex

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	195.7	182.6	172.7	173.3	Demographic change across all age groups is assumed to be minimal (<1%) derived from East Sussex JSNA report (Feb 24). Review of most up to date nationally and locally derived indicator values showed planned indicator values for Q3/Q4 (as quoted in this template) were not achieved, with 'actuals' very similar to Q1/Q2 values, respectively. A stretch target of 2% reduction in avoidable admissions each quarter for 24/25 compared with 23/24 actual levels has been modelled in alignment with system delivery plans, to be delivered through continued development of	The East Sussex Urgent Community Response service is supported by BCF funding primarily to ensure full geographical coverage. The expansion of this service has also included development of a direct ambulance clinician to clinician decision making call via an admission avoidance single point of access enabling faster clinical decision making. This service - together with Virtual Wards expansion - supports a wide range of community need including chronic ambulatory care sensitive conditions and targets frailty, respiratory and heart failure in particular
	Number of Admissions	1,474	1,375	-	-		
	Population	546,924	546,924	-	-		
	Indicator value	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
		182.1	180.7	179.3	178		

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

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,134.6	2,421.8	2,313.1	Demographic change for Ages 65+ 23/24 to 24/25 (2.6%) derived from East Sussex JSNA report (Feb 24); Target reduction based on stabilising UCR activity supporting 'Falls' in 24/25 and translating that expanded service activity into a reduction in admissions due to 'Falls' (based on Feb 24 admissions activity - 'best' performing month in 23/24 post UCR expansion)	The East Sussex Urgent Community Response service is supported by BCF funding primarily to ensure full geographical coverage. The expansion of this service has also included development of a direct ambulance clinician to clinician decision making call via an admission avoidance single point of access enabling faster clinical decision making. This service - together with Virtual Wards expansion - supports a wide range of community need including falls related conditions. The expansion of this service is anticipated to have a 'full year' impact
	Count	3,278	3720	3657		
	Population	143,415	143,415	147,175		

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

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Quarter (%)		92.5%	92.6%	93.0%	94.0%	Applied 2% activity growth 23/24 to 24/25 (as per national	All Sussex places are committed to developing a discharge model

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)	Numerator	10,712	10,999	10,370	10,198	guidance): Q4 actual achievement was lower than plan. Given current pressures on the system, 24/25 Q1 Plan: set to improve on average level achieved in 23/24 based on introduction of revised Home First policy, diverting 30% of patients on 'D2A' bedded care pathway to 'D2A' Home Care pathway	with a principle of Home First. East Sussex BCF and national discharge investment plans for 24/25 support the increase of 'discharge' capacity in the home including support for onward assessment capability and wrap around services. Together with the implementation of an interactive intermediate care workforce planning tool, a Transfer of Care Hub and system improvement plans including a full review of the discharge model supported by Professor John Bolton, these initiatives are anticipated to deliver system 'shifts' from Q2 24/25.
	Denominator	11,585	11,883	11,154	10,848		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	93.0%	93.5%	93.5%	93.5%		
	Numerator	10,947	11,283	11,122	11,048		
	Denominator	11,775	12,067	11,894	11,816		

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	488.8	450.4	302.9	347.5	The target variance for 24/25 against 23/24 out-turn is due to the change of data source from the SALT to the CLD.	Continued investment in Joint Community Rehab and other community based services, maximising opportunity for people to remain living in their own homes. Maximising use of seven Extra Care Schemes across the East Sussex, providing accommodation with on-site support. Continued investment in D2A beds and other discharge support services including community equipment and
	Numerator	701	696	468	547		
	Denominator	143,415	154,515	154,515	157,406		

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

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

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

Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

East Sussex

		2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through
	Code			
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? <i>*Paragraph 11 as stated in BCF Planning Requirements 2023-25</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Have all elements of the Planning template been completed? <i>Paragraph 11</i></p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p>
	Not covered in plan update - please do not use	A clear narrative for the integration of health, social care and housing	Not covered in plan update	

	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - 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? 	<p>Cover sheet</p> <p>Planning Requirements</p>
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	<p>A demonstration of how the services the area commissions will support the BCF policy objectives to:</p> <ul style="list-style-type: none"> - Support people to remain independent for longer, and where possible support them to remain in their own home - Deliver the right care in the right place at the right time? 	<p>Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?</p> <p>Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?</p> <p>Have gaps and issues in current provision been identified?</p> <p>Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?</p> <p>Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?</p> <p>Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?</p>	
Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?</p> <p>Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?</p> <p>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?</p>	
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	PR 4 and PR6 are dealt with together (see above)	

<p>NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services</p>	<p>PR7</p>	<p>A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution</p>	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?</p> <p>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?</p>	
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<p>Agreed expenditure plan for all elements of the BCF</p>	<p>PR8</p>	<p>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?</p>	<p>Do expenditure plans for each element of the BCF pool match the funding inputs?</p> <p>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?</p> <p>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)</p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?</p> <p>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?</p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12 	
<p>Metrics</p>	<p>PR9</p>	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this? 	