Better Care Fund 2024-25 EOY Reporting Template

2. Cover

Version 1.0

Please Note:

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

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

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

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

Health and Wellbeing Board:	City of London	
Completed by:	Ellie Ward	
E-mail:	ellie.ward@cityoflondon.gov.uk	
Contact number:	020 73321535	
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 report is expected to be signed off:	Fri 11/07/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	Yes	
5.1 C&D Guidance & Assumptions	Yes	
5.2 C&D Actual Activity	Yes	
6. Income actual	Yes	
7b. Expenditure	Yes	Expenditure Underspent or Overspent
8. Year End Feedback	Yes	

<< Link to the Guidance sheet

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: City of London

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		Yes

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 the quarter and mitigating actions underway to support compliance with the condition:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

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4. Metrics

Selected Health and Wellbeing Board: City of London

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.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning Q1	Q2	Q3	Q4	For information - actual performance for Q3 (For Q4 data,please refer to data pack on BCX)	Assessment of whether ambitions have been met	Challenges and any 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* ***- ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan***	Achievements - including where BCF funding is supporting improvements. *Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics*	Variance from plan *Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan*	Mitigation for recovery *Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan*	Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	52.3	49.7	47.2	44.8	61.2	Target met	N/A	We were under plan by 24 in Q4 and our annual performance was also 61 under our target. 136.2 vs 194.	N/A	N/A	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.8%	96.6%	94.5%	93.6%	91.23%	Target not met	The annual average was 93.2 against a plan of 94.6%; however, small numbers of patients can have a great impact on percentages.	Our Q4 performance was 94.8; 1.2% above our target and an improvement from 91.2% in Q3.	N/A	Q3 had higher numbers of people requiring residential care than usual. We have fluctuations between years and between quarters which makes it hard to forecast accurately. We utilise a home first approach where possible.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				733.6	379.9	Target not met	We don't fully understand the challenges we are seeing but have a working group looking at data and pathway mapping. It would have been helpul if the BCF dashboard included numbers of falls in	Q4 showed improvement against the rest of the year. We were 69 below target.	Overall, our indication value was 1353.3 against a plan of 733.6	We have established a falls group to review pathways and outcomes of services.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				575	not applicable	Target not met	Over the course of the year we had 4 additional people admitted against the forecast 10. As CoL has a small population, small variations against forecast figures can significantly impact performance reporting outcomes. Despite a significant jump in the rate the actuals are not a cause for concern.	N/A	4 over target.	We don't have a mitigation plan. CoL take a home first, D2A approach. All pathway 3 discharges are assessed, a step down will be facilitiated where it is felt further assessment is required, or CoL will seek a short term placement. All placments are reviewed after 6 weeks. The home first model is practiced where appropriate and safe to do so.	Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

5.1 Assumptions

	Checklist
1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.	
We have seen an increase in the complexity of patients rehab needs with 8 people requiring inpatient rehabilitation compared to 2-3 in previous years. We spot purchase the placements so were able to meet the demand; however, it is challenging financially. Our therapists will do a review of any of the long-stay patients over the year to help with learning for 25-26. We will also put in regular biweekly meetings between our community team and the rehab placement team to better monitor LOS and support with any delays to discharge from these units.	Yes
2. Do you have any capacity concerns for 25-26? Please consider both your community capacity and hospital discharge capacity.	
No Capacity concerns	Yes
3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.	
We have a rapid response service which can mobilise quickly and flexibly to prevent hospital admission and enable discharge	Yes
4. Do you have any specific support needs to raise? Please consider any priorities for planning readiness for 25/26.	
No support needs.	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- Modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)

- Short term domiciliary care (pathway 1)

- Reablement & Rehabilitation in a bedded setting (pathway 2)

- Other short term bedded care (pathway 2)

- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

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5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

Actual activity - Hospital Discharge

Service Area	Metric	Prepopulated demand from 2024-25 plan			Actual activity (not including spot purchased capacity)			Actual activity through only spot purchasing (doesn't apply to time to service)			Checklist: Complete:
		Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	6	7	5	0	4	1	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	1	1	1	0	0.5	1				Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	0	0	0	5	2	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	2.6	0	0				Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	2	1	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	4	4	4	0	0	0				Yes
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	1	0	1	0	0	0	Yes
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	17				Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	0	0	0	0	0	0	3	1	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	4	4	4	28.3	0	0				Yes

Actual activity - Community

Service Area	Metric	Prepopulated demand from 2024-25 plan			Actual activity:			Checklist: Complete:
		Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly activity. Number of new clients.	8	7	7	4	4	4	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	0	1	0	0	4	1	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	Yes
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	Yes

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6. Income actual

Selected Health and Wellbeing Board: City of London

Source of Funding	2024-25 Planned Income	Actual income	Carried from previous year (23-24)	Actual total income (Column D + E)
DFG	£40,457	£40,457	£0	£40,457
Minimum NHS Contribution	£943,650	£943,650		£943,650
iBCF	£323,659	£323,659		£323,659
Additional LA Contribution	£43,563	£43,563		£43,563
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£75,627	£75,627		£75,627
ICB Discharge Funding	£8,881	£8,881		£8,881
Total	**£1,435,837**			**£1,435,837**

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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

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7b. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: City of London

	2024-25					
Running Balances	Income	Expenditure to date	Percentage spent	Balance		**If underspent, please provide reasons**
DFG	£40,457	£0	0.00%	£40,457	Underspent!	Had to recruit new DFG support organisation. Now in place and some DFGs are
Minimum NHS Contribution	£943,650	£943,651	100.00%	-£1	Overspent!	
iBCF	£323,659	£323,659	100.00%	£0		
Additional LA Contribution	£43,563	£0	0.00%	£43,563	Underspent!	Had to recruit new DFG support organisation. Now in place and some DFGs are
Additional NHS Contribution	£0	£0		£0		
Local Authority Discharge Funding	£75,627	£75,627	100.00%	£0		
ICB Discharge Funding	£8,881	£8,881	100.00%	£0		
Total	**£1,435,837**	**£1,351,818**	**94.15%**	**£84,019**	Underspent!	

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	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£247,339	£570,590	£0
Adult Social Care services spend from the minimum ICB allocations	£172,763	£357,283	£0

Checklist	Column complete:	Yes	Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Planned Outputs for 2024-25**	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Actual Spend (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	CoL-Care Navigator Service	To ensure safe hospital disharge for City of London residents	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Social Care	0	LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 60,000	£60,000		
2	CoL-Carers' support	To provide specialist indpendent support, information and advice for adult carers living in the City of London to support them in their caring role and promote their health and wellbeing	Carers Services	Other	Provides specialist independent help	80	100	Beneficiaries	Social Care	0	LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 60,000	£60,000		
3	Brokerage pilot (one-year)	To provide a more efficient and effective commissioning of placements including for Discharge to Assess	Residential Placements	Other	Commissioning	12	5	Number of beds	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 65,000	£65,000		
4	CoL-Discharge Scheme	To prevent hospital admissions and provide an intensive discharge to assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		0	0		Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 163,000	£163,000		
5	Disabled Facilities Grant	To support Diasbled people to live more independently in their own homes	DFG Related Schemes	Adaptations, including statutory DFG grants		5	0	Number of adaptations funded/people supported	Social Care	0	LA			Private Sector	DFG	£ 40,457	£0		
6	iBCF	Meeting adult social care needs by delivering a targeted, preventative,	Care Act Implementation Related Duties	Other	Adult social care support		0		Social Care	0	LA			Local Authority	iBCF	£ 323,659	£323,659		
7	Adult Cardiorespiritory Enhanced and	ACERS Respiratory Service is a 7 day service, that provides care and support to anyone	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 23,033	£23,033		
8	Bryning Day Unit/Falls Prevention	The Bryning Unit is a multidisciplinary team running a weekly programme	Prevention / Early Intervention	Other	Physical health and wellbeing	0	0		Acute	0	NHS			NHS Acute Provider	Minimum NHS Contribution	£ 14,356	£14,356		
9	Asthma	This service will offer asthma expertise in the community in order to train health	Community Based Schemes	Other	Education and training of HCP and patients.	0	0		Acute	0	NHS			NHS Acute Provider	Minimum NHS Contribution	£ 1,422	£1,422		
10	St Joseph's Hospice	Community-based and inpatient palliative care services	Personalised Care at Home	Physical health/wellbeing		0	0		Other	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 86,111	£86,111		
11	Paradoc	The service provides an urgent GP and paramedic response service to patients	Urgent Community Response			0	0		Primary Care	0	NHS			NHS Acute Provider	Minimum NHS Contribution	£ 21,213	£21,213		
12	Adult Community Rehabilitation Team	To provide specialist inter-disciplinary and uni-disciplinary rehabilitation to	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 163,823	£163,823		

13	Adult Community Nursing	To provide an integrated, case management service to patients living within the	Personalised Care at Home	Physical health/wellbeing		0	0		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 218,759	£218,759		
16	DES Supplementary Care Homes	GP enhanced services within older adults care homes.	Personalised Care at Home	Physical health/wellbeing		0	0		Primary Care	0	NHS			NHS	Minimum NHS Contribution	£ 5,475	£5,475		
17	GP out of hours home visiting service	Primary Care out of hours for patients requiring home visits. Delivered by a social	Personalised Care at Home	Physical health/wellbeing		0	0		Primary Care	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 10,744	£10,744		
19	Local authority discharge funding	Support hospital discharge	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	0		Social Care	0	LA			Local Authority	Local Authority Discharge	£ 75,627	£75,627		
20	ICB discharge fund	Support hospital discharge	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Social Care	0	LA			Local Authority	ICB Discharge Funding	£ 8,881	£8,881		
21	System pressures	Respond to system pressures	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity		0	0		Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 9,283	£9,283		
22	Out of hours rapid response end of life care service	Rapid response overnight support, information and crisis internvention to	Personalised Care at Home	Physical health/wellbeing		0	0		Other	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 3,998	£3,998		
23	Neighbourhood Programme	Neighbourhoods is our major transformation programme for the redesign of	Community Based Schemes	Integrated neighbourhood services	0	0	0		Other	0	NHS	0		NHS	Minimum NHS Contribution	£ 19,792	£19,792		
24	Care Transfer hub	Health and Social Care staff to work together to support discharge.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	0	0	0		Community Health	0	NHS	0		NHS Acute Provider	Minimum NHS Contribution	£ 17,642	£17,642		
25	DFG carry forward	DFG allocation now confirmed and 23/24 allocation carried forward	DFG Related Schemes	Adaptations, including statutory DFG grants	0	5	0	Number of adaptations funded/people supported	Social Care	0	LA	0		Private Sector	Additional LA Contribution	£ 43,563	£0		

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8. Year End Impact Summary

Selected Health and Wellbeing Board: City of London

Confirmation of Statements			Checklist Complete:
Question statements	**Confirmation**	**If the answer is "No" please provide an explanation:**	
Overall delivery of BCF has improved joint working between health and social care	Yes		Yes
Our BCF schemes were implemented as planned in 2024-25	Yes		Yes
The delivery of our BCF plan 2024-25 has had a positive impact on the integration of health and social care in our locality.	Yes		Yes

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:		
Logic model for integrated care - SCIE		
Success and Challenges	**Narrative**	
2 key successes observed towards driving the enablers for integration	• **Neighbourhoods** are a fundamental part of our system at place - providing the essential building blocks for hyper local community engagement and service delivery. Structural change has happened as many services are now organised around or linked into neighbourhoods. We have the infrastructure for community and resident engagement in place via VCS led neighbourhood forums and regular insight gathering. We held a regular series of health promotion events through the forums,focusing on health inequalities and what matters to residents. There was also a widespread OD programme that has helped staff to get to know each other, their neighbourhoods, and learn new skills.	Yes
2 key challenges observed towards driving the enablers for integration	• All partners are working in a challenging financial context which means that they may focus on their own agenda's rather than working collectively. •Each partner has different IT systems so we don't have one version of the truth. We have created a spreadsheet to track discharges but will need better processes with between health and ASC to manage and monitor discharge delays.	Yes