2. Cover







Version 1.1

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. 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.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Health and Wellbeing Board:	Nottinghamshire	
Completed by:		
E-mail:		
Contact number:		
Is the template being submitted subject to HWB / delegated sign-off?	<please response="" select=""></please>	
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?		
Job Title: Name:		

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

Incomplete, please click on the links below to see a sheet breakdown

	Pending Fields
2. Cover	4
3. National Conditions	0
4. Metrics	12
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6. Integration Highlights	0
7. WP Grant	0
8. I&E	0
9. Year End Feedback	8
10. iBCF	3

<< Link to Guidance tab

2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	No
E-mail	C23	No
Contact number	C25	No
Is the template being submitted subject to HWB / delegated sign-off?	C27	No
Job Title of the person signing off the report on behalf of the HWB	C29	Yes
Name of the person who signed off the report on behalf of the HWB	C30	Yes

Sheet Complete:	No
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3. National Conditions

^^ Link Back to top

	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes

Sheet Complete:

4. Metrics

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	Cell Refer	rence Checker
Non-Elective Admissions performance target assesment	D12	No
Residential Admissions performance target assesment	D13	No
Reablement performance target assesment	D14	No
Delayed Transfers of Care performance target assesment	D15	No
Non-Elective Admissions challenges and support needs	E12	No
Residential Admissions challenges and support needs	E13	No
Reablement challenges and support needs	E14	No
Delayed Transfers of Care challenges and support needs	E15	No
Non-Elective Admissions achievements	F12	No
Residential Admissions achievements	F13	No
Reablement achievements	F14	No
Delayed Transfers of Care achievements	F15	No

Sheet Complete:

5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	No
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	No
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	No
Chg 5 - Seven-day service - Q4 19/20	D19	No
Chg 6 - Trusted assessors - Q4 19/20	D20	No
Chg 7 - Focus on choice - Q4 19/20	D21	No
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	No
Red Bag Scheme - Q4 19/20	D27	No
Chg 1 - Early discharge planning - If Q4 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q4 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q4 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q4 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q4 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q4 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q4 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q4 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q4 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	No
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	No
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	No
Chg 5 - Seven-day service - Challenges and Support needs	G18	No
Chg 6 - Trusted assessors - Challenges and Support needs	G19	No
Chg 7 - Focus on choice - Challenges and Support needs	G20	No
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	No
Red Bag Scheme - Challenges and Support needs	G27	No
Chg 1 - Early discharge planning - Milestones / impact	H15	No
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	No
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	No
Chg 5 - Seven-day service - Milestones / impact	H19	No
Chg 6 - Trusted assessors - Milestones / impact	H20	No
Chg 7 - Focus on choice - Milestones / impact	H21	No
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	No
Red Bag Scheme - Milestones / impact	H27	No

Sheet Complete:

6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes

Sheet Complete:

7. Winter Pressures Grant

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	Cell Reference	Checker
Assistive Technologies and Equipment - Expenditure	E12	Yes
Care Act Implementation Related Duties - Expenditure	E13	Yes
Carers Services - Expenditure	E14	Yes
Community Based Schemes - Expenditure	E15	Yes
DFG Related Schemes - Expenditure	E16	Yes
Enablers for Integration - Expenditure	E17	Yes
HICM for Managing Transfer of Care - Expenditure	E18	Yes
Home Care or Domiciliary Care - Expenditure	E19	Yes
Housing Related Schemes - Expenditure	E20	Yes
Integrated Care Planning and Navigation - Expenditure	E21	Yes
Intermediate Care Services - Expenditure	E22	Yes
Personalised Budgeting and Commissioning - Expenditure	E23	Yes
Personalised Care at Home - Expenditure	E24	Yes
Prevention / Early Intervention - Expenditure	E25	Yes
Residential Placements - Expenditure	E26	Yes
Other - Expenditure	E27	Yes
Hours of Care - Actual Outputs	D37	Yes
Packages - Actual Outputs	E37	Yes
Placements - Actual Outputs	F37	Yes
Beds - Actual Outputs	G37	Yes
Description of significant changes to the planned approach for the Winter Pressures Grant	B42	Yes

Sheet Complete:

8. Income and Expenidture

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	Cell Reference	Checker
Do you wish to change the additional CCG funding?	G16	Yes
Do you wish to change the additional LA funding?	G17	Yes
Actual CCG Additional	H16	Yes
Actual LA Additional	H17	Yes
Income commentary	D23	Yes
Do you wish to change the expedniture?	E30	Yes
Actual Expenidture	C32	Yes
Expenditure commentary	D34	Yes

Sheet Complete: Yes

9. Year End Feedback

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	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C15	Yes
Statement 6: Delivery of our BCF plan ihas contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	No
Success 2	C25	No
Success 1 commentary	D24	No
Success 2 commentary	D25	No
Challenge 1	C28	No
Challenge 2	C29	No
Challenge 1 commentary	D28	No
Challenge 2 commentary	D29	No

Sheet Complete: No	
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10. Additional improved Better Care Fund

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	Cell Reference	Checker
A1) a) Meeting adult social care needs	D13	Yes
A1) b) Reducing pressures on the NHS	E13	Yes
A1) c) Ensuring that the local social care provider market is supported	F13	Yes
A1) d) Percentages sum to 100% exactly	G13	Yes
B1) a) Actual number of home care packages	C19	No
B1) b) Actual number of hours of home care	D19	No
B1) c) Actual number of care home placements	E19	No
B2) Main area additional iBCF spend if not above	C20	Yes
B3) Main area additional iBCF spend if not above - Other commentary	C21	Yes

Sheet Complete:

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Better Care Fund Template Q4 2019/20 3. National Conditions

Selected Health and Wellbeing Board: Nottinghamshire

Confirmation of Nation Conditions		
		If the answer is "No" please provide an explanation as to why the condition was not met within
National Condition	Confirmation	the quarter and how this is being addressed:
1) Plans to be jointly agreed?	Yes	
(This also includes agreement with district councils on use		
of Disabled Facilities Grant in two tier areas)		
2) Planned contribution to social care from the CCG	Yes	
minimum contribution is agreed in line with the Planning		
Requirements?		
3) Agreement to invest in NHS commissioned out of	Yes	
hospital services?		
4) Managing transfers of care?	Yes	

4. Metrics

Selected Health and Wellbeing Board:	Nottinghamshire	

Challenges and 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

Support Needs Achievements

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

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non- elective spells per 100,000 population			
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)			
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services			
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)			

Better Care Fund Template Q4 2019/20 5. High Impact Change Model

Selected Health and Wellbeing Board:	Nottinghamshire

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate the implementation of this change

Milestones met during the quarter / Observed Impact Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

		Q4 19/20	If 'Mature' or	Challenges and any Support Needs	Narrative Milestones met during the quarter / Observed impact
			'Exemplary', please provide		
		Please select	please provide		
		riease select			
Chg 1	Early discharge planning				
8 -					
		Please select			
Chg 2	Systems to monitor patient flow				
		Please select			
Chg 3	Multi-disciplinary/multi-agency discharge teams				
	discharge teams				
		Please select			
		ricuse seicee			
Chg 4	Home first/discharge to assess				
		Please select			
Chg 5	Seven-day service				
		Please select			
Chg 6	Trusted assessors				
0.50					
		Diegos			
		Please select			
Chg 7	Focus on choice				
		Please select			
Chg 8	Enhancing health in care homes				

	ospital Transfer Protocol (or the Red Bag scheme) lease report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.					
		Q4 19/20	If there are no plans to implement such a scheme, please provide a narrative on alternative	Challenges	Achievements / Impact	
UEC	Red Bag scheme	Please select				

6. Integration Highlight

Selected Health and Wellbeing Board: Nottinghamshire

tegration success story highlight over the past quarter

ase give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example

The BCF Steering Group agreed to commission a review of the BCF programme in July 19/20, in order to set the direction for the programme over the next 3 years. The review started in September 2019 with the following objectives :

- a) Seek to place the BCF programme as the driver for integration of service delivery across Nottinghamshire, responsible to the Health and Wellbeing Board.
- b) Confirm the relationship of the BCF and HWB to the Integrated Care Systems, to ensure that duties are clear, relevant links are in place and there is no duplication of effort.
- c) Maximise the effectiveness of all partner involvement (eg through refreshed membership and governance arrangements, a common understanding of the aims of the programme, a shared vision for integration, regular communications with all partners).
- d) Determine how to achieve greater progress with the statutory requirements and target measures placed on the BCF as well as any local aspirations for integration.

The review was completed in February 2020, with recommendations approved by the BCF Steering Group as follows:

- 1. To develop a vision for how residents who have a range of health, housing and care needs will be supported in future by services acting in more joined up ways. This vision will be based on stories about the recent experiences that people have had with our services, where they have a range of housing, health and care needs. This will help the BCF programme become more person-centred and make it clearer how integration can improve the experience for residents.
- 2. To agree and implement developments to improve working arrangements

across partners in three priority areas :

- Housing responses to support hospital discharge including homelessness
- Assistive Technology: share best practice, learn about new developments, have compatible systems, use the data more proactively
- Digital integration across partners eg automated workflows to speed up processes between OTs and DFG officers in District and Borough Councils
- 3. To renew the governance structure and reorganise the work that we do together by replacing the BCF Steering Group with two BCF officer groups to focus on a)Integration of Health and Adult Social Care – to provide oversight of existing arrangements and establish a vision, strategy and work plan to expand our integrated approaches in prioritised areas of provider services and commissioning activities.
- b) Housing Partnership to provide oversight of key workstreams that are needed to coordinate action on particular issues related to housing, care and health as well as provide a communication channel for housing, health and care to discuss matters of interest as well as build trust and relationships.
- 4. To establish a BCF business group to manage the administrative aspects of the Plan and reporting requirements across the partners.

Due to the Covid 19 emergency, the recommendations could not be approved by the Health and Wellbeing Board until July 2020, Implementation work commenced after this meeting. A workshop is in planning for the HWB to agree the vision and principles to drive integration in Nottinghamshire. This is a success story because it refreshes the ambition of the BCF Partnership in Nottinghamshire, has clarified the priorities that the member organisations will be working on together over the next few years and sets in place a practical framework that will support delivery plans.

Where this example is relevant to a scheme	ne / service type, please select the main service type alongs	ide or a brief description if this	
is "Other".			
Scheme/service type	Enablers for Integration		
Brief outline if "Other (or multiple schemes)"			
Where this example is relevant to progres select the main enabler alongside.	sing a particular Enabler for Integration (from the SCIE Inte	gration Logic Model), please	
SCIE Enablers list	2. Strong, system-wide governance and systems leadership		
Brief outline if "Other"			

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Nottinghamshire

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

WP Grant Expenditure

	Scheme Type	Planned Expendit	ure	Actual E (2019/2	xpenditure 0)
1	Assistive Technologies and Equipment	£	-	£	-
2	Care Act Implementation Related Duties	£	-	£	-
3	Carers Services	£	-	£	-
4	Community Based Schemes	£	-	£	-
5	DFG Related Schemes	£	-	£	-
6	Enablers for Integration	£	-	£	-
7	HICM for Managing Transfer of Care	£	-	£	1,308,630
8	Home Care or Domiciliary Care	£	-	£	844,394
9	Housing Related Schemes	£	-	£	-
10	Integrated Care Planning and Navigation	£	-		
11	Intermediate Care Services	£	-		
12	Personalised Budgeting and Commissioning	£	-	£	208,665
13	Personalised Care at Home	£	-		
14	Prevention / Early Intervention	£	-	£	319,187
15	Residential Placements	£	-	£	846,194
16	Other	£	3,527,070		
Wint	ter Pressures Grant Total Spend	£	3,527,070	£	3,527,070

WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs				
	-	-	-	-
Total Actual Outputs				
(based on the total actual WPG spend reported above)	-	228.0	22.0	-

Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

The 228 is the number of NCC-commissioned home care packages only. The 22 is Care home Placement/Packages. Our package costs are recorded as a cost per week rather than number of hours per week as approaching 50% is provided through a direct payment and we commission for outcomes not hours.

8. Income and Expenditure

difference between the planned and actual

expenditure for 2019/20

Selected Health and Wellbeing Board: Nottinghamshire Income 2019/20 Disabled Facilities Grant £ 6,950,696 Improved Better Care Fund £ 26,484,159 £ 55,259,670 Winter Pressures Grant 3,527,070 £ Minimum Sub Total £ 92,221,595 Do you wish to change your No CCG Additional Fund additional actual CCG funding? Do you wish to change your No LA Additional Fund additional actual LA funding? **Additional Sub Total** Planned 19/20 Actual 19/20 **Total BCF Pooled Fund** f 92,221,595 f 92,221,595 Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20 **Expenditure** £ 92,221,595 Do you wish to change your actual BCF expenditure No Please provide any comments that may be useful for local context where there is a

Better Care Fund Template Q4 2019/20 9. Year End Feedback

Selected Health and Wellbeing Board: Nottinghamshire

Statement:	Response:	Comments: Please detail any further supporting information for each response
The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	All partners have worked closely together to deliver the BCF Plan during a time of transformation for both commissioners and providers.
Our BCF schemes were implemented as planned in 2019/20	Agree	The BCF Plan has been delivered as planned.
The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF funding has been used to deliver a wide range of services and new functionality that support integrated approaches eg. integrated care teams, sharing data across organisational boundaries, integrated approaches to hospital discharge.
The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	There are 46 schemes funded by the BCF to reduce the level of unplanned (non-elective) admission to hospital. Our health and care system is on track to meet the target set for this year.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	There are 23 schemes funded by BCF to reduce the days of delay for people in hospital. Although days of delay categorised to "health" mean that we have not met the target for Nottinghamshire, delays categorised as "other" and "social care" have been consistently low throughout the year, with Nottinghamshire being recognised as a top performing Local Authority for this indicator.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The availability of reablement type services to support hospital discharge has increased steadily over the last two years and this year the effectives of those services has increased, with a focus on services delievered in the persons own home rather than bed based reablement services. We are on track to meet the target set.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	There are 23 schemes funded by BCF to reduce the rate of older people being admitted to residential care. Nottinghamhire has consistently met all targets for this indicator since 2016/17 and we 26% under target in Q2 of 19/20. Increases have happened in the last 6 months of the year to change this general direction.

art 2: Successes and Challenges
ease select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1		
Success 2		
Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1		
Challenge 2		

Footnotes:

- Footnotes:

 Question 8 and 9 are should be assigned to one of the following categories:

 1. Local contextual factors (e.g., financial health, funding arrangements, demographics, urban vs rural factors)

 2. Strong, system-wide governance and systems leadership

 3. Integrated electronic records and sharing across the system with service users

 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production

 5. Integrated workforce: joint approach to training and upskilling of workforce

 6. Good quality and sustainable provider market that can meet demand

 7. Joined-up regulatory approach

 8. Pooled or aligned resources

 9. Joint commissioning of health and social care

 Other

Better Care Fund Template Q4 2019/20 10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board: Nottinghamshire

Additional improved Better Care Fund Allocation for 2019/20: £ 4,979,399

Distribution of 2019-20 additional iBCF funding by purpose:						
What proportion of your additional iBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?						
	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly		
A1) Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	57%	10%	33%	100.0%		

Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional iBCF funding allocation for 2019-20. Where the iBCF has not provided any such additionality, we want to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2019-20 as a result of your additional iBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional iBCF funding allocation
B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.			
B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional iBCF funding allocation for 2019-20. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.			