

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

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

The key purposes of BCF reporting are:

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

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

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

ASC Discharge Fund-due 2nd May

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

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

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

3. National Conditions

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

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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

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

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

5. Income and Expenditure

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

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

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

6. Year End Feedback

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

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

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

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

Part 2 - Successes and Challenges

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

Please highlight:

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

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

[SCIE - Integrated care Logic Model](#)

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

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

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

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

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

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3. National Conditions

Selected Health and Wellbeing Board:

Isle of Wight

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

Checklist
Complete:

Yes

Yes

Yes

Yes

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4. Metrics

Selected Health and Wellbeing Board:

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

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

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

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	650.0	On track to meet target	A challenging workforce position remains a consistent theme across the health and care system.	However, despite this, the continuation of schemes during 2022/23 have been successful contributed on a reduction in unplanned hospitalisations for ACS conditions. BCF SUS data Grand Total for year
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	84.0%	Not on track to meet target	As a system one of the greatest challenges has been, and continues to be, that of sourcing home care packages. Urgency to enable discharge from hospital and sparsity of domiciliary care provision on the Isle of	In spite of the workforce / package of care shortfall the target has only been missed by 1.01% (82.99%) and this is still an improvement on the 21/22 position. Confirmation has been received that
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	644	Not on track to meet target	We are still seeing an increasing trend of c.17% compared to 2018/19, this correlates with the reported increase in acuity and complexity being seen by all teams. End position 753.	ASC DF interventions have helped to increase domiciliary care Nov 22-Mar 23 offering additional flexibility and capacity in the system, along with TEC solutions. This, along with Virtual Wards, is seeking to help address
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	77.8%	Not on track to meet target	Please note due to the nature of this measure figures for 91 days will always be 3 months in arrears. Current quarterly average 80% - likely to be slightly over planned position. Subject to final data provision 91	Relatively stable levels of activity with slight positive trend; given the heightened pressures experienced by the system during and since the pandemic this is viewed as an achievement to maintain performance levels.

Checklist Complete:

Yes
Yes
Yes
Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Isle of Wight

Income

		2022-23	
Disabled Facilities Grant	£2,272,039		
Improved Better Care Fund	£6,180,112		
NHS Minimum Fund	£13,223,950		
Minimum Sub Total		£21,676,101	
		Planned	Actual
NHS Additional Funding	£26,325,379		£27,129,039
LA Additional Funding	£2,889,617		£3,035,472
Additional Sub Total		£29,214,996	£30,164,511
		Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£50,891,097	£51,840,612	

Actual		
Do you wish to change your additional actual NHS funding?	Yes	£27,129,039
Do you wish to change your additional actual LA funding?	Yes	£3,035,472

		ASC Discharge Fund	
		Planned	Actual
LA Plan Spend	£0		£638,679
ICB Plan Spend	£0		£1,281,632
ASC Discharge Fund Total		£0	£1,920,311
		Planned 22-23	Actual 22-23
BCF + Discharge Fund	£50,891,097	£53,760,923	

Actual		
Do you wish to change your additional actual LA funding?	Yes	£638,679
Do you wish to change your additional actual ICB funding?	Yes	£1,281,632

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

Note template error not displaying Planned ASC Discharge Fund. Central team notified with advice to enter values under actual. Variation in ICB funding of £17,500 (Planned £1,299,132) due to being unable to recruit a Geriatrician.

Expenditure

		2022-23
Plan		£50,891,097

Do you wish to change your actual BCF expenditure? Yes

Actual	£51,840,612
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		ASC Discharge Fund
Plan		£0

Do you wish to change your actual BCF expenditure? Yes

Actual	£1,920,311
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

The BCF has seen a much higher CHC/FNC outturn compared to budget, resulting in an increased spend of £674k. Many ICB service lines have also seen an increase compared to the original plan due to pay inflation adjustments in year.

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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6. Year-End Feedback

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

Selected Health and Wellbeing Board:

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The establishment of a refreshed governance structure, including the Joint Strategic Partnership Board with representation across the ICB, IWC and Public Health, is raising the profile of the Better Care Fund. This is helping to increase system-wide integrated working and create a clear route for partners to implement pathway changes. The cultural shift for
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	All workstreams were implemented as planned. Additional workstreams added in year including those funded through the ASC Discharge Fund.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	The workstreams implemented helped to continue collaborative working practices along the patient pathway. The additional governance work undertaken, including initial service reviews, have identified opportunities for future development going into the 2023 - 2025 planning cycle.

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	9. Joint commissioning of health and social care	The Living Well and Early Help Service, delivered by Aspire Ryde and their community partners, was awarded 'Gold' in the transformation in health and social care category in this year's IESE Transformation Awards. The service was jointly commissioned by the Isle of Wight Council and the Hampshire and Isle of Wight Integrated Care Board (ICB) in April 2022. Since then, this community-led partnership has made a real difference to the lives of more than 2,390 Islanders, helping them to stay well, independent and connected with their local community. And with the launch in December of its
Success 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Approval was granted in-year to commence an integrated workforce development pilot. The IWC has linked in with the HTP College and the IOW College to enable learners who will be completing Level 2 and 3 H & SC programmes to access practice experiences within their first year of employment. This is helping to support a local 'grow our own' approach to the workforce challenges being faced. Locally, we are more geographically isolated due to the Solent. By implementing this scheme we are encouraging local residents to remain on the Island with access to long-term careers development
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Workforce remains a recurrent theme both within the context of the BCF and wider service delivery. The Isle of Wight, like other more isolated areas, faces a degree of geographical isolation which impacts on recruitment and retention of staff. Services often then are unable to reach optimum delivery of their potential either due to carrying internal vacancies or becoming holders of caseloads where bottlenecks prevent onwards flow. At present, whilst services and pathways may be integrating, workforce is still often viewed at a service rather than system level - often resulting in high turnovers with
Challenge 2	6. Good quality and sustainable provider market that can meet demand	There is a significant challenge being faced in respect of workforce within the Isle of Wight community services. In addition to local capacity issues experienced prior to the pandemic, the impact of Covid-19 has further reduced capacity across both care homes and home care - a position which is disproportionately felt by those with complex needs and people with dementia who require more specialist support. One of the most significant consequences arising is that we are seeing a higher number of individuals, 'Not Meeting the Criteria to Reside' (NMCTR), remaining in hospital longer than we,

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Footnotes:

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

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

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ASC Discharge Fund

Selected Health and Wellbeing Board:

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

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a total summary, please also include aggregate spend by A and B which should match actual total pre-population.

- The actual impact column is used to understand the benefits from the fund. This is different for each scheme and sub-type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.
- 1) For 'residential placements' and 'bed based intermediate care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieves 120 weeks of bed based care).
 - 2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
 - 3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
 - 4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
 - 5) For 'additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
 - 6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.
 - 7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

■ If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub-Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
community unit	bed based intermediate care services	step down (discharge to assess pathway 2)	£451,333	£451,333	14	Number of beds	No		Yes	Intensive rehabilitation bedded unit located at Isle of Wight NHS Trust main site to provide a nurse led unit for patients no longer meeting criteria to reside but awaiting onward care. Beds	Weekly reporting templates varied method of counting which made it harder to
home bridging service	home care or domiciliary care	domiciliary care packages	£300,000	£350,000	2,323	Hours of care	Yes	We have encountered some delays in being able to rapidly mobilise additional services and this is predominately around recruitment and delays to services starting over the Christmas	Yes	Planned up to 80 care visits per day by 8 carers. Patient numbers will vary depending on the frequency of visits needed per patient. Service provided immediate care for patients who	Workforce challenges, still in place. The care sector in general is difficult to recruit
discharge to assess beds	bed based intermediate care services	step down (discharge to assess pathway 2)	£268,299	£268,299	101	Number of beds	No		Yes	Successful implementation that exceeded original planning. The average LOS reduced, demonstrating the benefits of increase flexibility of capacity in the community. Contributed to	Flexible approach to needs rather than just beds allowed for patients needs
residential capacity	residential placements	care home	£266,193	£266,193	119	Number of beds	No		Yes	28 intermediate care beds across Hartford Care, (Springfield and Elms) and Solent Grange and extra residential capacity. The Elms x 5 beds 21 Jan - 31 Mar	Discrepancy of method of counting across different reporting sources as well as
home care capacity	home care or domiciliary care	domiciliary care to support hospital discharge	£222,486	£222,486	3,456	Hours of care	No		Yes	Successfully increased number of hours available to facilitate discharge with immediate support available via Elder Care to supplement existing team, augmenting Outreach improved	Demand and capacity planning needs to reflect seasonal variances in acuity
reablement capacity	bed based intermediate care services	step down (discharge to assess pathway 2)	£150,000	£150,000	13	Number of beds	No		No	Bluebell House plan 70 beneficiaries to be aided. Actual 13 beds 267 referrals	
community day hub pilot	home care or domiciliary care	domiciliary care to support hospital discharge	£98,000	£98,000	593	Hours of care	No		Yes	Number of packages from fortnightly reporting route of ASC Business Intelligence, not secondary validated by service lead.	Where only short-term funding in place more successful to recruit to
telehealth and proactive support to care homes	assistive technologies and equipment	telecare	£73,000	£73,000	20	Number of beneficiaries	No		No	Plan 48 per month. Time taken to secure equipment and set up process - limited by number of handset for pilot. Costs include whole package - equipment, Wightcare link and response.	TEC model complements shift towards alternative pathways e.g. virtual wards.
additional medical workforce (geriatrician)	additional or redeployed capacity from current care workers	costs of agency staff	£67,500	£0	0	hours worked	Yes	Unable to recruit. Funding reallocated to support Home Bridging Service.	No	Unable to recruit.	The island despite its age demographic does not have a comprehensive frailty
discharge team capacity extension	additional or redeployed capacity from current care workers	costs of agency staff	£41,000	£41,000	248	hours worked	Yes		Yes	Immediate support available to supplement the existing team. Contributed to 4297 hours of home or domiciliary care packages and 2323.25 hours of reablement in a person's own home.	Where only short-term funding in place more successful to recruit to