

## Health and Wellbeing Board

23 June 2020

### BETTER CARE FUND 2019/20 QUARTER 4

#### 1. Purpose

This report presents Quarter 4 performance regarding Walsall Better Care Fund and Improved Better Care Fund. The period covered is from January 2020 – March 2020. It is worth noting at the time of reporting, March data was not available.

#### 2. Recommendations

- 2.1 That the Health and Wellbeing Board virtually receives the Quarter 4 return, and has the opportunity to respond via the Chair with any questions prior to the submission deadline of 5 June 2020.

#### 3. Report detail

- 3.1 The table below highlights the key messages to note from the Quarter 4 Better Care Fund and Improved Better Care Fund return. Appendix 1 details the Walsall Better Care Fund Quarter 4 return for submission, with Appendix 2 detailing the local financial position.

Message to note	BCF Quarter 4 – 2019/20
Metrics	<p><b>Non - Elective Admissions (NEA)</b> – Q4 identified a rise in admissions against the planned target. Locally we saw a rise of 8.2% against the same period during Q4 in 2019, and 10.9% against 18/19 performance. Analysis of performance continues against national targets and comparators.</p> <p><b>Residential Admissions</b> – Performance continues to be in line with the target, showing a consistent decrease of long term residential and nursing admissions for older people. As at February 2020, we saw 292 permanent placements made across the borough, a decrease compared to the same period in February 2019.</p> <p><b>Re-ablement</b> – During Q4, we saw performance in January against the metric of older people remaining at home 91 days after a hospital discharge, exceed at 91% against the set target of 85% with a slight decrease against the target in February at 83%. Despite our performance, we continue to analyse and monitor data and recording to ensure we are confident with our local position.</p> <p><b>Delayed Transfers of Care</b> – Delays recorded for January show 669 delayed days for Walsall, a slight increase from the 600 days recorded in October during Quarter 3. Social care delays against residential and nursing placements show a decrease in comparison to numbers reported during Q3.</p>

	<p>We are seeing a continued increase in equipment and patient choice delays, with recent delays recorded against housing. We continue to see a decrease in delays recorded by Dudley and Walsall Mental Health Partnership Trust, which highlights the additional work completed to reduce Mental Health delays attributed to social care.</p>
High Impact Change Model	<p>The 8 High Impact Change Models (Early discharge planning, Systems to monitor flow, Multi-disciplinary discharge teams, Home first/discharge to assess, Seven day working, Trusted Assessor, Choice, Enhancing health in care homes) as detailed in Appendix 1 Tab 5 remain in place as models to support the local system. The additional model of Red Bag Scheme is now included, taking the total back to 9. We have seen improvements in our recorded milestones with 5 now at mature stage and 4 at established.</p> <p>These improvements are in line with a review completed in September to review success against national guidance with the intention to progress models towards mature status. The measure for mature status is demonstrating the model is embedded across the local area. This a great position for Walsall to be in and meets expectations set in the 19/20 BCF plan.</p>
Income and Expenditure	<p>Quarter 4 recorded a draft outturn underspend position of £138,885k for the main BCF programme. This was mainly associated by the underspend against CCG minimum funded spot purchase residential beds and Local Authority Intermediate Care Service (ICS) staffing costs.</p> <p>The recorded underspend will partially offset the overspend recorded for Discharge to Assess beds, ensuring no impact across other budgets.</p>
Improved Better Care Fund	<p>Our Improved Better Care Fund (IBCF) investment continues to provide funding for key resources across Adult Social Care such as staffing and stability across the market, leading to supporting timely discharges from hospital. The funding enables us locally to work towards key national initiatives such as integration and increasing capacity.</p>
Performance	<p><b>Overall position</b></p> <p>Performance across the programme is good in light of winter pressures, which takes us up to the end of the quarter. The additional funding available was utilised to fund short-term pilots until the end of March 2020 such as PJ paralysis to support mobilisation in the acute, additional care hours through a block contract to increase capacity and a Mental Health coordinator supporting discharges from Mental Health non-acute settings.</p> <p>The majority of our long-term BCF funded schemes are playing an integral part in our local response to the pandemic, namely the Intermediate Care Service (ICS), The Integrated Equipment Store (ICES), The Quality in Care Team and Trusted Assessor, which is monitored by the programme. Resources such as re-ablement hours and Discharge to Assess beds funded by BCF continue to support the system with community and hospital teams driving discharges using agreed partnerships approaches.</p> <p>Monitoring of these schemes during the pandemic takes place through integrated mechanisms such as the Bronze command call and through the BCF Commissioning and Performance Integrated Group to monitor spend and performance.</p> <p><b>Delayed Transfer of Care (DTOCs)</b></p>

## Better Care Fund Template Q4 2019/20

### 1. Guidance

#### Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and 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 quarterly 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 clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be 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.

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

### Checklist ( 2. Cover )

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear “Red” and contain the word “No” if the information has not been completed. Clicking on the corresponding “Cell Reference” column will link to the incomplete cell for completion. Once completed the checker column will change to “Green” and contain the word “Yes”
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab 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. 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.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)
3. 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 Integration and Better Care Fund planning requirements for 2019/20 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

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 within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

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

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

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

#### 4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, 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 achievements realised.

As a reminder, if the BCF plans should be referenced as below:

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template
- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:

[england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DTOC ambitions for 2018/19 applicable for 2019/20:

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet 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 published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one 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. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as applicable.

In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for “Milestones met during the quarter / Observed impact” please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

#### Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of The optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

- Please 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.

- Where there are no plans to implement such a scheme Please provide a narrative on alternative mitigations in place to support improved communications in Hospital Transfer arrangements for social Care residents.

- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:

[england.ohuc@nhs.net](mailto:england.ohuc@nhs.net)

## **6. Integration Highlights**

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service/scheme or approach and the related impact.

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select “Other” to describe the type of service/scheme.

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

## 7. WP Grant

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for the Winter Pressures Grant as part of the BCF planning process.

## 8. Income and Expenditure

The Better Care Fund 2019/20 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2019/20 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2019/20.

### Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

## 9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 through a set of survey questions which are overall consistent with those from previous years.

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 9 questions. These are set out below.

### Part 1 - Delivery of the Better Care Fund

There are a total of 7 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree



- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
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
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)

## **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:

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[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

**10. Additional improved Better Care Fund**

The additional iBCF sections of this template are on sheet '10. iBCF'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

Data must be entered on a Health and Wellbeing Board level.

The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.

## Better Care Fund Template Q4 2019/20

### 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:

Walsall

Completed by:

Charlene Thompson

E-mail:

charlene.thompson@walsall.gov.uk

Contact number:	7557139172
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Is the template being submitted subject to HWB / delegated sign-off?	Yes, subject to sign-off
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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](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

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

[<< Link to Guidance tab](#)

## 2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	Yes
E-mail	C23	Yes

Contact number	C25	Yes
Is the template being submitted subject to HWB / delegated sign-off?	C27	Yes
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:	Yes
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### 3. National Conditions

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	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:	Yes
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### 4. Metrics

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	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	Yes
Residential Admissions performance target assesment	D13	Yes
Reablement performance target assesment	D14	Yes
Delayed Transfers of Care performance target assesment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes
Reablement achievements	F14	Yes

Delayed Transfers of Care achievements	F15	Yes
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Sheet Complete:	Yes
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## 5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	Yes
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	Yes
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	Yes
Chg 5 - Seven-day service - Q4 19/20	D19	Yes
Chg 6 - Trusted assessors - Q4 19/20	D20	Yes
Chg 7 - Focus on choice - Q4 19/20	D21	Yes
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	Yes
Red Bag Scheme - Q4 19/20	D27	Yes
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	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	Yes
Red Bag Scheme - Challenges and Support needs	G27	Yes

Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes

Sheet Complete:	Yes
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## 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:	Yes
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## 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:	Yes
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## 8. Income and Expenditure

[^^ Link Back to top](#)

	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 expenditure?	E30	Yes
Actual Expenditure	C32	Yes
Expenditure commentary	D34	Yes

Sheet Complete:	Yes
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## 9. Year End Feedback

[^^ Link Back to top](#)

	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 has 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	Yes
Success 2	C25	Yes
Success 1 commentary	D24	Yes
Success 2 commentary	D25	Yes
Challenge 1	C28	Yes
Challenge 2	C29	Yes
Challenge 1 commentary	D28	Yes
Challenge 2 commentary	D29	Yes

Sheet Complete:	Yes
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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	Yes
B1) b) Actual number of hours of home care	D19	Yes
B1) c) Actual number of care home placements	E19	Yes
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:	Yes
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## Better Care Fund Template Q4 2019/20

### 3. National Conditions

Selected Health and Wellbeing Board:

Walsall

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

## Better Care Fund Template Q4 2019/20

### 4. Metrics

Selected Health and Wellbeing Board:

Walsall

**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	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	Not on track to meet target	Non - Elective admissions continue to be higher than planned targets. Q4 2020 saw a 8.2% rise in admissions in comparison to Q4 2019.	Positive winter planning was demonstrated to mitigate anticipated spikes over the winter months. The system continues to respond to priorities regarding COVID with key plans in place.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The current trend sees us remaining within our local target with an increase in the number of cases as a result of Winter months January and February. Despite this, data up to Feb 2020 shows us within the target set.	The number of permanent admissions as at 29 February 2020 stands at 585.57 per 100,000 population, equating to 292 long term placements made. This is an decrease of -2.41% upon the 600.09 admissions as at the equivalent point in 2019.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	During Q4 we identified a need to investigate recording further to ensure accuracy. This in line with developments made across our intermediate care service.	192 service users were discharged from hospital into reablement/rehabilitation services during January and February 2020. In January we exceeded our 85% target and achieved 91.49%.
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	Not on track to meet target	The number of delays attributed to NHS remains higher than those attributed to social care. Provision of equipment, family choice and further non-acute NHS remain the top three reasons for NHS delays. 669 delays were recorded in January (499 to NHS , 154 to social care and 16 both), which exceeded the 17.9 daily target with 21.58 days. Of the 154 social care delayed days recorded in January, these sit across acute and non-acute for Walsall Manor, Dudley and Walsall Mental Health and out of borough hospitals such as the Wolverhampton, Sandwell and West Birmingham hospital groups. We are also seeing an increase in housing delays which will be reviewed.	Despite an increase in the daily target, locally we saw an improvement to the number of delays recorded in Q4 compared to Q3. Residential delays recorded 82 days during Q3 but just 39 days for Q4. Nursing delays recorded remained the same at 114 days for Q3 and Q4, with packages of care decreasing in Q4 to 64 from 103 recorded for Q3.

## Better Care Fund Template Q4 2019/20

### 5. High Impact Change Model

Selected Health and Wellbeing Board:

Walsall

#### 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

		Narrative			
		Q4 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Mature	Robust planning is in place across our system, with integrated teams embedded across our pathways.	A similar process with planning arrangements is required for elective care and pre-op.	Role of the Discharge Coordinators has been embedded across the model since Q3 with positive changes and visible improvements across the system seen.
Chg 2	Systems to monitor patient flow	Mature	Local systems are in place to enable analysis of trends to take place to understand needs pre discharge, discharge planning and trends across use of provision.	The effects of remodelling over the winter months.	The role of the re-ablement officer has been remodelled and implemented since November 2019. This has had an impact on our integrated response across the system. We have also seen improvements to the number on our Medically Stable lists.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Hospital MDT's and community MDT's are both fully operational.	N/A	Re-ablement officers continue to be aligned to MDT's. There is also clear weekly monitoring in place to support decisions and the approach.
Chg 4	Home first/discharge to assess	Mature	Locally, we continue to see a large number of hospital discharges where home with a package of care as the destination. This is consistent for us as a local system and works to the home first agenda.	With a large number of older people needing a package of care, this has had an impact on capacity in the market for home care.	Winter pressures funding invested in a short term pilot of block contracted hours with the market to support discharges over the winter. This was successful and supported discharges to create capacity in the acute.
Chg 5	Seven-day service	Established		Seven day working is not consistent across all areas of the system	Seven day support from therapists and consultants remains in place. This proved successful over winter periods alongside social care staff when driving discharges and providing support .

Chg 6	Trusted assessors	Established		Significant time was required to review and amend the model.	The role of Trusted Assessor is now embedded with Intermediate Care Service nurses. Care homes across the borough have accepted assessments for older people, this was a success over the winter period to support timely discharges.
Chg 7	Focus on choice	Established		Further work required to review and possibly amend current letters in line with examples recommended at national level and delays attributed to Choice.	ICS facilitators are now confident with current letters and are empowered with appropriate knowledge to advice patient, families and ward staff regarding choice and criteria.
Chg 8	Enhancing health in care homes	Mature	The service has been in place since 2015 and has been a positive example of integration and multi-disciplinary approaches to developing and improving quality of care.	There are some outstanding development areas , in particular regarding Frailty Recognition End of life Escalation Deterioration (FREED).	The service continues to develop through an integrated approach with Rapid Response supporting Out of Hours and the Quality in Care Team building relationships with providers and providing support.

#### Hospital Transfer Protocol (or the Red Bag scheme)

Please 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 mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		Roll out to nursing homes is still outstanding.	The scheme is in place for all residential homes and works well. Work has been completed with out of borough hospitals to ensure the bags follow Walsall residents.

## Better Care Fund Template Q4 2019/20

### 6. Integration Highlight

Selected Health and Wellbeing Board:

Walsall

Remaining Characters:

18,951

#### Integration success story highlight over the past quarter:

Please 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.

Over March into April, our focus and priority have been ensuring an appropriate local response to COVID-19. We have demonstrated a collaborative approach with partners from social care, the CCG, the acute and community coming together across our integrated system to align actions and work through national recommendations detailed in the Hospital Discharge Service guidance requirements document dated March 2020. We currently have a number of command conference calls taking place; Bronze three times a week and daily Silver conference calls across all parts system to share responsibilities, discuss and provide updates on actions, discuss challenges, solutions and mitigate risks.

Through these conference calls, we have locally agreed an integrated approach to supporting the social care sector to register and report capacity on a daily basis, agreed support from an immediately available clinical support team for care homes experiencing difficulties and have modelled our demand and capacity for care home beds and soon domiciliary care.

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type

Integrated Care Planning and Navigation

Brief outline if "Other (or multiple schemes)"

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list

2. Strong, system-wide governance and systems leadership

Brief outline if "Other"

Walsall Healthy Partnerships Workstreams	Source of Funding	2019/20 Budget (Approved at HWBB)	2019/20 Budget Adjustment	2019/20 Revised Budget	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Total 2019/20 Outturn	Variance before Transfer to Reserve	Transfer to Reserve	Variance after Transfer to Reserve
		£	£	£	£	£	£	£	£	£	£	£
Access to Services	CCG minimum - CCG	294,000	-	294,000	73,500	73,500	73,500	73,500	294,000	-	-	-
Intermediate Care	CCG minimum - CCG	8,939,946	128	8,940,074	2,350,105	2,285,435	2,130,997	2,293,933	9,060,470	120,396	-	120,396
Locality Working	CCG minimum - CCG	782,000	-	782,000	191,979	198,264	199,672	198,469	788,384	6,384	-	6,384
Other	CCG minimum - CCG	1,147,000	-	1,147,000	286,750	286,750	286,750	285,750	1,146,000	- 1,000	-	- 1,000
Resilient Communities	CCG minimum - CCG	1,391,000	-	1,391,000	346,346	343,250	343,250	344,586	1,377,433	- 13,568	-	- 13,568
Intermediate Care	CCG minimum - LA	4,275,000	- 851,685	3,423,315	1,077,304	1,100,315	611,003	514,652	3,303,274	- 120,041	-	- 120,041
Locality Working	CCG minimum - LA	3,539,000	879,557	4,418,557	1,111,420	1,105,080	1,094,466	1,096,575	4,407,540	- 11,017	-	- 11,017
Resilient Communities	CCG minimum - LA	626,000	- 28,000	598,000	152,529	152,529	152,529	79,866	537,454	- 60,546	-	- 60,546
<b>Subtotal CCG minimum</b>		<b>20,993,946</b>	<b>-</b>	<b>20,993,946</b>	<b>5,589,933</b>	<b>5,545,124</b>	<b>4,892,167</b>	<b>4,887,330</b>	<b>20,914,554</b>	<b>- 79,392</b>	<b>-</b>	<b>- 79,392</b>
Intermediate Care	CCG additional	710,000	-	710,000	146,772	168,343	168,101	167,291	650,507	- 59,493	-	- 59,493
<b>Subtotal CCG additional</b>		<b>710,000</b>	<b>-</b>	<b>710,000</b>	<b>146,772</b>	<b>168,343</b>	<b>168,101</b>	<b>167,291</b>	<b>650,507</b>	<b>- 59,493</b>	<b>-</b>	<b>- 59,493</b>
Locality Working	iBCF1	10,308,569	-	10,308,569	2,577,142	2,577,142	2,577,142	2,577,142	10,308,569	-	-	-
<b>Subtotal iBCF1</b>		<b>10,308,569</b>	<b>-</b>	<b>10,308,569</b>	<b>2,577,142</b>	<b>2,577,142</b>	<b>2,577,142</b>	<b>2,577,142</b>	<b>10,308,569</b>	<b>-</b>	<b>-</b>	<b>-</b>
Intermediate Care	iBCF2	-	33,000	33,000	-	-	-	13,000	13,000	- 20,000	20,000	-
Locality Working	iBCF2	988,555	- 227,717	760,838	227,193	213,389	219,843	86,396	746,821	- 14,017	14,017	- 0
Resilient Communities	iBCF2	1,035,097	194,717	1,229,814	265,792	274,425	277,986	229,647	1,047,850	- 181,964	181,964	- 0
<b>Subtotal iBCF2</b>		<b>2,023,652</b>	<b>-</b>	<b>2,023,652</b>	<b>492,985</b>	<b>487,814</b>	<b>497,829</b>	<b>329,043</b>	<b>1,807,671</b>	<b>- 215,981</b>	<b>215,981</b>	<b>- 0</b>
Intermediate Care	iBCF2 - LA reserves	132,599	- 82,599	50,000	31,150	31,150	33,150	- 45,449	50,000	0	-	0
Locality Working	iBCF2 - LA reserves	219,716	- 1,245	218,471	92,315	100,317	16,852	8,988	218,471	0	-	0
Resilient Communities	iBCF2 - LA reserves	2,482,557	83,843	2,566,400	467,604	476,783	585,006	109,391	1,638,785	- 927,615	927,615	-
<b>Subtotal iBCF2 - LA Reserves</b>		<b>2,834,872</b>	<b>- 1</b>	<b>2,834,871</b>	<b>591,069</b>	<b>608,250</b>	<b>635,007</b>	<b>72,930</b>	<b>1,907,256</b>	<b>- 927,615</b>	<b>927,615</b>	<b>0</b>
Intermediate Care	Winter Funding	524,330	667,962	1,192,292	-	-	352,387	839,905	1,192,292			
Locality Working	Winter Funding	657,495	- 657,495	-	-	-	-	-	-			
Resilient Communities	Winter Funding	250,000	- 10,467	239,533	-	-	50,000	189,533	239,533			
<b>Subtotal Winter Funding</b>		<b>1,431,825</b>	<b>-</b>	<b>1,431,825</b>	<b>-</b>	<b>-</b>	<b>402,387</b>	<b>1,029,438</b>	<b>1,431,825</b>	<b>-</b>	<b>-</b>	<b>-</b>
Resilient Communities	LA	3,704,013	-	3,704,013	1,109,100	917,264	1,179,583	498,066	3,704,013	0	-	0
<b>Subtotal LA Capital</b>		<b>3,704,013</b>	<b>-</b>	<b>3,704,013</b>	<b>1,109,100</b>	<b>917,264</b>	<b>1,179,583</b>	<b>498,066</b>	<b>3,704,013</b>	<b>0</b>	<b>-</b>	<b>0</b>
<b>Total BCF, iBCF1 &amp; iBCF2</b>		<b>42,006,877</b>	<b>- 1</b>	<b>42,006,876</b>	<b>10,507,002</b>	<b>10,303,937</b>	<b>10,352,218</b>	<b>9,561,240</b>	<b>40,724,395</b>	<b>- 1,282,481</b>	<b>1,143,596</b>	<b>- 138,885</b>



Walsall DTOCs for January 2020 are recorded at 669 delayed days; 499 attributed to health, 154 to social care and 16 against both organisations. Of those 669 delays, we reported the majority of our delays against equipment with 174 delayed days and 106 for patient choice, with 31 housing relating delayed days.

Locally we have reviewed our choice policy and process as detailed through our high impact change model response regarding choice. We endeavour to continue to monitor this against the delays seen. We have also completed a review of delays recorded against equipment and will be moving this work forward through the BCF Integrated Group with assurance given to Joint Commissioning Committee.

We continue to see an improvement to delays recorded against social care by non-acute providers such as Dudley and Walsall Mental Health Partnership with just 14 delayed days recorded in January.

#### **4. Health and Wellbeing Priorities**

The aim of the Better Care Fund and Improved Better Care Fund is to ensure there is support through provision and enablers such as Social Workers and Therapists for those discharged from hospital returning to their own home (including residential or nursing), and to prevent a hospital admission where possible.

There are national 'ambitions' to achieve locally, ensuring there is a reduction in Delayed Transfers of Care by implementing and utilising services and schemes.

#### **Background papers**

Appendix 1 Quarter 4 BCF 2019/20 return  
Appendix 2 Quarter 4 BCF financial position

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