Health and Wellbeing Board

18 July 2018

BETTER CARE FUND 2018/19 QUARTER 1

1. **Purpose**

1.1 This report presents the combined Better Care Fund and improved Better Care fund Quarter 1 performance for the period 1 April, 2018 to 30 June, 2019

2. **Recommendations**

2.1 That the Health and Wellbeing Board receives and notes the combined Better Care Fund and improved Better Care Fund quarterly return and has an opportunity to ask any questions that may arise prior to the submission deadline of 20 July, 2018.

3. **Report detail**

3.1 The table below highlights the key messages to note from Quarter 1 Return a summary of which can be found at **Appendix 1.** In line with the decision of the HWBB at the last meeting, a full version of the return is not presented but will be circulated electronically for information.

Message to note	BCF Quarter 1 – 2018/19
Metrics	**Non Elective Admissions (NEA)** – NEA continue to increase and the performance target is not met. **Residential Admissions** – Only April and May data available at point of submission, however, this shows that the performance is in line with the target. **Reablement** – Only April and May data available at point of submission, however, this shows that the performance is in line with the target. **Delayed Transfers of Care** – No data available at point of submission due to National reporting timescale

High Impact Change Model	8 of 10 high impact changes are established or mature and with the remaining 2 having plans in place. Seven Day Service – Some services established as 7 days where demand dictates. Trusted Assessor – Funding has been identified and currently out to quotes. Aiming to have in place by Quarter 3.
Income and Expenditure	No finance modelling monitoring available in time for the return. Modelling will be available on 18th July, circulated to HWBB members and tabled at HWBB.
Performance	Overall performance is good, however there has been some impact due to protracted delays in recruitment of social workers and therapy staff due to a national shortage of suitably skilled staff and on non-elective admissions which has not seen an improvement. It should be noted that Ambulance conveyances to the Manor have increased by 1% in qtr. 4, with a rise of 2.7% in the previous 12 months and a decrease to those subsequently admitted by 1.5%. It is anticipated that without the changes to attendance/admission avoidance services, including the over achieving of the Rapid Response service from an average of 180 to 250 referrals and Winter Funding for additional acute physician in A&E and additional A&E consultant at the weekend, non elective admissions would have been higher. The number of Social Care Assessments happening in the community rather than in hospital has increased significantly Continuing Health Care Decision Support Tool (CHS DST's) has also seen significant improvement with the 85% target exceeded, with the average performance of 90.5%; it should be noted this has meant the use of ICS beds (approx. 6 at any given time) to facilitate discharge from hospital which we are monitoring carefully to ensure patient flow through the ICS pathway
Integration	Ongoing work is necessary to embed culture change within the acute setting to fully embed our Integrated Intermediate Care Service

4. Health & Wellbeing Priorities

The overall aim for the combined Better Care Fund and improved Better Care Fund is to support people in their own homes in a way which means there are fewer emergency admissions to hospital or permanent admissions to residential or nursing care, and which optimises their safety, independence, well-being and health.

5. Monitoring Information

Appendix 2 details the BCF Quarter 1 Financial position. Key area to note is iBCF is showing a slight overspend to be offset by the carry forward from 2017/18 in line with

the revised plan. Please also note at the point of H&WBB, figures from the CCG are draft and yet to be confirmed; there is no requirement to submit nationally until quarter 4 (year-end) however it is a requirement to report locally.

BACKGROUND PAPERS

Appendix 1	Summary of 2017/18 BCF Qtr. 4 return	BCF & iBCF Return Q1 2018-19.pptx
Appendix 2	BCF Quarter 1 Financial position	BCF Qtr1 table.xlsx

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BCF & iBCF Return

Quarter 1 2018/19

National Conditions and s75 pooled Budget

Better Care Fund Template Q1 2018/19
2. National Conditions & s75 Pooled Budget

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:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget

Statement	Response	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:	If the answer to the above is 'No' please indicate when this will happen
Have the funds been pooled via a s.75 pooled budget?	Yes		

Metrics

Selected Health and Wellbeing Board: | Walsall

Challenges Please describe any challenges faced in meeting the planned target

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

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Non elective admissions have increased 11.7% in the 12 month period to the end of May 2018 due primarily to an increase in admission to the ambulatory care pathway for zero day	A&E Delivery Board has agreed a Demand and Capacity Plan for Winter 2018/19 with actions to reduce bed days according to a monthly trajectory. Main elements of the plan include a	A&E DB Operational Group is overseeing implementation of the demand and capacity Winter Plan with support from ECIP.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	N/A	Year end statement 2017/18: 632.32 2018/19 target: 691.7. May position: 75.66	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	N/A	Year end Statement: 82.37% 2018/19 target: 82% at home. April/May position 86.56%	None
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Revised monitoring arrangements now embedded with clear governance structures in place	Year end statement: 722.46 delayed days attributed to NHS, Social Care and Both. 2018/19 target: to be confirmed. Quarter 1 position: data not yet published	None

8 High Impact Changes

Selected Health and Wellbeing Board: Walsall

Challenges   Please describe the key challenges faced by your system in 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
Support Needs   Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative		
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	Established		Extensive communication and visibility of ICS service across Walsall Healthcare Trust including development of Communication Strategy which identifies blockages as themes then addresses through direct interaction with acute staff. Work continues with ESIP and ICS is one of seven workstreams governed through our A&E Delivery Board. Current focus is on board rounds and clinicians setting estimated discharge dates which is key to early discharge planning. Management of Change process commenced with Discharge Co-ordinators and original IDT nurses to ensure role is fit for purpose and equity across all wards; aim to conclude in quarter 2	Intermediate Care Service phases 4 - 7 have concluded successfully. Social workers transferred from IDT into the community. IDT nurses are now completing 90%+ DST assessments in the community. Successfully engaged with external market to 'flex up' community reablement capacity and secured replacment beds following the closure of HollyBank House	No

Note: The "Narrative" columns header spans Challenges, Milestones met during the quarter / Observed impact, and Support needs.

8 High Impact Changes

Better Care Fund Template Q1 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: | Walsall

Challenges — Please describe the key challenges faced by your system in 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
Support Needs — Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established		DToC spreadsheet clearly identifies in good time the Out of Borough patients which ensure sign off before uploading to unify. Ongoing work with regional acute trusts on 'super stranded' patients will also support patient flow and recognition of common barriers and solutions to discharge. Reconfiguration of wards may impact on performance of ICS in the short term as may the Management of Change for Discharge Co-ordinators in the short term	Implemented a 'Hospital ICS Weekly Discharge Activity' record incorporating medically fit for discharge flow, non clinical stable and patients with avoidable admission via A&E giving a true total activity at the discharge interface. Developed an ICS board round check list to complement the health check list for implementation qtr 2. A&E Progress Chasers trainined to complete Profiles to facilitate discharge. Introduction of Tier 1 - complex and Tier 2 - non complex screening for referrals into ICS; seeing a positive outcome with a reducing number of patients on the mffd list and a reduction in number of bed days. (March 2018 - 100 patients occupying 909 bed days reduced to 86 patients occupying 851 bed days in May 2018)	No
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established		Moved from in house bed based provision (HollyBank) and reablement staff to external providers may see a dip in performance and challenge our MDT arrangements until embedded	MDT arrangements including GP's firmly embedded within ICS and continue to learn from pilot GP arrangement in locality teams to support smooth roll out	No
Chg 4	Home first/discharge to assess	Established	Established	Established	Mature	Mature	Pre requisite of ICS model is home first. Discharge Home to Assess pathway well established, with therapsist embedded, responsive providers with clear and fast brokerage mechanisms in place for Tier 1 patients facilitaing timeley discharge home	Maintaining performance and quality of service whilst undergoing Management of Change processes and maintaining capacity within the ICS pathways through day to day management of assessment activity	During Qtr 1 Community Nurses exceeded the 85% target of DST assessments completed outside of the acute setting	No
Chg 5	Seven-day service	Plans in place	Established	Established	Established	Established		Tier 2 - SW, discharge co-ordiantors and DST nursing operate on a voluntary basis. May need to consider a Management of Change process in the future.	Tier 1 - reablement staff continue to provide a service across 7 days	No

8 High Impact Changes

Selected Health and Wellbeing Board: Walsall

Challenges — Please describe the key challenges faced by your system in 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

Support Needs — Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established	Established		Continue with two pronged approach (1) working with ESIP on ward processes i.e. quality of paperwork for referral to a care home (2) Award funding and embed externally recruited Trusted Assessor in post for Qtr 3	Funding identified and curently out to quotes to appoint a trusted assessor on behalf of the care home market	No, previous request now superceded by our approach to an external appointment
Chg 7	Focus on choice	Established	Established	Established	Established	Established		Increased numbers of patients who are self funding or who exercise choice and delay discharge (including out of borough patients). There is limited EMI provision available locally so we regularly use of out of borough provision within ICS pathway which requires careful, sensitive discussion with the patient and family to prevent complaints as does the increased use of Patient Choice letters at the ward level	WHT continue to more frequently implement 'Patient Choice' guidance and letters. Our Integrated Intermediate Care Service literature and engagement with Discharge Co-ordiantros continues to help manage expectations and patient/family anxieties	No
Chg 8	Enhancing health in care homes	Mature	Mature	Mature	Mature	Mature	Fully established service in place since 2015 for nursing homes which focusses on improving quality and reducing admission to hospital	Limited resources to implement and embed effectively. Launched 'Quality Sumit' across partners of the system to consider the quality of all care home provision. Aim to take a business case to Joint Commissioning Committee July 2018	Presented finding to Care Home Forums and Safeguarding Board to raise awareness and agree future governance arrangments	Yes

Hospital Transfer Protocol

		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	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	Support needs
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.										
UEC	Red Bag scheme	Not yet established	Plans in place	Plans in place	Established	Established	Plans not yet established. Current arrangments are not generating issues. Plan to review arrangments in next phase of Integrated Intermediate Care service	To be determined	to be determined	No

Integration Narrative

5. Narrative

Selected Health and Wellbeing Board: | Walsall

| Remaining Characters: | 17,852 |

Progress against local plan for integration of health and social care

1 - Training and Education workstream:

Purpose: Develop training and education material to communicate 'what, when, how and why,' to Patients and Trust staff re Care Act oblications, ICS Pathways etc. The materials will aid decision making re post discharge services, clarify process and responsibilities of Ward staff and ICS staff. Additionally the information will assist in managing patients/carers expectations.

Progress: Leaflets/posters and process guides are in use and being embedeed at woard level, with training of ICS staff being delivered since January 2018. Training offered to Trust ward staff and linked to work of ECIP.   Currently working with an identified Matron on ward level guidance materials. Ward staff are working with ESIP to embed 'Red to Green' and 'Safer' practice across all wards supported by Integrated Intermediate Care model.

2 - Increase Assessment in the Community: Purpose: Mechanisms to schedule Social Care assessments in community setting implemented.

3 - Perform Continuing Health Care Decision Support Tool (CHS DST's) in community setting; 85% target continues to be regularly exceeded (qtr 1 saw X assessment completed with X out of an acute setting representing X%) . As agreement given for use of ICS beds (approx 6 at any given time) to facilitate discharge from hospital we are monitoring carefully the impact on bed capacity

| Remaining Characters: | 18,931 |

Integration success story highlight over the past quarter

Integrated Intermedate Care Service sucessfully implemented phases 4 - 7 with GP's embedded in MDT arrangments. Tier 1 now has embedded Discharge Co-ordinator function. Tier 2 - non complex screening for referrals into ICS; seeing a positive outcome with a reducing number of patients on the mffd list and a reduction in number of bed days. (March 2018 - 100 patients occupying 909 bed days reduced to 86 patients occupying 851 bed days in May 2018). Estabished direct A&E referral route for immediate response from Integrated Intermediate Care Service across 7 day week. Successfully engaged with external market to 'flex up' community reablement capacity and secured replacment beds following the closure of HollyBank House. Currently out to quotes to recruit a 'Trusted Assessor' role; aim to embed by qtr 3. Our Integrated Intermediate Care Service literature and engagement with Discharge Co-ordiantors continues to help manage expectations and patient/family anxieties. Governance arrangements agreed with Safeguarding Board for quality of care home provision

iBCF Part 1a

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2018/19:

Walsall
£   4,083,786

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating 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
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 2018-19.** If the expenditure covers more than one purpose, please categorise it according to the primary purpose. **Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.**	29%	45%	26%

iBCF Part 1b

Section B

What initiatives / projects will your additional iBCF funding be used to support in 2018-19?										
	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5	Initiative/Project 6	Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Services	Staffing	Business Support	Market Increase						
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	Continuation						
Click here for a reminder of initative / project titles submitted in Quarter 4 2017/18										
B3) If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns. See the link above for a reminder of the initiative / project titles submitted in Q4 2017-18. Please do not select the same project title more than once.	Services	Staffing	Business Support	Market Increase						
B4) If this is a "New Initative / Project" for 2018/19, briefly describe the key objectives / expected outcomes. Please do not use more than 250 characters.										
B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	7. Integration	1. Capacity: Increasing capacity	1. Capacity: Increasing capacity	16. Stabilising social care provider market - fees uplift						
B6) If you have answered question B5 with "Other", please specify. Please do not use more than 50 characters.										
B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19. 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	2. Between 6 months and 1 year						
B8) Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	3. In progress: showing results	2. In progress: showing results	2. In progress: no results yet	4. Completed						

iBCF Part 2

Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:	Walsall
Additional improved Better Fund Allocation for 2018/19:	£ 4,083,786

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:			
	a) The number of home care packages provided for the whole of 2018-19:	b) The number of hours of home care provided for the whole of 2018-19:	c) The number of care home placements for the whole of 2018-19:
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the	-	-	-

Section D

Indicate no more than five key metrics you will use to assess your performance.					
	Metric 1	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	Delayed transfers of care	Effectiveness of Reablement	Number of reablement episodes	Number of shared lives placements	% of cases with allocated social worker

Walsall Healthy Partnerships Workstreams	Source of Funding	2018/19 Budget	Q1 Actual	Q2 Forecast	Q3 Forecast	Q4 Forecast	Total Forecast	Variance before Carry Forward	Net Use of Carry forward	Variance after Carry Forward
		£	£	£	£	£	£	£	£	£
Access to Services	CCG minimum - CCG	233,420	58,355	58,355	58,355	58,355	233,420	-	-	-
Intermediate Care	CCG minimum - CCG	8,564,216	1,987,088	2,192,527	2,192,527	2,192,527	8,564,670	454	-	454
Locality Working	CCG minimum - CCG	762,600	190,650	190,650	190,650	190,650	762,600	-	-	-
Other	CCG minimum - CCG	1,107,550	276,888	276,888	276,888	276,888	1,107,550	-	-	-
Resilient Communities	CCG minimum - CCG	1,320,093	329,273	330,273	330,273	330,273	1,320,093	-	-	-
Intermediate Care	CCG minimum - LA	4,080,810	1,248,035	944,258	944,258	944,258	4,080,810	-	-	-
Locality Working	CCG minimum - LA	3,380,419	831,929	849,745	849,745	849,745	3,381,163	744	-	744
Resilient Communities	CCG minimum - LA	598,000	119,676	161,908	161,908	161,908	605,398	7,398	-	7,398
Subtotal CCG minimum		**20,047,108**	**5,041,894**	**5,004,604**	**5,004,604**	**5,004,604**	**20,055,704**	**8,596**	**-**	**8,596**
Intermediate Care	CCG additional	1,726,957	686,177	686,177	177,302	177,302	1,726,957	-	-	-
Subtotal CCG additional		**1,726,957**	**686,177**	**686,177**	**177,302**	**177,302**	**1,726,957**	**-**	**-**	**-**
Locality Working	iBCF1	5,953,516	1,488,379	1,488,379	1,488,379	1,488,379	5,953,516	-	-	-
Subtotal iBCF1		**5,953,516**	**1,488,379**	**1,488,379**	**1,488,379**	**1,488,379**	**5,953,516**	**-**	**-**	**-**
Intermediate Care	iBCF2	287,000	72,647	72,647	72,647	72,647	290,588	3,588	- 3,588	-
Locality Working	iBCF2	1,348,835	190,136	377,564	390,134	387,359	1,345,194	- 3,641	3,641	-
Resilient Communities	iBCF2	2,447,951	649,063	795,849	778,655	599,155	2,822,722	374,771	- 374,771	-
Subtotal iBCF2		**4,083,786**	**911,846**	**1,246,061**	**1,241,436**	**1,059,161**	**4,458,504**	**374,718**	**- 374,718**	**-**
Resilient Communities	LA	3,432,630	452,924	990,995	994,355	994,355	3,432,630	-	-	-
Subtotal LA Capital		**3,432,630**	**452,924**	**990,995**	**994,355**	**994,355**	**3,432,630**	**-**	**-**	**-**
Total BCF, iBCF1 & iBCF2		**35,243,997**	**8,581,219**	**9,416,215**	**8,906,076**	**8,723,801**	**35,627,312**	**383,315**	**- 374,718**	**8,596**