Walsall Council

Health and Wellbeing Board

Special meeting Wednesday 15 December 2021 at 5.00 p.m.

Conference Room, Council House, Walsall.

Membership: Councillor S. Craddock (Chairman)
Councillor K. Pedley
Councillor T. Wilson
Councillor I. Robertson
Ms. K. Allward, Executive Director Adult Services
Ms. S. Rowe, Executive Director Children's Services
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie (Vice-Chair)] Clinical
Mr. G. Griffiths-Dale] Commissioning Group
Dr. H. Lodhi] representatives
Ms. M. Poonia, Healthwatch Walsall
Ms S. Samuels, Group Commander, West Midlands Fire Service
Chief Supt. P. Dolby, West Midlands Police
Ms S. Taylor, One Walsall
Mr D. Loughton, Walsall Healthcare NHS Trust
Ms. F. Shanahan, Walsall Housing Partnership/Housing Board
Ms. M. Foster, Black Country Healthcare NHS Foundation Trust
Ms. Rachel Davies, Walsall College
NHS England

Quorum: 6 members of the Board

Democratic Services, The Council House, Walsall, WS1 1TW
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Memorandum of co-operation and principles of decision-making

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and avoid predetermining any decision that may come before the health and wellbeing board.

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to a member's knowledge): (a) the landlord is the relevant authority; (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where: (a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either: (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Agenda

1. **Welcome**

2. **Apologies and Substitutions**

3. **Declarations of interest**
[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]

4. **Local Government (Access to Information) Act, 1985 (as amended)**:
There are no items for discussion in the private session of the agenda.

5. **Better Care Fund** –submission of plan for 2021/22
    - Report of Better Care Fund Manager - enclosed

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Health and Wellbeing Board

Special meeting 15 December 2021

Walsall Better Care Fund 2021-2022 Planning template and Narrative plan.

1. Purpose

This report will provide an update regarding completion of the 2021-2022 Better Care Fund Planning Template and Narrative Plan, completed as per national Better Care Fund reporting requirements.

Agreement and sign off from Walsall Health and Wellbeing Board is required to support national conditions, and approval from national leads.

2. Recommendations

2.1 That the Health and Wellbeing Board receives and agrees the 2021-2022 Walsall Better Care Fund Planning Template for approval to be sought at national level.

2.2. That the Health and Wellbeing Board receives and agrees the Better Care Fund 2021-2022 Narrative Plan for approval to be sought at national level.

3. Report detail

3.1 Background

Following an announcement from Central Government in 2013, The Better Care Fund (BCF) was introduced across the Country in 2014. The announcement meant the BCF would provide Local Authorities, specifically Adult Social Care and Clinical Commissioning Groups with the opportunity to enter into 'pooled budget' arrangements to support social care and community services for older people.

3.2 The BCF is one of the first vehicles to promote the move towards integration between social care and health to:

- Remove pressure from NHS services
- Reduce hospital discharge delays
- Support timely hospital discharges
- Reduce hospital admissions for older people where possible
- Improve and maintain independence
- Promote wellbeing

3.3 Management of the fund is through a structured programme. The programme outlines services and schemes agreed by partners to meet national aims and outcomes. Each Local Authority and Commissioning Group, known as local

areas must provide assurance to national leads regarding programme spend and performance in accordance with policy requirements and s.75 agreements.

3.4 Locally, Walsall Better Care Fund is subject to agreed local governance to ensure overview, assurance and approval of spend and performance across the programme. For national compliance, all local BCF programmes are subject to national reporting requirements, which includes agreement from local Health and Wellbeing Boards as a mandatory requirement.

3.5 Local areas were required to complete 2021-2022 BCF plans for submission. These plans included a planning excel template and a Narrative Plan. To meet the submission deadline of 16 November 2021, Walsall's BCF Planning Template and Narrative plan were subject to agreed governance mechanisms to secure approval. It is now a requirement to seek agreement of both documents to ensure the national team will review and consider the local plan for national approval. National approval will remain outstanding until Board members agree the plan.

3.6 Headlines from the local plan

Walsall BCF is approx. 42 million. This is broken down as follows:

- Main programme of services commissioned by Adult Social Care and Black Country and West Birmingham CCG, Walsall totals 23 million
- Disabled Facilities Grant, a requirement of the programme totals 4 million for aids and adaptations and minor adaptations to support hospital discharges where the patient is returning home.
- Adult Social Care allocation, namely the Improved Better Care Fund is part of the programme but managed by Adult Social Care to provide support to the provider market, support NHS pressures and meet social care needs. This totals 14 million.

Recorded income and expenditure are in line with 2021-2022 spend. This is a rollover from last financial year for consistency and detailed in the planning template (excel sheet tab 5).

The Planning Template also features five key metrics for this financial year, each with agreed planned targets as required (excel sheet tab 6). Local Authority, Walsall Healthcare Trust and CCG data teams have provided planned and actual metrics from analysis. Our agreed 'stretch' metrics reflect necessary caveats because of an extraordinary year last year due to the pandemic. Metrics 8.4 (residential placements) and 8.5 (re-ablement) are agreed stretch metrics in line with the Council's Corporate plan and analysis of previous targets from financial year 2019-2020. Metrics 8.1 (avoidable admissions) 8.2 (Length of stay) and 8.3 (Place of residence) have been agreed with Trust partners following analysis and has taken into account both weekly and monthly data. Avoidable admissions is a new target for the programme and replaces Delayed Transfer of Care targets.

The Narrative Plan which sits alongside the Planning Template, details Walsall's approach to meeting BCF aims and outcomes, as well as detailing future alignment with the alliance agreement, Walsall Together.

The plan focusses on the following areas:

- Joint governance arrangements

- Plans for integration and joint commissioning arrangements
- Approaches to support hospital discharges
- An update regarding Disabled Facilities Grant
- Approaches to equality and health inequalities

4. Implications for Joint Working arrangements:

Financial implications

As a programme, BCF is a key enabler to integration. Despite this, local areas have been required to complete one-year plans, which has restricted long term planning. The additional Improved BCF paid directly to Local Authorities also remains as a temporary fund, with year on year agreement. This presents a risk for local areas, as programmes utilise funding to invest in services to meet needs and staffing to increase capacity. At national level, discussions have taken place in relation to 3-year plans; however, to date this is yet to be agreed.

5. Health and Wellbeing Priorities:

5.1 The introduction of the BCF has enabled joint working and decision making between Adult Social Care and Black Country and West Birmingham Clinical Commissioning Group; services and schemes funded by the programme support Walsall's approach to integration, ensuring support to reduce delays with hospital discharges, supporting older people on discharge from hospital and supporting independence. The programme also supports the local approach to a healthy population as per the Health and Wellbeing Board strategy, by aligning the outcome of independence to older people needing less help from health and social care services.

5.2 Work across the programme continues however as BCF budgets are set year on year, there is a risk councils will struggle to fund specific services from budgets if BCF funding is no longer available in the future.

Background papers

1. 2021-22 BCF Planning Template
2. 2021-22 BCF Narrative Plan
3. Version control and sign off sheet

Author

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Walsall Council and Walsall CCG at place
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Walsall Better Care Fund

Narrative Plan 2021-2022

October 2021

Cover – Assurance page

Our local Better Care Fund, a joint national plan and driver for integration across Health and Social Care has been in place in Walsall since 2015. The plan is in place locally and is a partnership agreement managed under an s.75 agreement between Walsall Metropolitan Borough Council under Adult Social Care and Black Country and West Birmingham CCG, Walsall at place.

In line with national team agreement, our local Better Care Fund (BCF) planning template and narrative plan will be submitted in the absence of local Health and Wellbeing Board approval. This is to ensure we are able to adhere to the national submission deadline as it falls outside of our scheduled local Health and Wellbeing Board meetings. On 19 October, Board members were made aware of the national requirement to complete the planning template, the submission deadline of 16 November 2021, and the intention to present the plan in January for sign off. The update received acknowledgement from members, with the request that they receive information of the governance process the plan will undergo in the absence of sign off from board before submission.

To ensure approval, we have established local governance arrangements in place, which has afforded us the opportunity to seek partner approval. This will be achieved by presentation to the finance sub group of Joint Commissioning Committee (our place based commissioning committee made up of members across Adult Social Care (ASC), Black Country and West Birmingham CCG at place, Public Health and Children's Services) for sign off from Finance and commissioning partners, before presentation to Joint Commissioning Committee members for approval.

As partners of the Better Car Fund, ASC and Black Country & West Birmingham CCG Walsall (BC&WB CCG) have contributed to the completion of the template and the narrative. Both are partners of our local alliance agreement and Integrated Care Partnership model of care, Walsall Together. Our Walsall Together Partnership Board are sighted on developments of the BCF programme, as many schemes funded by the programme are discussed at Walsall Together level and are embedded in our pathways as integrated services. We have taken a system approach to agree our stretch metrics, by ensuring agreement from our local Trust Walsall Healthcare Trust Medical Directorate, specifically our Chief Operating Officer.

Executive Summary

During financial year 2021/22, as partners to the BCF programme, Walsall Metropolitan Borough Council and Black Country & West Birmingham CCG, Walsall continued the approach of monitoring our local Better Care Fund programme through the agreed governance mechanisms.

Locally, partners agreed to roll forward the 2020/21 programme for consistency. This is in recognition of continued system pressure as we navigate the ongoing pandemic, and the need for some areas to return to business as usual through a smooth transition supporting continuity. Commissioning and finance leads have worked closely with the local Better Care Fund Manager to review the programme, specifically the schemes funded by the contributions to ensure all schemes continue to meet the national conditions and support the system to make a positive contribution to developments at place through our agreed alliance model and Integrated Care partnership, Walsall Together. Whilst we are committed as a system to meet needs and ensure positive outcomes, it should be recognised it has been a difficult year for both operational and strategic teams for all partners.

Our local programme has focussed on funding schemes to promote and support integration. As a result, a number of schemes funded by the programme continued to support the system during this financial year, contributing to the local response to the pandemic, COVID-19. This has led to discussions at Walsall Together level, and through commissioning committees, namely the Joint Commissioning Committee where all decisions regarding BCF performance and spend are discussed and approved.

National pressures and the global pandemic meant local challenges and pressures. Locally we faced a number of challenges, keeping operational teams going and adjusting priorities to meet national requirements. Our established BCF programme provided stability to local plans to respond to the pandemic by continuing to fund essential integrated services and apply governance to review services. This financial year, we have focussed on developing our services. This has led to a major review of our Intermediate Care Service with clear commissioning recommendations as a result to take the service forward under our alliance, Walsall Together.

Our local priorities continue to be to promote independence, encouraging older people to remain as independent as possible whilst remaining safe in their own place of residence. We also continue to develop our integrated services across our system. Our BCF programme continues year on year to be utilised to enable integration and adhere to national conditions of supporting timely discharges by funding integrated teams and provision. As an integrated system through Walsall Together, we have established a local outcomes framework linking this to health inequalities. We are also in the process of developing a new Health and Wellbeing Board strategy, which will then underpin priorities for Walsall Together, leading to joint priorities for commissioners.

As a programme and heavily aligned to Walsall Together, BCF will complement the priorities by funding services required to fulfil local obligations to our Health and Wellbeing Board footprint. The introduction of ICS's has meant BCF partners in Walsall working together to understand how the programme will evolve, implications of meeting local outcomes and how the programme will meet those wider system priorities whilst acknowledging that BCF is focussed around the Health and Wellbeing Board footprint.

Our local plan continues to ensure alignment to KLOEs with a focus of ensuring older people remain in their own home after 91 days; this is reflected in our set local percentage target for ASC. Our newly established integrated quality in care team, currently funded by the programme, supports the improvement of quality across our care home sector, which is linked to ensuring long-term care needs are met by admissions to our residential and nursing homes across the borough. It is worth noting further work is required to identify recurrent funding for the service to secure staffing structures and roles.

Alongside this, our alliance agreement focus to reduce health inequalities is linked to the NHS Long Term plan. This aligns to our BCF outcomes of improving independence of older people by ensuring timely discharges from the acute setting coordinated by BCF funded schemes such as the Intermediate Care Service, the use of step down provision, and the use of integrated teams.

Governance

As a system, the Walsall Health and Care system Partners are developing new integrated ways of working to improve the health and wellbeing outcomes of their population, increase the quality of care provided and provide long-term financial sustainability for the system.

This agreement is an integral part of the vision to promote integrated services that deliver personalised care and it is anticipated this agreement will facilitate the objectives of Walsall Together.

Walsall Together Partners, which consist of Walsall Council, Black Country and West Birmingham CCG, Walsall at place, Walsall Housing Group and Primary care and CVS representatives, will continue to develop an Integrated Care Partnership (ICP) through which to plan, manage and deliver integrated care. This will provide the contractual environment to further develop and strengthen the role and responsibility of the Walsall Together ICP as this matures over the coming years.

Partners have agreed to form an alliance with a primary aim to improve the health and wellbeing outcomes for the population of Walsall. In addition, the alliance will consider ways to improve the financial, governance and contractual framework for the delivery of the services within the Walsall Together scope. The agreed local alliance agreement will provide a formal mechanism in which partners will work together to deliver the agreed governance arrangements and objectives of Walsall Together through a set of agreed behaviours;

- Work towards a shared vision of integrated service provision;
- Commit to delivery of system outcomes derived jointly from the evidence base and citizen voice;
- Commit to common processes, protocols and other system inputs for those in-scope services;
- Take responsibility to make unanimous decisions on a 'Best for Walsall' basis, understanding population needs and predicting demand;
- Always demonstrate that citizens best interests are at the heart of our activities, ensuring the partnership promotes prevention and overall health and wellbeing;
- Adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support.[1]

To support the alliance agreement, a number of sub groups will be formed, reporting achievements and risk management to the Walsall Together Partnership Board. Senior leads make up the board to discuss direction of travel and developments. As part of the agreed governance structure, the board will report updates for information to Walsall Health and Wellbeing Board for accountability.

Walsall recently reviewed governance at Health and Wellbeing Board level in relation to receiving and approving updates presented through reports. At Board level, discussions have taken place to implement forum sub groups, where detailed discussions will take place, ensuring more time is given at Board to discuss themes regarding health and social inequalities as per Health and Wellbeing Board strategies. Board meetings are now formed across three sections to maximise time; Thematic discussion so partners can add value to

[1] Walsall Together Alliance agreement report – 2021 update

areas of concern and agree ways forward, Assurance reports where chairs of sub forums have agreed and approved reports before they are presented to board and for information where briefings are presented but no discussion or decision is required from board.[2]

As a sub forum of Health and Wellbeing Board, which will report into Walsall Together Partnership Board, the Joint Commissioning Committee is in place and informs commissioning led decisions. The committee is also the agreed governance mechanism to approve all decisions relating to the Better Care Fund programme, including BCF updates for assurance and oversight of risk management across the programme. To ensure discussion, updates regarding progress on BCF funded schemes across the main programme and IBCF, and IBCF funded short-term pilots for winter, sub groups are in place and embedded across both Adult Social Care and Walsall at place.

The joint Commissioning Forum, a commissioning sub forum of the Joint Commissioning Committee, is in place to discuss the funded schemes, which includes use of the budget, performance against agreed key performance indicators and risk management. The finance sub group of Joint Commissioning Forum, discusses spend across the programme, risks of overspends and since April 2020 updates regarding the agreed Hospital Discharge fund. Both sub groups report into Joint Commissioning Committee to escalate, provide assurance and for information. The Better Care Fund is subject to both the sub groups for discussion and sign off, followed by Joint Commissioning Committee for approval of BCF plans, winter short term BCF funded schemes and to receive assurance of mitigation against overspends and issues regarding performance across schemes.

BCF governance mechanisms were reviewed by Joint Commissioning Committee in line with a review of the overall committee to ensure it is fit for purpose under the Walsall Together partnership and ICS arrangements. It is agreed the process is fit for purpose to ensure accountability and a clear governance process for the programme, it has become a governance mechanism for other matters relating to social care and health, which sit outside the remit of BCF. Sub groups and the committee have an integrated approach with members from Children Services, Public Health, Adult Social Care and the Clinical Commissioning Group at place. Further development of the sub groups and committee will take place in line with changes at Walsall Together level.

Whilst our local plan is focussed on older people, it is discussed and shared with Children's services through Joint Commissioning Committee, and is shared with partners at Walsall Together level for transparency. The programme funds a number of services, which support Walsall Together priorities for example the Intermediate Care Service. As a result, the local Healthcare Trust, Walsall Manor and Black Country Mental Health Foundation Trust are sighted on the programme.

[2] Health and Wellbeing governance report – July 2021

Integration

- **Joint priorities for 2021-22**
  In line with previous years under the BCF, both ASC and the CCG continue to work together under the agreement to ensure funded schemes deliver against conditions. Locally, this year we have worked at reviewing the BCF programme to ensure alignment to our local model of care, Walsall Together, and the development of the Integrated Care System (ICS) during 2021-2022. Whilst there are key health and social are outcomes to adhere to, joint priorities have been agreed through Walsall Together where each partner has agreed to the outcomes framework, which includes the health inequalities and overall improvement for residents across the borough and tackling hospital pressures by improving services.

  Our local BCF programme continues to be part of these conversations. The aim remains to align the budget envelope and success of the schemes currently funded as they play a vital part by supporting the system and priorities, which include provision and integrated teams to support hospital discharges. The programme currently remains at place and contributes to conversations regarding Integrated Care Partnerships, however locally we are awaiting further guidance in relation to the future of BCF programmes and the expectation of them under ICS arrangements.

- **Approaches to joint/collaborative commissioning**
  Last financial year, ASC included their commissioning intentions as part of the corporate plan and Market position statement update. Intentions detailed priorities across the directorate and included the commissioning of step down provision to support discharges from the acute, Walsall Healthcare Trust. Whilst it is the responsibility of ASC commissioners to complete the procurement of this and manage the contract, the budget is part of the local main BCF programme.

  In line with our local governance, joint commissioning intentions and opportunities for joint commissioning have been discussed at length with Children's services, Public Health, ASC and Black Country and West Birmingham the CCG at place. To ensure alignment, a partnership approach to intentions will be considered once we have a signed off 2022-2025 Health and Wellbeing strategy. Joint commissioning opportunities will take place under the alliance of Walsall Together, in line with Walsall Together outcomes. To date, through the BCF programme, commissioning activity is agreed by BCF partners ASC and the CCG at place. This arrangement also compliments the s.75 agreement where all activity is to be discussed and agreed including the use of BCF funding.

- **Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.**
  As we approach the implementation of ICSs, the aim of our BCF programme is to ensure we continue to be a key driver locally for integrated services across care and health. Ambitions for the programme alongside our alliance model Walsall Together, is to also consider how we can integrate housing needs over and above the Disabled Facilities Grant allocation.

Our local outcomes framework has been developed to include health inequalities to ensure a Walsall Together approach in reducing them for residents of the borough. Whilst the approach to the outcomes framework is in line with the NHS mandate, the introduction of strength-based approaches and how they are incorporated into practice are part of the social care mandate to improve care. Our local BCF programme supports the development of both by funding integrated teams across the main programme, the intermediate care service and additional social workers within IBCF funding. As an integrated health and care system, we have an agreed 'strength based' approach to care and support and supporting individuals in a person centred way where there are identified support needs. This will continue to be a key area of development across for the system, driven by Walsall Together and supported by our BCF programme. Personalised care is a thread running through the NHS forward plan where there are key elements outlined; Patient Choice, Shared decision-making, Patient activation and supported self-management, Social Prescribing and Community Based Support, Personalised care and support planning, Personal health budgets.

To date, under our local Walsall Together s.75 agreement, we have an integrated system where MDTs are established across our localities, working together to coordinate and support complex cases. As part of the integrated system approach, data is collated in relation to locality team performance regarding the number of reviews completed and overview of review outcomes. This is reported regularly to members of Walsall Together Partnership Board for transparency and overview of outputs across the pathways.

As a clear driver, Walsall Together continues to hold Resilient Communities at the heart of delivery with a partnership approach to develop support and services to strengthen our early intervention and prevention offer across the borough. Social prescribing is a key element of this and part of our 'Walsall offer', which in Walsall is led by health partners in partnership with our Voluntary Care Service provider One Walsall. The Walsall Together model also looks to admission avoidance, which is heavily driven by BCF funded schemes specifically Rapid Response teams. The introduction of the Hospital Discharge guidance in 2020 and amended versions in 2021 has been a focus locally for our system to ensure the appropriate support is in place to support patients across pathways from 0-3. Locally this has meant discussions at Walsall Together level, and operational drive from BCF funded schemes such as the Intermediate Care Service. This should include development of services for those on pathway 0, and development of provision available for those on pathway 2 and 3. All of this of course has been alongside growing concern for capacity within the care market, which is a national issue.
To support quality and KLOE's this financial year partners agreed to provide non-recurrent funding to the Quality in Care Team. The team is an integrated service, focussed on supporting the provider market to improve quality across care homes. The team provided an integral over during 2020 by supporting providers, supporting the system to ensure improved outcomes for older people once discharged from the acute to either a step down bed or home to a care home setting.

Supporting Discharge (national condition four)

As a system Walsall Healthcare Trust as a key partner within Walsall Together have worked with partners to develop a Winter Plan to support the management of seasonal escalation. The plan outlines demand and performance through the year and the Trust plan for winter. Locally, we accept these are yearly issues rather than specifically winter pressures.

A demand and capacity analytical model is updated each year allowing us to review levels of demand experienced during the previous season, to support our prediction modelling (after taking into account national and local variables), and then mitigate this rising demand with a series of interventions that together make up the seasonal escalation plan. The outcome is a best and worst case scenario for the impact upon hospital bed capacity and system flow.

This process has been followed in preparing a Walsall Together Seasonal Escalation Plan for 2021/22, alongside a Black Country System level plan is being developed to address the government directive for developing a ten-point plan based on the following:

1. Supporting 999 and 111 services
2. Supporting Primary Care and Community Health Services to help manage the demand for UEC services
3. Supporting greater use of UTCs
4. Increasing support for children and young people
5. Using communications to support the public to choose wisely
6. Improving in-hospital flow and discharge
7. Supporting adults and children mental health needs
8. Reviewing IPC measures
9. Reviewing staff COVID isolation rules
10. Ensuring a sustainable workforce

The plan, demand and capacity are in place to support the system over winter, and align to the national condition of ensuring older people are discharged in a timely way from the acute, meeting the outcome of improved independence following a period of re-ablement. Locally, as a system partner, Walsall Council Adult Social Care commissioners have commissioned additional domiciliary care market capacity to mitigate shortages of supply which are being experienced as result of national workforce and funding issues. The Intermediate Care Service as a BCF funded service is operating 7 days a week and maintaining flow of discharge during weekends to prevent a build up at the start of each week, which has been the pattern in previous years. Teams operating within the service are in place to drive discharges from the acute into the community by older people returning home or to a care setting, all working to Home First principles.

To ensure support is in place over critical times of the year such as winter, funding measures have been, and are still being, announced for different sectors including community based ageing well services, mental health services, and primary care services. These are being co-

ordinated to avoid duplication via Walsall Together Senior Management Team. Each of the main local agencies have their own detailed operational plans for a seasonal surge and these form the basis of this high level Seasonal Escalation Plan:

Walsall Healthcare Trust

Walsall Metropolitan Borough Council

Black Country Mental Health Foundation Trust

Black Country and West Birmingham (BCWB) CCG, Walsall

The seasonal plans of West Midlands Ambulance Service, NHS 111, and Malling Health (for Urgent Care Services) have been considered, along with a BCWB System Level Winter Communications Plan. Together these plans outline the services and contingencies that are in place across Walsall. These plans build on work undertaken in previous years. We are clear that we have a whole system problem that requires a whole system solution involving all of our partners, and our aim is to anticipate and prevent periods of high escalation, as well as to respond appropriately when demand is higher than the capacity available to meet it.

Walsall Together provides the collaborative arrangements for planning across the local place Health and Social Care Economy. Meetings which are established throughout the year include:

Walsall Together Partnership Board

Walsall Together Senior Management Team

Walsall Together Tactical Group (for escalation and strategic planning) [3]

Alongside a number of winter plans funding from Improved BCF, there are also schemes funded by the main programme supporting hospital discharges such as the Intermediate Care Service. The Service has continued to respond effectively to increasing demand within the wider context of the COVID pandemic period that has led to an increase in complex needs following hospitalisation and therefore increased acuity of need in the community. We are aware this is not a unique positon in comparison to the rest of the Black Country, and at national level; however, we are continuing to monitor the service closely as we see an increase in discharges and complexities resulting in the need for long-term support once discharged. To support monitoring of these increases, the hospital discharge policy is embedded across local pathways to manage discharges as a system through daily discharge updates, namely local medically stable lists monitored and managed by the acute as a system partner.

To continue support over the winter period, we invested 50K from the Improved BCF this financial year to provide additional re-ablement capacity. This is essential to support continuity over the winter pressures period. Associated Key Performance Indicators have been implemented in order to check and validate value for money. Partners also agreed to utilise identified underspend as joint contingency to support areas of increased demand, again ensuring discharges continue in a timely and safe way.

[3] System escalation report – October 2021

Disabled Facilities Grant (DFG) and wider services

Locally the delivery of Statutory Disabled Facility Grants (DFGs) includes:

- Minor works and Handyperson service.
- Major works up to £30,000 in value per property
- Adaptations for palliative resident.

A key change since previous BCF Plans has been a detailed review of the levels of funding under both of these schemes. This included a review because of the national increases in both labour costs and material costs facing the construction industry. The service also sought to increase the number of residents who could be assisted through this streamlined and faster route. This was via:

- Increase in minor works limit to enable more residents to benefit from adaptations without statutory test of resources.
- Increase in palliative limit prior to test of resources enabling more households to benefit from adaptations without statutory test of resources.

Black Country and West Birmingham CCG Walsall place and Walsall Council jointly consider projects and review progress on the overall programme. Management of the DFG programme is direct through the council and is delivered in line with the councils adapted Housing Renewal Assistance Policy and relevant legislation relating to DFGs. Over a number of years, the council in consultation with the CCG has expanded its streamlining of processes to make it easier for residents to apply and secure assistance with their adaptations. The majority of referrals are direct from Occupational Therapists following contact from residents within the borough with the council enquiring about help with adaptations. Others are referred by other agencies such as the housing service, children's services and the West Midlands Fire and Rescue Service.

Individual schemes are approved under delegated powers provided to relevant officers and new initiatives such as the expansion of the minor works limit are brought in following direct liaison with the relevant council Portfolio Holder. Statutory approvals for DFGs remain valid for 12 months (giving applicants a year to complete the works). This can mean that schemes approved in one financial year are completed in the next. Officers use their discretion to award longer periods for completion of schemes where residents request this.

As with previous years, the council has continued to collaborate with social housing providers to where possible share the cost of schemes including undertaking planned new bathroom installs on blocks of property and specific property types. In this way, many residents are helped with adaptations without needing to complete complex application forms.

Budgets and commitments are reviewed monthly to ensure no overspend of funds. The council supports the BCF contribution by providing its own capital funding towards the programme of works. The services are the delivery of all forms of home adaptation for residents and therefore at their heart they directly support people to remain independent at home. To maximise the use of the funds that are provided the council vet all quotations submitted and compares these with its established (and regularly reviewed) schedule of

rates. The service also secures vastly reduced costs for the installation of hoists and lifts than the majority of all councils in UK through our direct tendering for the same.

Additional ways to maximise benefit of the funding are to:

- consider land charges in cases where grant is over £5,000. During 2020/21 this totalled 34 cases with a value of £121K
- consider joint funding of adaptations to social housing properties – sharing the cost where possible to maximise help to residents of Walsall

A new addition to the service in 2021/22 is a direct referral route started in September 2021 via Walsall Society for the Blind for residents with visual impairment. Whilst in its infancy this scheme has been greatly welcomed by residents who previously felt support was limited.

The DFG and related adaptations process is fundamental to enabling safe, timely and effective discharge from hospital settings. Where a resident is due a planned operation and the outcome is known and where possible adaptations are pre-planned so that it reduces the timescales for recovery and rehabilitation.

Minor works and the Handyperson schemes (which have run for many years) for example are a fundamental part of the process providing key safes at low cost (and free to residents) to enable NHS and other care staff to safely visit people discharged from hospital. Statutory DFGs must be delivered in accordance with the Housing Grants, Construction and Regeneration Act 1996. The government has subsequently enabled councils to use discretion to provide assistance under minor works schemes. In some council areas the minor works limit is set as low as £250.

Developments during this financial year for Walsall have seen the minor works limit previously set at £2,000 but increased to £3,000 to maximise the number of people who can receive support, and an increase in the means test limit for palliative care cases from £7,000 to £8,000.

During 2021, the service has continued to operate under the restraints of COVID to ensure safety, however assistance did not stop during the national lockdowns (which affected other councils who were unable to adapt to on-line working). All local services delivered, are directly linked with specialist Occupational Therapists (OTs) including palliative OTs who submit the vast majority of referrals for adaptations and help.

Locally, we continue to provide a comprehensive and integrated adaptations service ranging from statutory DFGs to minor works and handyperson services. These are delivered with national best practice, leading the way where as a council, support is often provided to other authorities via the national DFG Charity Foundation.

Continued strong partnerships with social housing providers is helping to keep costs of adaptations as low as possible with major shared funding and block adaptation schemes.

In line with partnership working, the Walsall team also manage the assistance for home heating and insulation (which help reduce impacts of COPD and incidence of slips, trips and falls) and support residents to secure grants and loans and cheaper energy costs. Walsall's fuel poverty rate is 11th highest in all of England.

Successes of the team during 2021 were securing:

- Local authority deliver grant funding of £4.5M

- Warm Homes fund of over £2.2M helping residents move to gas central heating
- ECO-flex of circa £2M to help households in fuel poverty.

Through development, DFG funding and applications are for all ages (children and elderly etc.) and available for all tenures. All beneficiaries of this funding have one or more protected characteristics (i.e. disabled and or age). In 2020/21 a total of 532 adaptations were completed. 296 (56%) were for residents over the age of 65 of which 199 were for residents aged 75 or older and 21 (4%) were for children (below the age of 18).

As part of development, particular new focus is providing a direct referral route for residents with visual impairment via Walsall Society for the Blind to enable them to secure home adaptations so that they can access their homes more easily and bath safer.

Equality and health inequalities

As an integrated system, partners across Walsall Together are committed to addressing health inequalities across the borough. Partners across Walsall as a place, agree to address the priority health inequalities identified through a series of existing and planned programmes including the 2022-2025 Health and Wellbeing strategy is currently being developed by officers. The strategy will align health inequalities to priorities for Health and Wellbeing Board to own as priorities for the local footprint.

The Walsall Together Partnership Board has already established a Population Health and Inequalities Steering Group (PH&ISG), to provide coordination of health inequalities work programmes, alignment of the health inequalities with the ICP's Outcomes Framework, and provide assurance to the Walsall Together Partnership Board, via the Clinical Professional leadership Group. [4]

The local strategy, also known as the Walsall Plan, aims to cover the period 2022 – 2025, which will be informed by updated strategic assessments including the Joint Strategic Needs (and assets) Assessment, Community Safety, Economic assessments, NHS Integrated Care Provider (ICP) Five-Year Forward Plan. The 2022-25 Strategy will be in alignment with the Joint Strategic Needs (and Assets) Assessment (JSNA) and the Council's Budget Plan and will outline the priority areas and how we intend to work together to improve people's health and reduce health inequalities that exist in the Borough.

Our local Joint Health and Wellbeing Strategy 2022 – 2025 will outline the aim of our partner organisations working together to make Walsall a heathy place by creating the physical and social conditions for all people to thrive, and to complement the provision of holistic health and care services. The successful implementation of the Joint Health & Wellbeing Strategy will have a positive holistic impact on the health and wellbeing of Walsall residents - not only in the reduction of inequalities but by equipping our residents with the foundations to lead wholesome, independent lives. [5]

The successful implementation of the Joint Health & Wellbeing Strategy will have a positive holistic impact on the health and wellbeing of Walsall residents - not only in the reduction of inequalities but by equipping our residents with the foundations to lead wholesome, independent lives. The aim of the Joint Health & Wellbeing Strategy is to outline how the local authority, NHS and the voluntary and community sectors intends to work together to reduce inequalities and maximise potential. The Strategy outlines what success should look like and how progress will be monitored through regular reporting. This format highlights the members of the Health & Wellbeing Board's intention in being accountable and transparent. The strategy will also align to Walsall Together outcomes so we have the 'golden thread' approach at place. A further element is ensuring the BCF plan also compliments local priorities.

Locally we are confident the schemes we currently fund meet the BCF national conditions. Currently, our IBCF programme funds a number of Adult Social Care teams, which includes additional social work capacity for locality teams. This investment support the development of the directorate to meet needs and tackle inequalities for our residents. This aligns to

[4] Population Health and inequalities implementation plan 2021/2022

[5] Joint Health and Wellbeing strategy (Walsall Plan) structure and format for 2022-2025. October 2021

stretch metric 8.3 where locality teams will support older people maintaining their place of residence following discharge.

Our main programme funds a number of schemes including district nurses and the community equipment store, which both support aims to maximise independence, both a national condition and an aim within health inequalities and linked to our local re-ablement stretch metric under 8.5. This is also an ambition through Walsall Together by ensuring we are enabling residents across the borough to take control of their needs and how they are met. As development of the programme continues, current funded the schemes will be reviewed to ensure we support the delivery of addressing health inequalities. This will mean introducing new schemes to sit as part of the programme, and will be completed once the strategy is in place, commissioning intentions have been amended and developed further with partners at joint commissioning committee level and priorities are clear.

Better Care Fund 2021-22 Template

1. Guidance

Overview

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 blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal 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 t

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

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are complet It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the check 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 chang
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts a
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 templ be sent to the Better Care Fund Team:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better C Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the C and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from th
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including a relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 ar

The table is set out to capture a range of information about how schemes are being funded and the types of service they are providing. There may be scenarios when several lines need to be completed in order to fully describe a sing scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please u consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and t "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in o view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub type where possible, as this data is important to our understanding of how BCF funding is being used and levels of investr

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care syster which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned sper would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from t provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme fror the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forv

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chr Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/doma enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the y This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:

2. Length of Stay.

- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatie for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expresse a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has b made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambition agreed for 21 days or more are consistent across Local Trusts and BCF plans.

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should b as the percentage of all discharges where the destination of discharge is the person's usual place of residence

4. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers betweer residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and c taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospit their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hos to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to th BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.

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

Health and Wellbeing Board:	Walsall
Completed by:	Charlene Thompson
E-mail:	charlene.thompson@walsall.gov.uk
Contact number:	01922 653007

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Councillor Craddock
Name:	Councillor Stephen Craddock

Has this plan been signed off by the HWB at the time of submission?	No
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Tue 25/01/2022

<< Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Stephen	Craddock	Cllr.Stephen.Craddock@walsall.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	N/A	Paul	Maubach	paul.maubach@nsh.net
	Additional Clinical Commissioning Group(s) Accountable Officers	N/A	Geraint	Griffiths	geraint.griffiths@nhs.net
	Local Authority Chief Executive	Dr	Helen	Paterson	Helen.Paterson@walsall.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	N/A	Kerrie	Allward	kerrie.allward@walsall.gov.uk
	Better Care Fund Lead Official	N/A	Tony	Meadows	tony.meadows@walsall.gov.uk
	LA Section 151 Officer	N/A	Deborah	Hindson	deborah.hindson@walsall.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	Better Care Fund Lead Official	N/A	Tracy	Simcox	tracy.simcox@walsall.gov.uk
	Better Care Fund Lead Official	N/A	Andy	Rust	andrew.rust@nhs.net

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Walsall

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,202,771	£4,202,771	£0
Minimum CCG Contribution	£23,271,179	£23,271,179	£0
iBCF	£13,764,046	£13,764,046	£0
Additional LA Contribution	£1,403,353	£1,403,353	£0
Additional CCG Contribution	£0	£0	£0
Total	**£42,641,349**	**£42,641,349**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£6,613,009
Planned spend	£12,276,973

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£9,268,480
Planned spend	£9,358,206

Scheme Types

Assistive Technologies and Equipment	£1,289,437	(3.0%)
Care Act Implementation Related Duties	£0	(0.0%)
Carers Services	£470,000	(1.1%)
Community Based Schemes	£423,085	(1.0%)
DFG Related Schemes	£4,202,771	(9.9%)
Enablers for Integration	£4,958,369	(11.6%)
High Impact Change Model for Managing Transfer of (	£263,000	(0.6%)
Home Care or Domiciliary Care	£6,011,985	(14.1%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£15,942,414	(37.4%)
Bed based intermediate Care Services	£2,992,144	(7.0%)
Reablement in a persons own home	£900,294	(2.1%)
Personalised Budgeting and Commissioning	£686,182	(1.6%)
Personalised Care at Home	£82,345	(0.2%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£461,009	(1.1%)
Other	£3,958,313	(9.3%)
Total	**£42,641,348**	

Metrics >>

Avoidable admissions

20-21 Actual	21-22 Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,063.8	981.5

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	LOS 14+	11.6%	11.7%
	LOS 21+	5.4%	5.3%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	0.0%	95.0%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	621	661

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	72.8%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: Walsall

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Walsall	£4,202,771
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£4,202,771**

iBCF Contribution	Contribution
Walsall	£13,764,046
Total iBCF Contribution	**£13,764,046**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Walsall	£1,403,353	c/fwd from 20/21
Total Additional Local Authority Contribution	**£1,403,353**	

CCG Minimum Contribution	Contribution
NHS Walsall CCG	£23,271,179
Total Minimum CCG Contribution	**£23,271,179**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional CCG Contribution	**£0**	
Total CCG Contribution	**£23,271,179**	

	2021-22
Total BCF Pooled Budget	**£42,641,349**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
c/fwd from 2020/21

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: Walsall

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,202,771	£4,202,771	£0
Minimum CCG Contribution	£23,271,179	£23,271,179	£0
iBCF	£13,764,046	£13,764,046	£0
Additional LA Contribution	£1,403,353	£1,403,353	£0
Additional CCG Contribution	£0	£0	£0
Total	**£42,641,349**	**£42,641,349**	**£0**

Please note:

Scheme Types categorised as 'Other' currently account for approx. 9% of the planned expenditure from the Mandatory Minimum. In order to reduce reporting ambiguity, we encourage limiting this to 5% if possible.
While this may be difficult to avoid sometimes, we advise speaking to your respective Better Care Manager for further guidance.

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£6,613,009	£12,276,973	£0
Adult Social Care services spend from the minimum CCG allocations	£9,268,480	£9,358,206	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
10	Community Nursing In reach team	Community Nursing In reach team	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£155,540	Existing
10	Single point of access	Single point of access	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£253,133	Existing
11	Frail Elderly Pathway OOH's A&E	Support across intermediate care	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£88,444	Existing
4	Enhanced case management approach in	Enhanced case management approach in nursing and	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£362,926	Existing
12	Evening and Night Service	Evening and Night Service	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£82,345	Existing
12	Co-ordination of Personal Health Budgets	Personal Health Budgets Pilot scheme	Personalised Budgeting and Commissioning			Community Health		CCG			CCG	Minimum CCG Contribution	£12,212	Existing
6	Intermediate Care Service team	Development of Intermediate Care service including	Enablers for Integration	Workforce development		Social care		LA			Local Authority	Minimum CCG Contribution	£4,325,594	Existing

11	Intermediate Care Services and Community	Rapid Response Team within Service Level Agreement with Walsall	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£642,491	Existing
11	Intermediate Care Services and Community	District Nursing Wrap Around Team within Service Level Agreement	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£752,284	Existing
11	Stroke Non bed based Home Care	Stroke Non bed based Home Care	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Local Authority	Minimum CCG Contribution	£87,000	Existing
11	Walsall Cardiac Rehabilitation Trust	Walsall Cardiac Rehabilitation Trust	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£306,780	Existing
11	Frail Elderly pathway	Support within acute setting	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£437,956	Existing
10	Protecting Social Services - care act element	Appointment of 7 Social Worker posts	Integrated Care Planning and Navigation	Care navigation and planning		Social care		LA			Local Authority	Minimum CCG Contribution	£307,845	Existing
11	Walsall Healthcare Trust (DTA)	Transitional Care Support beds within care homes	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		LA			Local Authority	Minimum CCG Contribution	£1,636,000	Existing
99	Shared Lives	Carer advice and support	Community Based Schemes	Multidisciplinary teams that are supporting		Social care		LA			Local Authority	Minimum CCG Contribution	£60,159	New
11	Frail Elderly Pathway	Additional district numbers	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£920,023	Existing
15	End of life divisionary beds	End of life divisionary beds	Residential Placements	Nursing home		Community Health		CCG			Private Sector	Minimum CCG Contribution	£184,000	Existing
11	Blakehnall Doctors Phoenix (Medical Cover to ICT Beds)	Blakenall Doctors Phoenix (Medical Cover to ICT Beds)	Integrated Care Planning and Navigation	Care navigation and planning		Primary Care		CCG			Private Sector	Minimum CCG Contribution	£23,002	Existing
11	Intermediate Care Services and Community	Intermediate Care Provision within Service Level Agreement with	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,046,081	Existing
11	Intermediate Care Services and Community	Intermediate Care Provision within Service Level Agreement with	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,320,043	Existing
1	Integrated Community Equipment Store -	Integrated Community Equipment Store	Assistive Technologies and Equipment	Community based equipment		Social care		LA			NHS Community Provider	Minimum CCG Contribution	£128,000	Existing
1	Community Equipment Service (CCG allocation)	Integrated Community Equipment Store (CCG allocation)	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£675,502	Existing
5	Disabled Facilities Capital Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG		Other	Other	LA			Private Sector	DFG	£3,314,771	Existing
5	Integrated Community Equipment Store	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG		Social care		LA			NHS Community Provider	DFG	£888,000	Existing
1	Integrated Equipment Service	Integrated Equipment Service within Service Level Agreement with	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£485,935	Existing
12	Dementia support workers (based in Manor Hospital),	Dementia support workers (based in Manor Hospital),	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£167,943	Existing

11	Psychiatric Liaison Team (Adults)	Psychiatric Liaison Team (Adults)	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Community Provider	Minimum CCG Contribution	£594,542	Existing
11	Psychiatric Liaison Team (OP)	Psychiatric Liaison Team (OP) - Manor	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Community Provider	Minimum CCG Contribution	£451,370	Existing
3	Support to Carers	Support to Carers	Carers Services	Respite services		Social care		LA			Private Sector	Minimum CCG Contribution	£470,000	Existing
16	Short term Care Home Placements 2014/15 budget	Short term Care Home Placements 2014/15 budget saving and	Home Care or Domiciliary Care	Domiciliary care packages		Social care		LA			Private Sector	Minimum CCG Contribution	£4,066,608	Existing
11	Home from Hospital Services required in the	Home from Hospital	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Local Authority	Minimum CCG Contribution	£66,000	Existing
16	Potential risk of unachieved reduction in	Potential risk of unachieved reduction in admissions	Other		Community Support	Other	Contingency	CCG			CCG	Minimum CCG Contribution	£1,198,694	Existing
11	Redesign of Stroke/ Rehab/ Falls Service	Intermediate care services	Bed based intermediate Care Services	Other	Rehab and reablement services	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£713,653	Existing
99	Enhanced Primary Care to Nursing Homes	Primary Care support	Residential Placements	Nursing home		Primary Care		CCG			Private Sector	Minimum CCG Contribution	£277,009	Existing
99	Better Care Fund Support (CCG share)	Other	Other		BCF programme support	Other	BCF support	CCG			CCG	Minimum CCG Contribution	£32,000	Existing
99	Single point of access (Community	Community investment	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£52,863	Existing
99	BCF Main Programme Contingency	BCF Pressures	Other		Underspend and inflation carry forward	Other	Joint contingency	CCG			CCG	Minimum CCG Contribution	£887,199	New
16	Protecting ASC	Protecting ASC	Other		Care coordination	Social Care		LA			Local Authority	iBCF	£1,488,379	Existing
10	Protecting ASC	Protecting ASC	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£229,500	Existing
10	Protecting ASC	Protecting ASC	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£8,590,690	Existing
10	Employment Support	Employment Support	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£23,455	Existing
10	Additional OT SW Posts	Additional OT SW Posts	Integrated Care Planning and Navigation	Care navigation and planning		Other	Other	LA			Local Authority	iBCF	£490,285	Existing
13	Commissioning Posts/Hours	Commissioning Posts/Hours	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£95,069	Existing
13	Brokerage and Business Support	Brokerage and Business Support	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£314,747	Existing
16	BCF Manager part funding	BCF Support	Other		BCF programme support	Other	BCF support	LA			Local Authority	iBCF	£32,000	Existing

6	iBCF agreed Contingency	Agreed contingency for social care schemes	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	iBCF	£382,775	Existing
10	Occupational Therapist	Lead Occupational Therapist Post	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£41,769	Existing
13	Case Management Support officer	Case Management Support officer	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£30,000	Existing
13	Finance Support	Finance Support	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£100,000	Existing
16	Community Care	Domiciliary care, residential care placements, direct	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£308,735	Existing
16	Community Care	Domiciliary care, residential care placements, direct	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£1,636,642	Existing
7	Model for senior structure alliance of WHT & LA	High Impact Change Model for Managing Transfer of Care	High Impact Change Model for Managing	Monitoring and responding to system demand		Social Care		LA			Local Authority	Additional LA Contribution	£263,000	Existing
6	Intermediate Care Contribution	Investment into Intermediate Care	Enablers for Integration	Workforce development	Intermediate care contingency	Social Care		LA			Local Authority	Additional LA Contribution	£250,000	Existing
10	All Age Disability	Investment into staffing	Integrated Care Planning and Navigation	Care navigation and planning	Care and support	Social Care		LA			Local Authority	Additional LA Contribution	£51,005	Existing
12	Winter pilots	Winter Pilots	Reablement in a persons own home	Reablement service accepting community and	Additional capacity	Social Care		LA			Local Authority	Additional LA Contribution	£148,010	Existing
16	Demand Management Pressures	Demand Management Pressures	Other		Demand Management Pressures	Social Care		LA			Local Authority	Additional LA Contribution	£320,041	Existing
10	Payments Support Team	Personalised Budgeting and Commissioning	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Additional LA Contribution	£237,143	Existing
13	Additional Commissioning Support	Staffing	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	Additional LA Contribution	£134,154	Existing

2021-22 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes
5	DFG Related Schemes

6	Enablers for Integration
7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes

10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services
12	Reablement in a persons own home
13	Personalised Budgeting and Commissioning
14	Personalised Care at Home

15	Prevention / Early Intervention
16	Residential Placements
17	Other

Sub type
1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other
1. Respite services 2. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other
1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other

1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other
1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other

1. Care navigation and planning
2. Assessment teams/joint assessment
3. Support for implementation of anticipatory care
4. Other

1. Step down (discharge to assess pathway-2)
2. Step up
3. Rapid/Crisis Response
4. Other

1. Preventing admissions to acute setting
2. Reablement to support discharge -step down (Discharge to Assess pathway 1)
3. Rapid/Crisis Response - step up (2 hr response)
4. Reablement service accepting community and discharge referrals
5. Other

1. Mental health /wellbeing
2. Physical health/wellbeing
3. Other

1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.

Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: Walsall

8.1 Avoidable admissions

		19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	1,063.8		981.5	We continue to work with WMAS to increase 111 dispositions to Care Navigation Centre (CNC). There has been increased capacity in CNC and Rapid Response Team (RRT). Our local enhanced support to care homes offer has supported a reduction in conveyance and we have increased capacity in UTC. There is increased	**Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

>> link to NHS Digital webpage

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	11.6%	11.7%	WHT Operational Winter plan sets out interventions to achieve the agreed predicted winter profile for LOS. Our joint Health and Social Care Intermediate Care Team (ICS) funded by our main BCF programme consistently manages discharge pathways, working to a local target for no more than 30 MFFD with maximum 3 day LOS. This approach would free additional bed capacity in comparison to last year. Average MFFD during Q2 and Q3 to date has been circa 47, this takes into account	**Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**
	Proportion of inpatients resident for 21 days or more	5.4%	5.3%		

8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	95.0%	We have maintined a percentage of 96%, however saw a decline in April 2021. Whilst we continue at work at a good level across our system, we are aware of pressures across our dom care provider market which may impact on our stretched target. Mitigations include securing additonal dom care capacity as described in our narrative	**Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	662	601	621	661	We continue to maintain a good level of older people admitted to residential and nursing placements.
	Numerator	335	301	311	335	
	Denominator	50,623	50,121	50,053	50,709	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%	87.2%	72.8%	As a system our integrated teams support the target of ensuring older people remain in their own home 91 days after being discharged from hospital. Our planned stretched target for 21/22 takes into account our extraordinary year last year, and aims through the Council's Corporate Plan to increase the number of older
	Numerator	340	246	262	
	Denominator	400	282	360	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Walsall

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Our approval route has been referenced in our BCF narrative.		
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes	We make reference to our allience model, Walsall Together where partners across Walsall come together through our Partnership Board. We also reference our local priorities to ensure we support independence for older people across the Borough. Our programme continues the traditional approach of funding schemes to support older people.		
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Panels are in place and detailed in the narrative plan.		
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	This has been consistent for Walsall for a number of years.		
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	This has been consistent for Walsall for a number of years.		
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes	We have an integrated intermediate care service in Walsall. The BCF has funded this service, along with provision.		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	This has been consistent for Walsall for a number of years.		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes	Whilst we have targets, these are with caveats as per our current climate and issues regarding pressures on the market. We would request this is taken into account when reviewing.		

WALSALL 2021-2022 BETTER CARE FUND PLANNING TEMPLATE AND NARRATIVE PLAN VERSION CONTROL DOCUMENT

Narrative plan

Amendment History

Version Number presented	Author	Reason for change	Description of change	Date of change
1	Charlene Thompson	Comments received from Tracy Simcox, Group Manager for Commissioning	Amendments to narrative to include further detail	28.10.21
2	Charlene Thompson	Comments received by Adrian Roche, Head of Social Inclusion	Amendment to narrative to review information provided relating to s.75 agreements	05.11.21
4	Charlene Thompson	Comments received by Tony Meadows, Interim Director of Commissioning	Amendments received regarding wording	10.11.21
5	Charlene Thompson	Observations received from Sarah Mahoney, West Midlands BCF Manager	Received via PDF document, highlighting areas of strength and observations for improvement.	10.11.21

Reviewers

The document has been reviewed by:

Name	Date presented	Title/responsibility	Version circulated
Tracy Simcox	27.10.21 (via email)	Group Manager for ASC Commissioning	1
Andy Rust	01.11.21 (via email)	Head of Commissioning, BC&WB CCG Walsall	2
Sarah Mahoney	03.11.21 (via email)	Regional Better Care Fund Manager – West Midlands)	2
Adrian Roche	05.11.21 (via email)	Head of Social Inclusion , Public Health	2

Tony Meadows	09.11.21 (via email)	Interim Head of Commissioning, ASC	3

Approval

The document has been approved by:

Version	Board/Committee	Date
4	Joint Commissioning Committee	12.11.2021

Planning template

Amendment history

Version Number Presented	Author	Reason for change	Description of change	Date of change
1	Charlene Thompson	Update to metrics tab on template provided by ASC performance team	Targets for key metrics 8.4 and 8.5 submitted including narrative to explain the 'stretch targets'	15.10.21
1	Charlene Thompson	Updates to income and expenditure tabs provided by Council finance team and BC&WBCCG Walsall place	Main programme and IBCF schemes updated with 21/22 budgets, including inflation.	05.11.21
2	Charlene Thompson	Discussion at JCC finance sub group with finance leads across Walsall place and Walsall Council	Changes to wording of scheme types	09.11.21

Reviewers

Name	Date presented	Title/responsibility	Version circulated
Finance partners and commissioning leads	05.11.21 (via email for discussion at finance sub group)	Head of Finance – CCG Senior Finance specialist – CCG Head of commissioning – CCG Lead accountant – Walsall Council	2
Finance partners and commissioning leads	09.11.21 (via email following minor amendments from discussion at sub group)	Head of Finance – CCG Senior Finance specialist – CCG Head of commissioning – CCG Lead accountant – Walsall Council	3

Approval

Version	Board/Committee	Date
4	Joint Commissioning Committee	12.11.2021