

Health and Wellbeing Board

11 December 2017

Integration and Better Care Fund Plan 2017 – 2019 Update

1. Purpose

This report provides an update on the resubmitted Integration and Better Care Fund (iBCF) Narrative Plan, Quarter 2's Better Care Fund (BCF) return and Delayed Transfers of Care (DTC).

2. Recommendations

2.1 That members note the contents of this report.

3. Integration and Better Care Fund Plan

3.1 The intention of the BCF is to provide a pool budget between local authority and health services in support of integration.

3.2 This is the third year of Better Care funding. This year's planning moves from 1 year to 2-year planning and also sees a new source of funding iBCF which is devolved directly to Councils.

3.3 There are stringent guidelines for the use of funding, and there is a requirement for quarterly performance reporting.

3.4 Each BCF plan should consist of:

- A jointly agreed narrative plan including details how they are addressing national conditions; how their BCF plans will contribute to the local plan for integrating health and social care and an assessment of the risks related to the plan and how they are managed.
- A BCF planning template that includes:
 - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes
 - A service-level plan demonstrating how the fund will be spent;
 - Quarterly plan figures for national metrics

3.5 Walsall's Narrative Plan has been through the Regional and National Assurance process and has been classified as 'approved with conditions'.

3.6 Walsall is asked to resubmit their BCF narrative plan on Friday 8th December 2017 after addressing the conditions set out in the Assurance feedback. A copy of the updated plan will be circulated to Health Wellbeing Members.

4. Quarter 2 BCF Return

4.1 Quarter 2's BCF return was submitted on 22 November 2017 as attached at **Appendix 1**

5. Delayed Transfers of Care (DToC)

5.1 Reduction of DToC has always featured as a key indicator of the Better Care Fund plan. In the Better Care Fund (BCF) Planning Requirements 2017-19, released on 3rd July 2017, this ambition was more clearly articulated, with a new requirement to reduce delayed transfers of care (DToC) to no more than 3.5% of occupied bed days by September 2017. 3.5% of occupied bed days equates to 9.4 Delayed Days per day per 100,000 population.

5.2 Furthermore, in the Spring Budget the Chancellor announced additional funding for Adult Social Care. On 27 April, the grant determination for the funding was received which set out the conditions for the new money, they were that the grant paid to the local authority should be pooled into the Better Care Fund and used only for the purposes of:

- a. meeting adult social care needs
- b. reducing pressure on the NHS, specifically to meet National Condition 4 (Managing Transfers of Care) in the BCF Policy Framework.
- c. supporting the local social care provider market

5.3 Walsall has historically low rates of DToC, however, an independent review of DToC at Walsall Healthcare Trust that was commissioned in April 2017, concluded that DToC was not being reported accurately. More specifically, NHS delays at Walsall Healthcare Trust were being significantly under-reported.

5.4 The BCF planning requirements employed a standard methodology to set a target for Health and Wellbeing areas. Using this methodology Walsall's target is summarised as below in Table 1.

Table 1.

Total Delayed Days per day per 100,000 18+ Population		NHS Delayed Days per day per 100,000 18+ population			Social Care Delayed Days per day per 100,000 18+ population		
Baseline (Feb'17)	Target	Baseline (Feb '17)	Target	% Change	Baseline (Feb '17)	Target	% Change
7.4	4.7	2.0	2.1	-5%	5.4	2.6	52%

5.5 Given that we understand that due to the historic under reporting that the baseline for NHS was more likely to be as much as 7 delayed days per day per 100,000, this would have meant reducing NHS DToC by 70% and reducing adult social DToC by over 50% over a period of 8 weeks. This was unachievable.

- 5.6 Our 2017-19 BCF Plan, including the DToC performance trajectory, was submitted on 11 September 2017. As part of the planning process, the Walsall Health & Social Care economy undertook a comprehensive piece of work, building on the previous external review, to determine what an accurate baseline would look like and to set a realistic trajectory for improvement.
- 5.7 The submitted performance trajectory reflected a well thought through, ambitious yet realistic view, of likely outturn taking into account the likely increase in DToC reporting expected, as we put in robust processes to correct this offset by the action that we are taking to improve actual DToC activity. The submitted performance trajectory was mindful of remaining within the 3.5%/9.4 Delayed Days per day per 100,000 national ambition and the performance trajectory submitted did not exceed 8.4 Delayed Days per day per 100,000.
- 5.8 The implementation of an Integrated Intermediate care model is one of the significant developments across Walsall Council and Walsall Healthcare Trust which will have a positive impact on delayed transfers of care. The model will be implemented across all hospitals where Walsall Residents are patients – this will significantly improve the Social Care performance of delays in out of borough hospitals, which has been a significant challenge.
- 5.9 On the 20 September 2017, the Better Care Fund lead for Walsall received a letter from the Director of NHS Operations and Delivery and SRO for the Better Care Fund, Simon Weldon, advising that Walsall’s DToC performance trajectory did not meet the mandated improvement and invited the HWBB to make a new submission.
- 5.10 Walsall entered into the BCF Escalation Process. Following escalation panel and feedback Walsall were asked Walsall to revise their DTOC plan to meet the trajectory set out in Table 2 below:

Table 2.

<i>Walsall : DTOC</i>				
	<i>NHS attributable</i>	<i>Social Care attributable</i>	<i>Joint attributable</i>	<i>Total</i>
<i>Current expectation for November 2017 set by NHSE (M&E) (delays in a month)</i>	<i>216.9</i> <i>(Equates to 3.4 DTOC Beds per day per 100,000 population)</i>	<i>128.0</i> <i>(Equates to 2 DTOC Beds per day per 100,000 population)</i>	<i>0.0</i>	<i>344.9</i> <i>(6.4 DTOC Beds)</i>

- 5.11 The requested target is almost certainly unachievable; the draft October position using the new DTOC collection tool is as outlined in Table 3 below.

Table 3.

<i>Walsall : DTOC</i>				
	<i>NHS attributable</i>	<i>Social Care attributable</i>	<i>Joint attributable</i>	<i>Total</i>
Walsall October DTOC Performance	861 (Equates to 13.5 DTOC Beds per day per 100,000 population)	133 (Equates to 2.1 DTOC Beds per day per 100,000 population)	5	999 (15.6 DTOC Beds)

5.12 The correspondence appears contrary to the message given at both the Escalation Panel and in the follow up email, and does not offer any right of appeal or avenue for negotiation.

5.13 On this basis, our understanding of the options available to Walsall were:

- Option 1. Submit a compliant target, which is completely unachievable, on the basis that if we don't achieve this they may recover the whole or part of the iBCF (in line with the grant determination) for 2017/18 and/or 2018/19 which amounts to £6.5m & £4.1m respectively.
- Option 2. Do not submit a compliant target and risk the BCF plan not being approved and the CCG being instructed to withhold the social care allocation within the BCF which amounts to circa £8m (and potentially the iBCF also)

5.14 Walsall have now reluctantly accepted the targets outline in Table 2 having formally recorded our reasons for initially refusing these targets.

6. Health and Wellbeing Priorities:

6.1 Services delivered through iBCF and BCF will enable the Council and Health service to :

- Support Independent Living
- Enable those at risk of poor health to access appropriate health and care, with informed choice
- Keep vulnerable people safe through prevention and early Intervention

as part of the 'Maximising People's Health, Wellbeing and Safety Health and wellbeing priority'.

Background papers

None

Author

Claire Hammonds
Commissioning Manager

☎ 655696

✉ Claire.Hammonds@walsall.gov.uk

Better Care Fund Template Q2 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

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

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

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

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

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

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

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

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

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template

- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net

- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

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

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:

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

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

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

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

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

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

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

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

Hospital Transfer Protocol (or the Red Bag Scheme):

The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:

A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPXmULHE>

5. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

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

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

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.
- 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 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.
- 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:	Kerrie Allward
E-mail:	kerrie.allward@walsall.gov.uk
Contact number:	01922 654713
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr Ian Robertson

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

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q2 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Walsall

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

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		