Better Care Fund Template Q4 2017/18

1. Cover

Version 1.1

Please Note:

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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. Income & Expenditure	0
6. Year End Feedback	4
7. Narrative	0

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2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Tameside

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		

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3. Metrics

Selected Health and Well Being Board: Tameside

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Acuity has increased. Whilst the Strategic commission and ICFT habe managed NEL for pateints in the locality ther have been increases in admissions for people registered with CCGs	Had seen significant reductions for Straegic Commission registered pateints until Q3 when saw 0.6% above plan (37 people). However admissions across all CCGs are 2.4% above plan Admission avoidance	none
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	there have been more placements over the last 12 months per 100,000 than in previous years.Need to build on existing community resources to ensure people remain at home for as long as its safe to do so. Also need to	Continue to work with integrated urgent care team, reablement service, community response service to ensure that care packages are as comprehensive as possible.	Now introducing a more focussed asset based model of working that is looking at individual and community strengths and assets . SCIE currently helping us with these developments. Working with hospital
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	This continues to be a challenging target and is dependnet upon the success of good reablement as well as good hospital discharge.	Restructured reablement service and rapid response element now embedded within the Integrated Urgent Care Team which ensures faster response for hospital discharges and for admissions avoidance.	Working with SCIE and NAIC to ensure that we continually review current practice against national developments.
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	A review of DTOC processes and guidance at one of our providers (Pennine Care Trust), to ensure consistency and accuracy of DTOC recording across the trusts has resulted in an increase in DTOC incidence at	Acute hospital delays have improved significantly. Integrated Urgent Care Team managing discharges. Strong focus on Home First and Discharge to Assess.	We have been made aware of a review of DTOC processes and guidance at one of our providers (Pennine Care Trust), to ensure consistency and accuracy of DTOC recording across the trust. This has resulted in an

** Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

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4. High Impact Change Model

Selected Health and Well Being Board: Tameside

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		The 8 HICs are intricately linked therefore in order to achieve maximum output and/or impact in one HIC field, it is significantly dependent on other areas becoming established and working	Ticket Home service is rolled out across most Wards and volume of request to Urgent Care Community for support once a person has been discharged has increased	None
Chg 2	**Systems to monitor patient flow**	Established	Established	Mature	Mature	Mature	Patient Flow manager in the local Integrated Care provider. Close monitoring of Red Green days on wards with daily calls to highlight delays and agree solutions. Whole system awareness of pressures and delays and good escalation when needed	The 8 HIC's are intricately linked therefore in order to achieve maximum output and/or impact in one HIC field, it is significantly dependent on other areas becoming established and working collaboratively/effectively.	System working very collaboratively. Focus at acute level on Stranded patients. Neighbourhoods now more closely engaged with acute teams to progress flow	None
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Mature	Mature	Mature	Mature	Mature	Integrated Urgent Care Team manages discharges with links to Integrated Neighbourhood teams that include social prescribers. Discharge to Assess processes in place with	The BCF HIC model aims to help reduce non-elective admissions and reducing DToC and although we are seeing an improvement in our activity/performance, there is still work to sustain/maintain the required standards.	Improved integrated working with providers across the UC spectrum Strong links established with the Social Prescribing model/teams to support AA and	None
Chg 4	**Home first/discharge to assess**	Mature	Mature	Mature	Mature	Mature	Home First and Ticket Home in place Digital Health in place and supporting admission avoidance as well as discharge back to a residential home Discharge to assess process in place	Ensuring complex discharge planning takes place in the Discharge to Assess beds. Evidence suggests Long Term Care patients seem to be assessed in Acute beds and not as much in the Discharge to Assess beds which	Learning from the 'reset' week (wk. beginning 5th Jan) where the focus will be on community, HF and DtA - to be shared/implemented as appropriate	None
Chg 5	**Seven-day service**	Established	Established	Established	Established	Established		In the main, 7 day offer is in place however there is still work required to bring equilibrium throughout the wider System so full benefits can be realised – evidence/reports confirm 7 day access is more	Social Care to establish the areas that currently work/don't work well within their established 7 day model to help to identify gaps in the wider system	None
Chg 6	**Trusted assessors**	Mature	Mature	Exemplary	Mature	Mature	Integrated Urgent Care Team manages discharges Digital Health supporting discharges	Regulations from CQC require manager/deputy manager to assess potential admissions therefore TA will not be effective here	Improved relationships through Digital Health	None
Chg 7	**Focus on choice**	Established	Established	Plans in place	Mature	Mature		Consistent application of policy in all areas. Engagement with patients, families, carers in place – particularly around the Home of Choice	Adopted GM Discharge standards and Choice policy.	None
Chg 8	**Enhancing health in care homes**	Mature	Mature	Mature	Mature	Mature	Care Home Quality Team Care Home Forum Digital Health GP zoning of Care Homes	Care Home Quality Improvement Team has been recruited to (but not operational as yet – serving out Notice periods) Care Home Managers Forum has been re-	Red bag scheme in place – bags purchased – project plan in place with scheme due to commence in in Ashton for Care Homes Engagement with all Care Homes and NWAS	None

Hospital Transfer Protocol (or the Red Bag Scheme)

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

		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	**Red Bag scheme**	Plans in place	Plans in place	Plans in place	Plans in place	Established		Engagement and commitment required from multiple providers for scheme to work. Loss of Bags	Building on Message in a Bottle that was implemented 16/17. Preparing for implementation of a pilot of the Red Bag scheme in Q4 as part of GM scheme	Financial support for initial Red Bags, Passport documentation Posters and leaflets. Support to release capacity for project leads

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5. Income & Expenditure

Selected Health and Wellbeing Board: Tameside

Income

	2017/18 Planned		2017/18 Actual	
Disabled Facilities Grant	£ 2,152,698		£ 2,152,698	
Improved Better Care Fund	£ 6,343,181		£ 6,343,181	
CCG Minimum Fund	£ 15,597,033		£ 15,597,033	
Minimum Subtotal		£ 24,092,912		£ 24,092,912
CCG Additional Contribution			£ -	
LA Additional Contribution			£ -	
Additional Subtotal		£ -		£ -

	Planned 17/18	Actual 17/18
Total BCF Pooled Fund	£ 24,092,912	£ 24,092,912

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2017/18	

Expenditure

	2017/18
Plan	£ 24,092,911
Actual	£ 21,295,756

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2017/18	The 2017/18 iBCF non recurrent grant allocation was £5.335m, a number of initiatives have been launched with a view to reducing DTOC's, service transformation and addressing backlogs in Social work caseloads. Unfortunately there were delays in 2017-18 due to HR sign-off to fill posts which led to an underspend of £2.7m, all isues have now been resolved and all relevant staff are in posts to support delivery of the agreed projects. The slippage will be fully utilised within the agreed 3 year timeframe

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6. Year End Feedback

Selected Health and Wellbeing Board: Tameside

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Neither agree nor disagree	Plans for an integrated commissioning function and provider were developed before the BCF and so the BCF has been incorporated into the wider Care Together plans rather than being a separate enabler for integration in either the Tameside and Glossop Strategic Commission or Tameside and Glossop Integrated CareNHS Foundation Trust
2. Our BCF schemes were implemented as planned in 2017/18	Strongly Agree	Care Together is the programme that delivers the integrated services that are within the BCF
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	BCF schemes are only part of the wider Care Together Programme
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Strongly Agree	The schemes in BCF are part of the wider Care Together Programme of transformation with a focus on Admissions Avoidance
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	The schemes in BCF are part of the wider Care Together Programme of transformation with a focus on Discharge to Assess and Home First
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Strongly Agree	The schemes in BCF are part of the wider Care Together Programme of transformation with a focus on maintaining people in their own homes
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Neither agree nor disagree	We have seen a slight increase in the proportion of people being admitted to residential and nursing care. Some analysis work is currently being undertaken to understand the increase however we are continuing with our plans to develop a wider range of community and neighbourhood services to mitigate against the need to more residential beds.

Part 2: Successes and Challenges

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

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **successes**
Success 1	8. Pooled or aligned resources	The Strategic Commission and the Integrated Care NHS Foundation Trust operate a single finance report and we operate a single Finance Economy Wide committee and Locality wide Finance Savings Groups
Success 2	2. Strong, system-wide governance and systems leadership	Cohesive, consistent and positive leadership of health and social care system Agreed set of principles across all partners Clarity of vision for raising healthy life expectancy, reducing inequalities and creating professional/financial sustainability Well established programme governance and management arrangements

8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **challenges**
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Data Sharing continues to be the greatest challenge to an effective MDT approach involving wider partners
Challenge 2	6. Good quality and sustainable provider market that can meet demand	The Care Home and Home Care market have at times created challenges with Delayed Transfers of Care. The availablity of appropraite provision for our complex people.

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

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

Other

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7. Narrative

Selected Health and Wellbeing Board: Tameside

Remaining Characters:	17,253

Progress against local plan for integration of health and social care

Care Together is our economy wide change programme to deliver integrated care. This programme aligns political, clinical and managerial leadership and focuses on improving healthy life expectancy, reducing inequality, improving experience of services and improving financial sustainability.
For the past two years, strong and steady work has continued to develop a Strategic Commission made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG. This has culminated in a single place-based commissioning body which aims to support the implementation of a new model of care, based on our place and which realigns the system to support the development of preventative, local, high quality services.

The Strategic Commission has clear governance arrangements with a Strategic Commissioning Board, clinically led and which has been established as a joint committee of the two organisations with delegated decision-making powers and resources. This creates unifying statutory and collaborative governance arrangements.

The Strategic Commissioning Board considers commissioning proposals which are funded from our Integrated Commissioning Fund. This fund is comprised of three elements
Section 75 - This comprises all services which legislation permits to be held in a pooled fund between NHS bodies and local authorities at a local level
The Strategic Commissioning Board makes decisions on this funding which are binding upon the two statutory partner organisations.

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.

Remaining Characters:	17,406

Integration success story highlight over the past quarter

Our Journey so far
Cohesive, consistent and positive leadership of health and social care system
Agreed set of principles across all partners
Clarity of vision for raising healthy life expectancy, reducing inequalities and creating professional/financial sustainability
Well established programme governance and management arrangements
Strategic Commissioning function in place
Community services transferred into ICFT
5 x Integrated Neighbourhoods established, being developed at pace with strong Primary Care clinical leadership
Extensive and innovative organisational development programme in place

Strategic Commissioning
Aligned governance structure facilitating single, clinically led commissioning decision making for health and social care
CX TMBC substantive CCG Accountable Officer
Integrated Commissioning Fund of £477m in 17/18 with one Director of Resources

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