

## Better Care Fund Template Q1 2018/19

### 1. Cover

Version 1.0

*Please Note:*

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

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

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Who signed off the report on behalf of the Health and Wellbeing Board:	Stephanie Butterworth

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

### Complete

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



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**2. National Conditions & s75 Pooled Budget**

Selected Health and Wellbeing Board:

Tameside

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

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

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### Metrics

Selected Health and Wellbeing Board:

Tameside

**Challenges** Please describe any challenges faced in meeting the planned target

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

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

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Acuity has increased. A full view of 18-19 quarter 1 non-elective activity is not yet available. From looking at Apr-18 to May-18 activity we can see that the CCG is 6.6% above plan (273 patients).	Admission avoidance from Care Homes through Digital Health. Integrated Neighbourhood Teams developing strong MDTs.	none
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Although we placed more people than anticipated last year the first quarter has seen 63 people being placed which would result in 252 for the full year which would be a reduction of 28 people from last year	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	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	The level of acute beds occupied by a DTOC has improved. 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

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**4. High Impact Change Model**

Selected Health and Wellbeing Board:

Tameside

**Challenges**

Please describe the key challenges faced by your system in the implementation of this change

**Milestones met during the quarter / Observed Impact**

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

**Support Needs**

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

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place				None
Chg 2	Systems to monitor patient flow	Mature	Mature	Mature	Mature	Mature				None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Mature	Mature	Mature	Mature				None
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Mature				None
Chg 5	Seven-day service	Established	Established	Established	Established	Established				None
Chg 6	Trusted assessors	Exemplary	Mature	Mature	Mature	Mature				None
Chg 7	Focus on choice	Plans in place	Mature	Mature	Mature	Mature				None
Chg 8	Enhancing health in care homes	Mature	Mature	Mature	Mature	Mature				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.

		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Established	Mature	Mature		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. Plans for full roll out of the Tameside & Glossop Red Bag scheme 10th June 2018	Financial support for initial Red Bags, Passport documentation Posters and leaflets. Support to release capacity for project leads

## Better Care Fund Template Q1 2018/19

### 5. Narrative

Selected Health and Wellbeing Board:

Tameside

Remaining Characters:

17,251

#### 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 three 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:

17,492

#### 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 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.

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**Additional improved Better Care Fund - Part 1**

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2018/19:

Tameside	
£	3,298,868

**Section A**

What proportion of your additional IBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Please enter the amount you have designated for each purpose as a percentage of the total additional IBCF funding you have been allocated for the whole of 2018-19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	30%	42%	28%

**Section B**

What initiatives / projects will your additional IBCF funding be used to support in 2018-19?	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5	Initiative/Project 6	Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10
<b>B1</b> Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Quality assurance across community based services, particularly care homes and home care services;	Transformation of services that Help people to Live at Home, including home care, Reablement, Community Response Service (Telecare,	Asset Based Work – as well as working within communities, to ensure a focus on Carers, Shared Lives and dementia.	Funding to alleviate pressures at the ICFT associated with Delayed Transfers of Care						
<b>B2</b> Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	New initiative/project						
<a href="#">Click here for a reminder of initiative / project titles submitted in Quarter 4 2017/18</a>										
<b>B3</b> If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns. See the link above for a reminder of the initiative / project titles submitted in Q4 2017-18. Please do not select the same project title more than once.	Quality assurance across community based services, particularly care homes and home care services;	Transformation of services that Help people to Live at Home, including home care, Reablement, Community Response Service (Telecare,	Asset Based Work – as well as working within communities, to ensure a focus on Carers, Shared Lives and dementia.							
<b>B4</b> If this is a "New Initiative / Project" for 2018/19, briefly describe the key objectives / expected outcomes. Please do not use more than 250 characters.				Funding to alleviate pressures at the ICFT associated with Delayed Transfers of Care						
<b>B5</b> Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	17. Stabilising social care provider market - other support (e.g. training, property maintenance)	2. Expenditure to improve efficiency in process or delivery	11. Prevention	3. DTOC: Reducing delayed transfers of care						
<b>B6</b> If you have answered question B5 with "Other", please specify. Please do not use more than 50 characters.										
<b>B7</b> What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19. 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	4. 2 years or longer	3. From 1 year up to 2 years	3. From 1 year up to 2 years	2. Between 6 months and 1 year						
<b>B8</b> Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	2. In progress: no results yet	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results						

## Better Care Fund Template Q1 2018/19

### Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:

Tameside
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Additional improved Better Fund Allocation for 2018/19:

£	3,298,868
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### Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:

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

### Section D

Indicate no more than five key metrics you will use to assess your performance.

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
<b>D1) Provide a list of up to 5 metrics you are measuring yourself against.</b> Please do not use more than 100 characters.	Delayed Transfers of Care (DTC)	Permanent admissions to residential and nursing care homes, per 100,000 population.	Care Homes CQC ratings – to have all homes rated as good or outstanding	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	Total Number of people helped to live at home and remain independent with support from Adult Services (Shared Lives, Day Services, Supported accommodation, direct

**Quarter 4 2017/18 Submitted Project Titles**  
Project information not submitted in 2017-18 reporting

Project Title 1	Project Title 2	Project Title 3	Project Title 4	Project Title 5
Quality assurance across community based services, particularly care homes and home care services;	Transformation of services that Help people to Live at Home, including home care, Reablement, Community Response Service (Telecare, Telehealth);	Asset Based Work – as well as working within communities, to ensure a focus on Carers, Shared Lives and dementia.		