



Report to:	Health and Wellbeing Board
Date:	19 September 2019
Reporting Member/Officer:	Councillor Wills - Executive Member for Adult Social Care and Population Health Stephanie Butterworth - Director of Adult Services
Subject:	Better Care Fund 2019/20
Report Summary:	This report sets out the 2019/20 Better Care Submission.
Recommendations:	The Health and Wellbeing Board is asked to approve the 2019/20 Better Care Fund submission.
Corporate Plan:	The report aligns to the priorities in the Corporate Plan.
Policy Implications:	No policy implications identified.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The report provides details of the planned utilisation of the better care fund that also includes the disabled facilities grant, improved better care fund and winter pressures funding allocated to the Strategic Commission for 2019/20.</p> <p>Monitoring returns will be submitted during 2019/20 on the performance of the plan and will be reported to Health and Wellbeing Board members for approval as required.</p> <p>Members should note that the outcome of the recently announced 2019 spending round for 2020/21 is currently being evaluated. It is expected that the better care fund, improved better care fund as advised in the 2015 spending review and winter pressures funding will be maintained in 2020/21. However, this will be confirmed once formal allocations are advised.</p>
Legal Implications: (Authorised by the Borough Solicitor)	The Better Care Fund (BCF) is only a proportion of the wider pooled fund and the initiatives assigned to the BCF are all key elements of the wider strategic plan. All commissioning decisions relating to the BCF are considered by the Strategic Commissioning Board.
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	Report to be considered in public
Background Information:	The background papers relating to this report can be inspected by contacting Elaine Richardson, Head of Delivery and Assurance
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	 e-mail: Elaine.richardson@nhs.net

1. BACKGROUND

- 1.1 The Better Care Fund (BCF) was set up in 2013 and is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.2 The BCF was created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

2. THE BETTER CARE FUND IN 2019/20

- 2.1 The BCF in 2019-20 retains the same National Conditions as in 2017-19. Areas are required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.
- 2.2 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.

3. LOCAL CONTEXT

- 3.1 Tameside along with other Localities in Greater Manchester had expected to 'have graduated' from the BCF given the fact GM was operating as a Health and Social Care Partnership. However, this process was not finalised and so Tameside has continued to report on a quarterly basis on the required templates.
- 3.2 Tameside and Glossop operates as a Strategic Commission with a Strategic Commissioning Board, established as a joint committee of the two organisations with delegated decision-making powers and resources. This means the Strategic Commissioning Board considers commissioning proposals funded from an 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.
 - Aligned Services - This comprises services which legislation does not permit to be held within a Section 75 pooled fund. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.
 - In Collaboration Services - This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

3.3 The BCF is part of the Section 75 element with the plans and initiatives funded through the BCF being part of the wider Care Together programme to deliver integrated care and our Corporate Plan ambitions.

4. 2019-20 SUBMISSION

4.1 The following sections are from the excel template that is mandated for BCF submissions. They are set out below for ease of reading. There are ten worksheets in the template seven of which display or require local input these are shown below:

- Summary
- Strategic Narrative
- Income
- Expenditure
- High Impact Change Model
- Metrics
- Planning Requirements

4.2 For each of the sheets some data and information prepopulates and some cells are only required when the level of ambition is below the expected minimum. Areas coloured yellow are those where local information can be entered.

Summary

4.3 The summary sheet is an automated summary from the six input driven worksheets.

Income & Expenditure

Income

Funding Sources	Income	Expenditure	Difference
DFG	£2,511,180	£2,511,180	£0
Minimum CCG Contribution	£16,711,881	£16,711,881	£0
iBCF	£11,061,110	£11,061,110	£0
Winter Pressures Grant	£1,154,036	£1,154,036	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£31,438,207	£31,438,207	£0

Expenditure

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£4,725,145
Planned spend	£4,774,702

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£8,897,948
Planned spend	£10,862,246

Scheme Types

Assistive Technologies and Equipment	£2,333,687
Care Act Implementation Related Duties	£529,000
Carers Services	£148,434
Community Based Schemes	£15,290,456

DFG Related Schemes	£2,511,180
Enablers for Integration	£0
HICM for Managing Transfer of Care	£80,000
Home Care or Domiciliary Care	£468,000
Housing Related Schemes	£40,000
Integrated Care Planning and Navigation	£3,767,442
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£130,000
Other	£6,140,007
Total	£31,438,206

HICM

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Mature

Metrics

Residential Admissions		19/20 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	740.563097

Reablement		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.798319328

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: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

4.2.1 Strategic Narrative

This sheet is where we set out our approach towards integration of health & social care. It covers four specific areas.

<p>A) Person-centred outcomes Your approach to integrating care around the person, this may include (but is not limited to):</p> <ul style="list-style-type: none"> - Prevention and self-care - Promoting choice and independence <p>Tameside and Glossop's approach puts the individual at the centre of what we do with a commitment to personalised care designed and agreed with the individual and their families and carers. The Corporate Plan, 'Our People, Our Place. Our Plan' shows how we want to improve the lives of all our population as they move through the life course.</p> <p>https://www.tameside.gov.uk/TamesideMBC/media/policy/Our-People-Our-Place-Our-Plan-tn.jpg</p> <p>Our Integrated Teams ensure the wider needs of individuals are considered making linkages with a range of services to wrap support around people to enable them to live healthy and fulfilled lives.</p> <p>Our Integrated Neighbourhoods enable multidisciplinary teams to work together to ensure people can be offered coordinated and personalised care that supports them to stay well and to retain their independence.</p> <p>Our Social prescribing services support individuals to help prevent illness becoming a burden and have opened up many opportunities for individuals to become more involved in their communities. Joint initiatives organised across health, social care, voluntary sector and wider services help develop the skills and knowledge needed to self-care effectively.</p> <p>Our Integrated Urgent Care Team are able to reponse to people in crisis avoiding admissions where possible and supporting timely discharges that maximise recovery.</p> <p>Personalised Care Planning and Personal Health Budgets are used to promote independence and support increased choice.</p> <p>The availability of routine and urgent services in the community has increased opportunities for people to be cared for in their own homes with Care Plans ensuring that the wishes of individuals are known and can be acted upon by families and professionals.</p> <p>Our involvement in a Local Health and Care Record Exemplar pilot will support us in our data sharing work reducing the need for people to have to tell their story multiple times and maximising the opportunities for timely and effective support.</p> <p>Recognising that health and social care whilst important is only one factor that supports people in living healthy lives, our Age Friendly Tameside Strategy brings together all eight domains identified by the World Health Organisation (WHO) that promote a comprehensive active approach to developing age friendly communities.</p> <p>Partners across Tameside are committed to adapting our structures and services to be accessible and inclusive for older people with varying levels of need and capacities. We are</p>
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working to bring our communities together by making changes that make a difference to everyone's lives, especially those who experience daily disadvantage and social isolation.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

Integrated Commissioning Arrangements

Tameside and Glossop Health and Social Care has been commissioned through an Integrated commissioner since 2016. Tameside and Glossop Strategic Commission is made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG and operates as a single place-based commissioning body which aims to support the implementation of a new model of care, which realigns the system to support the development of preventative, local, high quality services.

The Tameside and Glossop Integrated Care NHS Hospital Foundation Trust (ICFT) has also been in place since 2016 with integrated services in place that involve health and social care professionals and community and voluntary sector workers. The ICFT has developed strong relationships with Primary Care employing GPs in strategic and operational leadership roles and in service delivery. The ICFT has forged strong collaboration with a range of statutory and voluntary sector partners particularly in the development of the five Integrated Neighbourhoods, four within Tameside and one within Derbyshire. The intention is to transition Adult Social Care provision to enhance further the existing integrated working.

Neighbourhoods and Primary Care Networks

The Neighbourhood based approach is very mature in Tameside and Glossop with geographically aligned GP practices working with the ICFT and other partners such as Voluntary Sector, Fire, Police and Mental Health services to develop our integrated neighbourhood offer. The Integrated Neighbourhood Teams ensure a more coordinated approach to care planning and service delivery which a focus on keeping people well in their own home. The Integrated Neighbourhood Teams work closely with the locality wide integrated teams e.g. Digital Health and Integrated Urgent care Team (IUCT) and with wards to help expedite discharges.

Digital Health is a technology enabled skype consultation service that supports Care Home, GP referrals for Admissions and NWAS ensuring only individuals who need hospital based input attend and where possible people follow ambulatory care pathways or are admitted to short term GP unit beds. They are integrated with the Community Response Service maximising opportunities for telehealth and telecare and enabling home visits to assess individuals. The Integrated Urgent Care Team provides health and social care when a rapid response will avoid an admission or enable a same day discharge.

Neighbourhoods have the freedom to develop pilots of local services many of which are co designed with local people to meet the needs of the neighbourhood population. Some have developed new offers relating to specific clinical needs e.g. COPD and others have set up initiatives that reduce social isolation and the impact of frailty. Neighbourhoods share the learning from these pilots, which informs both commissioning and service delivery across the locality as a whole. The Primary care networks are fully aligned with these neighbourhoods and several of the PCN Clinical Leads have previously held GP Lead roles in the CCG and or

the ICFT.

Partnership with the Voluntary Sector

Social prescribing has been a key component of Care Together from the start. Electronic systems support referrals and appropriate data sharing from practices and the ICFT. The Voluntary Sector is a key partner in the neighbourhood MDTs with significant success in promoting wellbeing and reducing reliance on traditional health and social care services.

The Tameside PACT, an agreement between Tameside's Voluntary, Community, Faith and Social Enterprise Sector VCFSE and Tameside's public-sector agencies was signed in January 2019 by leaders of organisations from across the borough. These included Tameside MBC, NHS Tameside and Glossop CCG, Action Together, Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Greater Manchester Police, Active Tameside, Jigsaw Homes and Greater Manchester Fire and Rescue Service. It contains three main principles: involving community groups and charities in advising and delivering services; better communication to build genuine partnership working; and working together to secure investment.

<https://www.tameside.gov.uk/TamesideMBC/media/policy/1-PACT-for-signing.pdf>

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

The place based approach adopted by Tameside and Glossop enables integration with wider services such as housing, transport and environment. The Corporate Plan considers all council services alongside health services and looks to ensure that planning takes place at an economy level.

Jigsaw Homes Group Ltd are a key partner working with us to develop suitable housing for the future and being involved in our integrated services, with dedicated staff supporting people who need specific housing support post a hospital admission.

RRO Policy

The new Financial Assistance Policy 2018-23 (under the terms of the RRO Policy) introduced new grant assistance to remove the burden of the means test for schemes costing up to £5k; a new prescription grant scheme with minimal paperwork for certain lifting equipment and specialist WCs; relocation grants for both tenants and home owners; hospital discharge grant (working with our ICO on this) plus grant assistance with funding assessed contributions for home owners.

Although not funded from the DFG funds, the new Policy also includes home repair grants help deal with Health and Safety issues for home owners to maintain independence, and which, if not addressed could lead to the occupier becoming more reliant on Social Care/Health Services.

In the Capital Program

Development of a scheme (Single Handed Care) by creating a dedicated team to help reduce the number of double care workers required for over 200 service users in the borough in order to offer the best quality of care for people safely, through improved assessment of their needs and enhanced equipment. The scheme is based upon Derbyshire CC which has already put a successful scheme in place.

Funding a pilot scheme for "Brain in Hand" - a mobile phone app that allows for bespoke coping mechanisms to be input into the app that are aligned with support plans, and uses a

traffic light system to help people with learning disabilities and mental health issues deal with stress and anxiety in the community. As a consequence, this could potentially prevent people going into crisis, reduce the dependency on formal services and improve people's outcomes.

Disability Assessment Centre – this is in the early stages of design for a dedicated “One-Stop” assessment centre to enable staff to assess people in mock home situations to reduce, but not replace the need to carry out home assessment visits. As well as physical disability, this will also cater for hearing and visual impaired service users and mental health sufferers.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

Alignment of plans

Care Together is the Tameside and Glossop economy wide change programme to deliver integrated care. It has been in place since 2016 and aligns political, clinical and managerial leadership and focuses on improving healthy life expectancy, reducing inequality, improving experience of services and improving financial sustainability. The Better Care Fund plan has always been integral to the wider Care Together plan rather than a standalone plan.

The Tameside and Glossop 2019/24 Corporate Plan, 'Our People Our Place Our Plan' <https://www.tamesideandglossopccg.org/corporate/corporate-plan> outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day. It reflects the priorities and guiding principles for our joint work in the area.

The plan is structured by life course – Starting Well, Living Well and Ageing Well, underpinned by the idea of ensuring that Tameside & Glossop is a Great Place, and has a Vibrant Economy. Within each life course we have identified a set of goals that set out what we want to achieve for people in the area throughout their life recognising the importance of the wider determinates of health whilst building effective health and care services that can return people to independence as quickly as possible.

The Tameside and Glossop approach focuses both of prevention maximising opportunities for people to self-care and remain independent as well as ensuring appropriate health and care services can respond to a need when it arises with an emphasis on keeping people in their own home and promoting recovery and independence. The services and initiatives funded through the BCF all follow this approach.

The element of funding that is BCF is part of the wider Integrated Commissioning Fund which

Governance

The Tameside and Glossop Strategic Commissioning Board (SCB) is responsible for signing off the Corporate Plans and associated strategies and plans. The SCB is clinically led and established as a joint committee of the two organisations (TMBCA and T&G CCG) with delegated decision-making powers and resources. This creates unifying statutory and collaborative governance arrangements.

Tameside and Glossop has an Integrated Commissioning fund 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.

*Aligned Services - This comprises services which legislation does not permit to be held within a Section 75 pooled fund. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.

*In Collaboration Services - This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

The BCF is part of the Section 75 element.

The BCF is also discussed at the Tameside and Glossop A&E Delivery Board, which involves representatives of commissioners and providers involved in Urgent and Emergency Care.

The Tameside Health and Wellbeing Board retains oversight of the BCF.

Income

4.4 The sheet is where we specify the funding contributions.

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Tameside	£2,511,180
Total Minimum LA Contribution (exc iBCF)	£2,511,180
iBCF Contribution	
Tameside	Contribution
	£11,061,110
Total iBCF Contribution	£11,061,110
Winter Pressures Grant	
Tameside	Contribution
	£1,154,036
Total Winter Pressures Grant Contribution	£1,154,036
Are any additional LA Contributions being made in 2019/20?	No
CCG Minimum Contribution	
NHS Tameside and Glossop CCG	Contribution
	£16,711,881
Total Minimum CCG Contribution	£16,711,881
Are any additional CCG Contributions being made in 2019/20?	No
	2019/20
Total BCF Pooled Budget	£31,438,207

Funding Contributions Comments

Optional for any useful detail e.g. Carry over

NA

4.5 Expenditure

This sheet contains the schemes we are funding through the BCF and include the amount and source of funding.

Running Balances	Income	Expenditure	Balance
DFG	£2,511,180	£2,511,180	£0
Minimum CCG Contribution	£16,711,881	£16,711,881	£0
iBCF	£11,061,110	£11,061,110	£0
Winter Pressures Grant	£1,154,036	£1,154,036	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£31,438,207	£31,438,207	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£4,725,145	£4,774,702	£0
Adult Social Care services spend from the minimum CCG allocations	£8,897,948	£10,862,246	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTCO	RES	REA	Area of Spend	Planned Outputs		Metric Impact		Expenditure		New/ Existing Scheme	
													Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding		Expenditure (£)
1	Telecare/Telehealth	continuation of investment in telehealth services to support individuals to live independent lives	Assistive Technologies and Equipment	Telecare				Medium	Medium	Medium	Medium	Community Health		Joint	33.0%	67.0%	Local Authority	Minimum CCG Contribution	£1,006,703	Existing
2	Integrated Community Equipment Service	Investment in assistive equipment to support hospital discharge and independent living	Assistive Technologies and Equipment	Community Based Equipment				Low	Medium	Medium	Medium	Social Care		Joint	60.0%	40.0%	Private Sector	Minimum CCG Contribution	£1,306,984	Existing
3	Wheelchairs	Investment in the wheelchairs contract	Community Based Schemes					Not applicable	Medium	Low	Low	Community Health		CCG			Private Sector	Minimum CCG Contribution	£525,000	Existing

4	Parkinson's Nurse	Parkinson's Nurse	Community Based Schemes					Low	Low	Low	Medium	Community Health		CCG			CCG	Minimum CCG Contribution	£46,823	Existing
5	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care Planning and Navigation	Care Coordination				High	High	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,245,910	Existing
6	Carer Breaks (Adults)	Carer Breaks (Adults)	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Medium	Social Care		CCG			Private Sector	Minimum CCG Contribution	£138,434	Existing
7	Integrated Urgent Care Team	Integrated Urgent Care Team	Integrated Care Planning and Navigation	Care Coordination				High	High	Medium	Medium	Other	Joint Social Care and Health team	Joint	33.0%	67.0%	NHS Acute Provider	Minimum CCG Contribution	£1,974,726	Existing
8	Home based IC services (including crisis response)	Home based IC services (including crisis response)	Community Based Schemes					Medium	Medium	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,050,473	Existing
9	Transitional Care Home Beds	Access to beds as an interim placement will support a timely discharge from hospital to a placement until the preferred choice of home is available.	Residential Placements	Care Home		Placements	10.0	Low	High	High	Medium	Social Care		LA			Private Sector	Winter Pressure's Grant	£130,000	Existing
10	In house Home Care Service	management and staffing & through the night	Home Care or Domiciliary Care			Placements	30.0	Low	Medium	Medium	Low	Social Care		LA			Local Authority	Winter Pressure's Grant	£468,000	Existing

		program																		
11	Additional Social Work Capacity	Team to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital. This resource will also support the timely review and closure of Reablement cases to maximise flow and capacity in the system	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Winter Pressure's Grant	£162,926	Existing
12	Housing Officer post based in the Urgent Integrated Care Team	Housing Officer post based in the Urgent Integrated Care Team	Housing Related Schemes					Low	Medium	Medium	Low	Other	Housing related support	CCG			Private Sector	Winter Pressure's Grant	£40,000	New
13	Trusted assessor Role	These posts will build relationships with care providers and carry out assessments that	HICM for Managing Transfer of Care	Chg 6. Trusted Assessors				Low	High	Low	Low	Social Care		LA			Local Authority	Winter Pressure's Grant	£80,000	Existing

		will be accepted by the care providers and as a result reduce the timescales for providers being in a position to accept a placement. Where an individual is in hospital it is estimated that this can reduce length of stay by up to 5 days, thus improving the experience for the individual and also freeing up bed capacity.																	
14	Additional Occupational Therapy/Manual Handling Capacity	– increase capacity will support the prompt assessment and reassessment of individuals to support	Community Based Schemes				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Winter Pressures Grant	£38,110	Existing

		people to remain at home safely and to support timely discharges from hospital.																		
15	Voluntary Sector Support	to support the purpose of avoiding social isolation and thus avoiding primary care and hospital attendances and admission and/or supporting timely discharges	Other		Voluntary Sector Support			High	High	Medium	Medium	Social Care		LA			Charity / Voluntary Sector	Winter Pressure's Grant	£200,000	Existing
16	Winter Pressure kits for reablement staff	Winter Pressure kits for reablement staff	Other		Cold weather kits for reablement staff			Medium	Medium	Medium	High	Social Care		LA			Local Authority	Winter Pressure's Grant	£15,000	Existing
17	Reablement Services	Reablement Services	Other		Funding of reablement service to support hospital discharge			Medium	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,148,000	Existing
18	Early Supported Discharge Team	Early Supported Discharge Team	Integrated Care Planning and Navigation	Care Coordination				Low	High	Medium	Low	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£286,000	Existing
19	Community Occupational Therapists to	Community Occupational Therapists to	Community Based Schemes					Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£751,000	Existing

	undertake timely assessments and support discharge from hospital	undertake timely assessments and support discharge from hospital																		
20	Investment in Community and Residential Mental Health Services	Investment in Community and Residential Mental Health Services	Other		Community and Residential Mental Health Services			Medium	Medium	Medium	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£2,450,000	Existing
21	Adult Social Care - Community based Services (Inc care Homes)	Adult Social Care - Community based Services (Inc care Homes)	Community Based Schemes					Medium	High	High	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£3,252,828	Existing
22	Impact of New Care Act Duties	Impact of New Care Act Duties	Care Act Implementation Related Duties	Other	Assessment and Care Management			Medium	High	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£529,000	Existing
23	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations				Medium	High	High	High	Other	Housing / adaptations	LA			Private Sector	DFG	£2,511,180	Existing
24	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living in a community based setting and support the local	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living in a community based setting and support the local	Community Based Schemes					Medium	Medium	Medium	Medium	Social Care		LA			Private Sector	iBCF	£9,428,110	Existing

	provider care market	provider care market																		
25	Community Response Service investment to avoid acute admissions and discharge to support	Community Response Service investment to avoid acute admissions and discharge to support	Assistive Technologies and Equipment	Community Based Equipment				High	High	Medium	Low	Social Care		LA			Local Authority	Winter Pressure's Grant	£20,000	New
26	Care Home Contract	Funding to support price increases from April 2019	Other		Early fee increase to support local provider market sustainability			Medium	High	High	Medium	Social Care		LA			Private Sector	iBCF	£416,000	Existing
27	Carers Additional Support	Carers Additional Support	Carers Services	Carer Advice and Support				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£10,000	Existing
28	Third Sector Capacity/Investment	Third Sector Capacity/Investment	Community Based Schemes					Medium	Medium	Medium	Medium	Social Care		LA			Charity / Voluntary Sector	iBCF	£35,000	Existing
29	Autism Social Worker	Specialist Social Work post	Other		Specialist social work post			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£13,007	Existing
30	Quality Assurance Team	Works closely with Care Homes to improve standards of care across Tameside	Other		Quality improvements in Car Homes across Tameside			Medium	Medium	High	Medium	Social Care		LA			Local Authority	iBCF	£439,300	Existing
31	Reablement Service - system investment costs	Reablement Service - system investment costs	Other		Cold weather kits for reablement staff			Medium	Medium	Medium	High	Social Care		LA			Local Authority	iBCF	£104,190	Existing

32	Shared Lives - additional Social Work capacity	Shared Lives - additional Social Work capacity	Community Based Schemes					Low	Low	High	Low	Social Care		LA			Local Authority	iBCF	£65,170	Existing
33	LD Employment Services	LD Employment Services	Other		Supporting LD clients into paid employment			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£38,620	Existing
34	Assessment and Care Management Capacity	Assessment and Care Management Capacity	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	High	Medium	Medium	Social Care		LA			Local Authority	iBCF	£97,881	Existing
35	Direct Payment Capacity	Direct Payment Capacity	Other		Promotion / awareness of Direct Payments			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£103,514	Existing
36	AMHP & CoP Capacity	Approved Mental Health Practitioner and COP capacity to support and review DOL's cases	Other		Approved Mental Health Practitioner and COP capacity to support DOL's cases			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£183,084	Existing
37	PMO/Demographic Pressures	PMO/Demographic Pressures	Community Based Schemes					Medium	High	High	Medium	Social Care		LA			Private Sector	iBCF	£97,942	Existing
38	Sensory Services	Additional sensory worker capacity	Other		additional sensory service capacity			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£29,292	Existing

4.6 High Impact Change Model

This sheet enables us to state our level of maturity for each of the eight High Impact Changes that are seen as important in managing transfers or care and Delayed Transfer of Care.

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Many elements of the High Impact Changes have been embedded across the Tameside and Glossop system. Predictive modelling is utilised in the Integrated Care Foundation Trust to support early identification of the need for additional capacity to manage more complex discharges.

A multidisciplinary approach which includes Primary Care, the Integrated Care Foundation Trust, Social Care, the Voluntary Sector and wider health and community organisations has been adopted to support people in their own homes where ever possible and promote effective discharge when admissions are required.

Relationships with Care Homes continue to be strengthened through the Care Home Manager Forum, Primary Care alignment with care homes, Digital Health and the Care Home Quality Improvement Team.

Patient and family choice continues to be a key challenge even with a choice policy in place. Delays are generally in the non-acute beds but further work may be needed to help families come to terms with the need to relocate to a care home and to make an informed choice regarding the new home. GM are focussing on Home First through the winter communications campaign.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020
Chg 1	Early discharge planning	Plans in place	Established
Chg 2	Systems to monitor patient flow	Mature	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature
Chg 4	Home first / discharge to assess	Mature	Mature
Chg 5	Seven-day service	Established	Established
Chg 6	Trusted assessors	Mature	Mature
Chg 7	Focus on choice	Mature	Mature
Chg 8	Enhancing health in care homes	Mature	Mature

4.7 Metrics

This sheet enables us to explain how we will deliver the ambition in four key areas.

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	<p>Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.</p>	<p>T&G have seen reductions in the number of NEAs. The extensive use of Ambulatory Care and Observation beds means that a significant number of NEA are 0 LOS where as previously they would have been several days in length.</p> <p>Where possible urgent care support is given in an individual's own home through the Integrated neighbourhood Teams, Integrated Urgent Care Team and Digital Health but when acute input is required a NEA may result.</p> <p>Integrated Neighbourhood Teams also hold MDTs to maximise opportunities to wrap support around vulnerable people and reduce their risk of an urgent care need arising.</p>

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	210.5	<p>The level of delays in hospital Acute beds is minimal as the Integrated Teams support Discharge to Assess. Where possible people return home direct from an acute bed but when a period of recovery or rehabilitation or a further assessment is required they will be transferred to the Intermediate tier beds. The majority of our delays are in our non-acute beds and are due to patients and family choice. Work continues to support families to find care homes with available beds. Transition beds have been funded from winter monies to help reduce delays and families remain supported by the integrated team until they are in their home of choice.</p> <p>The 29/20 Winter communications focus for GM is Home First.</p> <p>Close monitoring of DTOC and LOS continues and includes a weekly senior level meeting to identify where issues arise and put effective solutions in place to ensure prompt discharge.</p>

8.3 Residential Admissions

		18/19 Plan	19/20 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	607	741	Data has been cleansed and monitoring processes have been reviewed so systems are more robust and accurate. The expectation is that the number of older people being admitted will increase, however the duration of placements will be expected to reduce, as people are being admitted only at critical stages, and are able to remain at home for longer.
	Numerator	241	300	
	Denominator	39,711	40,510	

8.4 Reablement

		18/19 Plan	19/20 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 (%)	81.5%	79.8%	A deep dive of the information has also taken place to understand performance. There is a new Gateway process being implemented, and this plan reflects the time anticipated for the process to be embedded. Data collection and monitoring processes are being reviewed in line with this.
	Numerator	371	380	
	Denominator	455	476	

4.8 Planning Requirements

This sheet enables us to confirm that plans meet the requirements of the BCF.

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	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
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NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>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?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	<p>Tameside MBC and Tameside and Glossop CCG are an integrated strategic commissioner with a joint CO and integrated budget. We have developed our first corporate plan, 'Our People Our Place Our Plan', to pull together the objectives of the Strategic Commission. Our plan reflects the priorities and guiding principles for our joint work and outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day.</p> <p>The plan is supported by a list of our public service reform principles that define the ways of working we will take on to achieve those goals. The principles are Greater Manchester-wide idea that we have adopted locally and will redefine our relationship with residents – doing with, not to.</p> <p>Senior Leaders across the economy have endorsed the plan and are working together to deliver on its ambitions.</p> <p>Link to Corporate Plan https://www.tamesideandglossopccg.org/corporate/corporate-plan</p> <p>The Better Care Fund supports the delivery of Care Together, the Locality Plan and the Corporate Plan</p>
	PR2	A clear narrative for the integration of health and social	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:	Yes	<p>The BCF is fully integrated into the Locality Plan which aligns with the Corporate Plan and the Care Together programme. The narrative within this return sets out the approach that will deliver the objectives of the BCF but the system does not create a separate BCF narrative plan as the</p>

		<p>care</p>	<ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICSs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description 		<p>system plan extends beyond the BCF.</p>
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			<p>of local priorities related to health inequality and equality that the BCF plan will contribute to addressing.</p> <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>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:</p> <ul style="list-style-type: none"> - 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? 	Yes	There is a plan in place to fully utilise the DFG allocation. This plan aligns with the local housing strategy.
NC2: Social Care Maintenance	PR4	A demonstration of how the	Does the total spend from the CCG minimum contribution on social care match or exceed the	Yes	There is a local agreement to invest in excess of the national minimum requirement in social care services. The continued investment in community and social care services to this level

		<p>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</p>	<p>minimum required contribution (auto-validated on the planning template)?</p>		<p>ensures sustainability of key social care services, which support hospital discharge and enable individuals to live independently in the community.</p>
<p>NC3: NHS commissioned Out of Hospital Services</p>	<p>PR5</p>	<p>Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the</p>	<p>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)?</p>	<p>Yes</p>	<p>The investment plan confirms that the investment in NHS commissioned out of hospital services exceeds the minimum ringfence.</p>

		CCG minimum BCF contribution?			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear</p>	Yes	<p>The HICM has been operational within Tameside and Glossop for many years. Discharge planning for elective inpatients has in the past been the factor that has reduced the status of HICM 1 to plans in place. The Integrated neighbourhood approach has enabled opportunities for additional support to be planned for people awaiting admission for an elective care procedure and so completes the establishment of all 8 aspects of the HICM.</p>

			explanation and set of actions towards establishing the change as soon as possible in 2019-20?		
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?	Have the planned schemes been assigned to the metrics they are aiming to make an impact on? 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? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? 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?	Yes	Metrics are aligned to the key areas of investment and performance will be reported as part of future, periodic submissions. Many of the investment areas are a continuation of the 2017-19 plan, any new areas of investment meet the criteria of the grant funding and support delivery of the 4 key national conditions. There is an agreed plan for the ASC Winter pressures grant, which is outlined in the Expenditure tab. This plan has been jointly agreed between the LA and NHS partners and has been approved through the joint governance process. The plan sets out how the investment in a number of key areas of social care will contribute to alleviating demand pressures in the NHS over the winter period. Specific funding is included in the investment plan for implementation of Care Act duties, carer specific support and Reablement.
	PR8	Indication of outputs for	Has the area set out the outputs corresponding to the planned scheme types	Yes	see investment plan in expenditure tab for further detail

		specified scheme types	(Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)		
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes	<p>The metrics reflect the continuous development of services to increase Healthy Life Expectancy. The Home First approach enables more individuals to be supported in their own homes with many being linked through social prescribing to a range of opportunities to reduce social isolation and increase independence. The nature of people being admitted to care homes has changed with many being older and or having more complex needs. The changing nature of care home residents is recognised and longer-term work is in place to develop housing stock that is more appropriate for older people who may be living with frailty but with suitable housing and the wider environment could remain in their own homes.</p> <p>The Age Friendly Tameside Strategy underpins the work to help people retain their independence.</p>

5 **RECOMMENDATIONS**

5.1 As set out at the front of the report.