Better Care Fund Template Q4 2018/19

Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements for 2017-19 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)

2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans
3) To foster shared learning from local practice on integration and delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports are submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

For 2018/19, reporting on the additional iBCF (funding announced in the 2017 Spring Budget) is included with BCF quarterly reporting as a combined template to streamline the reporting requirements placed on local systems. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately. Though not required for Q3 2018/19, quarterly reporting for the iBCF is required for Q4 2018/19.

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 cells

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.

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 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 confirming 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 2017-19, 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 (Clinical Commissioning Groups) 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
Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.
- Delayed Transfers of Care (DToC): The BCF plan targets for DToC should be referenced against your current provisional trajectory. Further information on DToC trajectories for 2018-19 will be published shortly.
The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.

This sheet seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:
- In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. 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 local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, and anticipated trajectory in future quarters, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting 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

In line with the intent of the published HICM model self assessment, the self assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful in informing future design considerations.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented 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 with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

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 has been published:
https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx
Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. 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. Income and Expenditure

The Better Care Fund 2017-19 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs. Instead of collecting Income/Expenditure on a quarterly basis as was the case in previous years 2015/16 & 2016/17, 2018/19 requires annual reporting of Income and Expenditure at a HWB total level.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2018/19 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2018/19 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2018/19.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2018/19 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2018/19.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2018/19 through a set of survey questions which are overall consistent with those from previous years.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2018/19
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2018/19 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
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2018/19.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2018/19?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual 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

7. 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.

8. Additional improved Better Care Fund: Part 1

For 2018/19 the additional iBCF monitoring has been incorporated into the BCF template. The additional iBCF sections of this template are on tabs '8. iBCF Part 1' and '9. iBCF Part 2'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

To reflect this change, and to align with the BCF, data must now be entered on a Health and Wellbeing Board level.
The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.
Specific guidance on individual questions is present on the relevant tab.

9. Additional improved Better Care Fund: Part 2

Specific guidance is present on the sheet.

Better Care Fund Template Q4 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.

Health and Wellbeing Board:	Gateshead
Completed by:	Hilary Bellwood /John Costello
E-mail:	hilarybellwood@nhs.net johncostello@gateshead.gov.uk
Contact number:	0191 217 2960 0191 433 2065
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Lynne Caffrey

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 and Expenditure	0
6. Year End Feedback	0
7. Narrative	0
8. improved Better Care Fund: Part 1	0
9. improved Better Care Fund: Part 2	0

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | Local Government Association | NHS England

[<< Link to Guidance tab]

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75 Pooled Budget

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes

4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics

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	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes

4. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning Q4 18/19	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19	G15	Yes
Chg 5 - Seven-day service Q4 18/19	G16	Yes
Chg 6 - Trusted assessors Q4 18/19	G17	Yes
Chg 7 - Focus on choice Q4 18/19	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19	G19	Yes
UEC - Red Bag scheme Q4 18/19	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes

Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes

Sheet Complete:	Yes

5. Income and Expenditure ^^ Link Back to top

	Cell Reference	Checker
Do you wish to change your additional actual CCG funding?	G14	Yes
Do you wish to change your additional actual LA funding?	G15	Yes
Actual CCG Add	H14	Yes
Actual LA Add	H15	Yes
Income commentary	D21	Yes
Do you wish to change your BCF actual expenditure?	E28	Yes
Actual Expenditure	C30	Yes
Expenditure commentary	D32	Yes

Sheet Complete:	Yes

6. Year End Feedback ^^ Link Back to top

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C10	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C11	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C12	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C13	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C14	Yes
Statement 6: Delivery of our BCF plan ihas contributed positively to managing reablement	C15	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C16	Yes
Statement 1 commentary	D10	Yes
Statement 2 commentary	D11	Yes
Statement 3 commentary	D12	Yes
Statement 4 commentary	D13	Yes
Statement 5 commentary	D14	Yes
Statement 6 commentary	D15	Yes
Statement 7 commentary	D16	Yes
Success 1	C22	Yes
Success 2	C23	Yes
Success 1 commentary	D22	Yes
Success 2 commentary	D23	Yes
Challenge 1	C26	Yes
Challenge 2	C27	Yes
Challenge 1 commentary	D26	Yes
Challenge 2 commentary	D27	Yes

Sheet Complete:	Yes

7. Narrative ^^ Link Back to top

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

8. Additional improved Better Care Fund: Part 1 ^^ Link Back to top

	Cell Reference	Checker
A1) Do you wish to revise the percentages provided at Q1 18/19?	C14	Yes
A2) a) Revised meeting adult social care needs	D17	Yes
A2) b) Revised reducing pressures on the NHS	E17	Yes
A2) c) Revised ensuring that the local social care provider market is supported	F17	Yes
A3) Success 1	C23	Yes
A3) Success 2	D23	Yes
A3) Success 3	E23	Yes
A4) Other commentary 1	C24	Yes
A4) Other commentary 2	D24	Yes
A4) Other commentary 3	E24	Yes
A5) Commentary 1	C25	Yes
A5) Commentary 2	D25	Yes
A5) Commentary 3	E25	Yes
A6) Challenge 1	C28	Yes
A6) Challenge 2	D28	Yes

A6) Challenge 3	E28	Yes
A7) Other commentary 1	C29	Yes
A7) Other commentary 2	D29	Yes
A7) Other commentary 3	E29	Yes
A8) Commentary 1	C30	Yes
A8) Commentary 2	D30	Yes
A8) Commentary 3	E30	Yes
B1) Initative 1: Progress	C37	Yes
B1) Initative 2: Progress	D37	Yes
B1) Initative 3: Progress	E37	Yes
B1) Initative 4: Progress	F37	Yes
B1) Initative 5: Progress	G37	Yes
B1) Initative 6: Progress	H37	Yes
B1) Initative 7: Progress	I37	Yes
B1) Initative 8: Progress	J37	Yes
B1) Initative 9: Progress	K37	Yes
B1) Initative 10: Progress	L37	Yes
B2) Initative 1: Commentary	C38	Yes
B2) Initative 2: Commentary	D38	Yes
B2) Initative 3: Commentary	E38	Yes
B2) Initative 4: Commentary	F38	Yes
B2) Initative 5: Commentary	G38	Yes
B2) Initative 6: Commentary	H38	Yes
B2) Initative 7: Commentary	I38	Yes
B2) Initative 8: Commentary	J38	Yes
B2) Initative 9: Commentary	K38	Yes
B2) Initative 10: Commentary	L38	Yes

Sheet Complete:	Yes

9. Additional improved Better Care Fund: Part 2

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	Cell Reference	Checker
C1) a) Actual number of home care packages	C11	Yes
C1) b) Actual number of hours of home care	D11	Yes
C1) c) Actual number of care home placements	E11	Yes
C2) Main area spent on the addition iBCF funding allocation for 2018/19	C12	Yes
C3) Main area spent on the addition iBCF funding allocation for 2018/19 - Commentary	C13	Yes
Metric 1: D1) Additional Metric Name	C20	Yes
Metric 2: D1) Additional Metric Name	D20	Yes
Metric 3: D1) Additional Metric Name	E20	Yes
Metric 4: D1) Additional Metric Name	F20	Yes
Metric 5: D1) Additional Metric Name	G20	Yes
Metric 1: D2) Metric category	C21	Yes
Metric 2: D2) Metric category	D21	Yes
Metric 3: D2) Metric category	E21	Yes
Metric 4: D2) Metric category	F21	Yes
Metric 5: D2) Metric category	G21	Yes
Metric 1: D3) If other category, then detail	C22	Yes
Metric 2: D3) If other category, then detail	D22	Yes
Metric 3: D3) If other category, then detail	E22	Yes
Metric 4: D3) If other category, then detail	F22	Yes
Metric 5: D3) If other category, then detail	G22	Yes
Metric 1: D4) Metric performance	C23	Yes
Metric 2: D4) Metric performance	D23	Yes
Metric 3: D4) Metric performance	E23	Yes
Metric 4: D4) Metric performance	F23	Yes
Metric 5: D4) Metric performance	G23	Yes

Sheet Complete:	Yes

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Better Care Fund Template Q4 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Gateshead

Confirmation of Nation 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		

Better Care Fund Template Q4 2018/19

Metrics

Selected Health and Wellbeing Board: Gateshead

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	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	National submission deadlines for BCF template are outside of SUS reporting periods and therefore the full picture for Q4 is not yet available. Only April-Jan data is currently available.	Whilst the full quarter 4 data is not yet available, Apr-Jan scaled to full year however would result in actual activity being around 3% below planned levels of 22939.	None identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	The ageing population remains a constant challenge. This includes people who have dementia type illness whose needs are such that they cannot continue to live independently or with support, therefore requiring a 24 hour care setting environment. We are actively looking at developing an extra care scheme and are in discussions at present with a provider, that will accommodate people with a dementia type illness, which will further support a reduction in permanent admissions to care. Capacity issues with social wokers and technical issues with the development of the planned extra care site are causing some pressures with admissions. Our expectation is that the site will become operational in 2020 which will resolve the pressures.	During the period of April to February 2019 there have been 307 admissions into permanent care. This represents 780.6 per 100,000 population (65+). This is a higher rate compared to the same point last year, where there were 253 permanent admissions (649.9 per 100,000 population). At the current rate performance may miss the year end target of 854.4 per 100k (336 admissions) by a small margin.	A national approach to addressing the social care workforce challenges, will help to stabilise our local issues.
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	The level of frailty of people using PRIME and PICs remains high, this can lead to challenges in supporting people to remian at home. There has been an exponential increase in the numbers of over 80 requiring interventions. We will work with commissioning colleagues for the ability to better source care packages with immediate effect and will also need to raise awareness with referrers that Enablement is removed from a time / task provision.	Following the official ASCOF definition which only monitors those discharges in the months of October, November and December we can see that performance after 2 of the 3 months stands at 85.9%, which is higher than the same period last year of 77.1%, but is lower than the target of 87.5% For context for the period April to February 2019 the value stands at 87.8% (575 out of 655). This has improved compared to the same period last year (83.1% or 545 out of 656) and is marginally better than the 2018/19 plan of 87.5%. Given the demographic challenges and levels of frailty presenting we are assured that our integrated service model is continiung to care for this vulnerabe cohort.	None identified
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	The target set for our local economy based on Q3 17/18 performance are very challenging. The ageing population remains a constant challenge, bringing an increase in frailty and we are also seeing an increase in older people with dementia. Support services for those younger people with a mental health illness such as housing is a challenge, which has an impact on delays.	Latest Performance relates to January 2019. Working relationships between Health and LA are well embedded and remain solid. There have been 284 trusted assessments in the 10 months between April '18 – Feb '19. Trusted assessments by ward based therapists are now taking place via Emergency Admission Unit (to prevent admissions at the Front of House), Short Stay Unit, (to facilitate discharge shortly after admisssion and from), Wards 6, 22, 24 and 25 (to facilitate early discharge). Further expansion into Ward 9 and 14, will commence in May '19. The average number of delays per day, per 100,000 population for January 2019, is 4.9 for delays attributable to Social care and the NHS. This is outside the target of 4.0 per 100k population for January 2019. Performance has improved compared to the same point for the previous year, where the equivalent rate was 6.35 per 100k population. The targets for 2018/19 are based on Q3 17/18 performance which was the quarter with the lowest DTOC rate for Gateshead in 17/18. 2.84 per 100k population were delayed on average per day, where the NHS was attributable which is outside the target of 2.7. This is an improved rate compared to the same point for the previous year (4.05)	Support for a standardised approach to the days being counted and a realistic target to be set which reflects both the complexity and demography of the cohort.

Better Care Fund Template Q4 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Gateshead

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

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	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	Mature	Mature	Mature	Mature	Regular reviews of the SAFER bundle to ensure it continues to be effectively implemented. Multi Disciplinary daily Board/Ward rounds include identification of patients with nearing EDD's in order that their discharge can be planned with the appropriate support provided in the community if necessary. Work continues to be undertaken to achieve greater standardisation of how SAFER was initially embedded and draw in latest good practice emerging.	Evaluation of Regional Choice Policy not yet undertaken - this may impact on local ways oif working.	Work underway to implement use of new discharge checklists, new intranet support pages. Discharge forum, RE2GREEN and criteria led discharge. Reviews of long stay patients are starting to embed whilst feedback/actions following are now being implemented following ECIST site visit to GHFT on 16th January. The Local Authority PRIME service and the Patient Flow Manager have configured a hospital discharge pilot whereby PRIME will facilitate hospital discharges of patients (who are deemed as needing PRIME support) between the hours of 5-8pm each evening, thus, reducing the risk of patients spending an additional night on an acute ward. The service will ensure that patients are seamlessly and safely integrated back into their home environment, before such Enablement provision can be provided to them the following day. The service will commence in late April / early May	Require final regional choice policy sign off locally - although all documentation developed with escalation processes with agreed flow charts in place. These are being tested. There needs to be a national policy to ensure standardisation and consistency in all areas.
Chg 2	Systems to monitor patient flow	Mature	Mature	Mature	Mature	Patient flow is monitored regularly daily as part of site huddles. Now establishing and embedding best approach to reveiwing stranded patients and	Various systems are in place to monitor flow however reports require tailoring to different audiences/users and this work is underway for 19/20 including the developing of live data for ward view.	All wards now have electronic whiteboards with long stay reporting now well established (review ongoing). Mental health screening is improving but new E-OBS will significantly improve electronic capture.	None identified at this stage
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature	Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities has promoted effective discharge and positive outcomes for patients.	Surge group and patient flow multi-agency group regulalry review ways of working.	Multi-agency Surge Group meeting regularly with Terms of Reference recenlty reviewed to provide escalation route for stranded/super stranded patients.	None identified at this stage
Chg 4	Home first/discharge to assess	Plans in place	Plans in place	Established	Mature	Stakeholders have developed a multidisciplinary team and approach to assess patients holistically in the most appropriate environment and at the most appropriate time. The team is ensuring an increasing	Patient flow group monitors definititions and expectations of this model as part of implementation.	Further developments to be undertaken in this area. Working collaboratively with regional colleagues - discharge to assess process being monitored to demonstrate appropriate approach, progress and success.	None identified at this stage
Chg 5	Seven-day service	Plans in place	Plans in place	Established	Mature	Integrated. MDT working practices have been established to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.	Resilience of staff and services along with capcity and capability to maintain delivery - particularly during periods of sustained surge.	Specified support services are now available 7 days a week to ensure the next steps in the patients care pathway, as determined by the daily consultant led review are implemented. This includes a more responsive care home sector. Many Community	Specified support services are now available 7 days a week to ensure the next steps in the patients care pathway, as determined by the daily consultant led review are implemented. This includes a more responsive care home
Chg 6	Trusted assessors	Established	Established	Established	Mature	Operational delivery of the Trusted Assessor Process is now well established and embedded across health and social care, with evidence of improved outcomes and efficencies across the system. Plans are in place to roll out across all relevant service areas. We are pleased to note that the volume of referrals by trusted assessor are equal across 7 days.	No major challenges as the Surge Meeting held fortnightly - increased to weekly, or called daily when needed - to address pressure is multi-agency. Focus is on enhanced co-ordinated discharge planning practices - this is operational level. Multi-partner patient flow group progressing with more strategic and development action plans.	Working relationships between Health and LA are well embedded and remain solid. There have been 284 trusted assessments in the 10 months between April '18 – Feb '19. Trusted assessments by ward based therapists are now taking place via Emergency Admission Unit (to prevent admissions at the Front of House), Short Stay Unit, (to facilitate discharge shortly after admission and from), Wards 6, 22, 24 and 25 (to facilitate early discharge). Further expansion into Ward 9 and 14, will commence in May '19. The Joint Health and Social Care delivery group meets on a quarterly basis to review operations. Future role out plans include Agreed plan to extend trusted assessor model into, therapy teams wihtin the hospital, and Community Locality Teams, with existing trusted assessment documentation currently being reviewed with Locality Teams, which will enable DN's to be make assessments for reablement services. Explore opportunity of Local Authority OT Assistant assessing patients on acute wards for equipment, to secure immediate equipment from GES for patients returning to their own homes.	None identified at this stage
Chg 7	Focus on choice	Mature	Mature	Mature	Mature	Choice protocol is in place and understood by staff, however this has been reviewed to ensure standardisation with the Regional Policy. Planning for discharge begins on admission to ensure appropriate flow is maintained whilst community and social care teams work with acute teams to support people home from hospital.	This requires reinforcement of the revised Regional Choice policy which is now being delivered locally.	Local Choice Policy implemented in accordance with last version of Regional Policy, although not straightforward to embed in practice. Some issues still to be resolved e.g. when repatriating OOA. Legal team are ensuring compliance.	See 1 above.
Chg 8	Enhancing health in care homes	Mature	Exemplary	Exemplary	Exemplary	NGCCG as an ex care home Vanguard site has established high quality support, service provision and exemplary pathways of care for this group of patients. Data provided Dec 18 highlighted that whilst NGCCG has seen a 2% increase in hospital admissions for care home residents, this is against a national average of 11% for non Vanguard sites and a 6.5% for the other care home Vanguard siutes. For emergency bed days, NGCCG have seen a reduction of 10% since the base year compared to a growth for the non Vanguard sites.	The challenge will be continuing to sustain the front line clinical engagement and ensuring the momentum and focus of work continues. However the Community Service transformation has a focus on Care home interface with clear plans to develop the workforce across all disciplines and provides in Gateshead challenges in funding the nurse educator posts from 2019 need to be addressed. Current provision of the model is beginning to provide equity of cover in residential homes as well as Nursing homes as a result of multi-agency collaboration.	All metrics of Vanguard programme are being met with current quarter data revealing: Currently NE admission to hospital are 2% against the national figure of 11%, total number of hospital bed days per resident per year is 8% below the baseline set at the start of the programme in 2016 and for emergency bed days the current rate is -10% of the 2016 baseline.	Nothing identied by partners.

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.

		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	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	Exemplary	Exemplary	Exemplary	Exemplary	NGCCG as an ex care home Vanguard site has established high quality support, service provision and exemplary pathways of care for this group of patients.	The challenge will be ensuring there is a robust evaluation of the introduction of the bags [reduced length of stay and staff experiences] and in ensuring there is an ongoing strategy for replacement bags or new bags should a new home open.	Formal evaluation in Care Homes completed along views of hospital teams now been collected(nursing and social care). Report due April 2019. Very positive feedback from care home and hospital staff as they improve relationships and therefore care. Care Home staff are now responding to same day requests for reassessments to facilitate a same/next day speedy discharge.	None identified at this stage

Better Care Fund Template Q4 2018/19

5. Income and Expenditure

Selected Health and Wellbeing Board: Gateshead

Income

	2018/19
Disabled Facilities Grant	£ 1,724,289
Improved Better Care Fund	£ 8,040,219
CCG Minimum Fund	£ 15,567,064
Minimum Sub Total	£ 25,331,573

	Planned	Actual	
CCG Additional Fund	£ -	Do you wish to change your additional actual CCG funding?	No
LA Additional Fund	£ -	Do you wish to change your additional actual LA funding?	No
Additional Sub Total	£ -		£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 25,331,573	£ 25,331,573

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19	

Expenditure

	2018/19
Plan	£ 25,331,572

Do you wish to change your actual BCF expenditure?	No

Actual	£ 25,331,572

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2018/19	

Better Care Fund Template Q4 2018/19

6. Year End Feedback

Selected Health and Wellbeing Board: Gateshead

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	Whilst the overall aim of BCF has been a supportive vehicle in setting the direction for the local stakeholders across health and social care to become more fully integrated, in Gateshead this is firmly in place. There are strong joint working arrangements across local health and care partners via the Gateshead Health and Care System, with recognition for this approach; the Gateshead Care Partnership were winners of the 2018 HSJ Award for improved partnership working between health and local authority. However, it needs to be borne in mind that the BCF does not exist in a silo and forms part of broader work to integrate health and care at a local level. It is difficult to be able to directly correlate improvements for patients and service users with completing the data collection templates, but the ability to network and share and learn from each other is always useful. Gateshead is often at the forefront of innovation such as with the success of our Enhance Care Home Vanguard. However, completing the template is an onerous time consuming task that we appreciate has to be done to confirm the status of continued compliance
2. Our BCF schemes were implemented as planned in 2018/19	Strongly Agree	No further comment
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	As number 1
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	As a system all partners are focused on reducing non elective admissions. However, having ring fenced funding has been helpful
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Neither agree nor disagree	The unrealistic target set has brought us unnecessary and un warranted scrutiny especially in relation to the negative impact for staff who continue to deliver high quality assessments and care.
6. The delivery of our BCF plan in 2018/19 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	Neither agree nor disagree	As a system all partners are focused on reablement. However, having ring fenced funding has been helpful
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Disagree	The BCF has had no bearing on this work, we would be seeking to reduce admissions regardless because this is the right thing to do.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two 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 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	System leaders came together to establish the Gateshead Health & Care System (GH&CS) with a specific focus on Gateshead Place to: • shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels; • support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities; • create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure
Success 2	9. Joint commissioning of health and social care	The CCG and LA appointed a Joint Director of Commissioning, Performance and Quality. The post arose from joint work between the Council and CCG to identify opportunities for integrating services. The creation of the joint director post is assisting both organisations to review and where possible align their strategic and operational commissioning arrangements with a view to delivering improved outcomes and value for money. The social care market in the borough has shown signs of instability in recent years and the post is overseeing the development of a sustainable market for health and social care within Gateshead.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	There are specific issues realting to the recuitment and retention of the adult social care workforce which impacts on hospital discharge and prevrention
Challenge 2	7. Joined-up regulatory approach	The rules around procurement inhibit progress in delivering our integration plans.

Footnotes:
Question 8, 9 and 10 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual 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

Better Care Fund Template Q4 2018/19

7. Narrative

Selected Health and Wellbeing Board: Gateshead

Remaining Characters:	15,445

Progress against local plan for integration of health and social care

Whilst the overall aim of BCF has been a supportive vehicle in setting the direction for the local stakeholders across health and social care to become more fully integrated, in Gateshead this is firmly in place. There are strong joint working arrangements across local health and care partners via the Gateshead Health and Care System, with recognition for this approach; the Gateshead Care Partnership were winners of the 2018 HSJ Award for improved partnership working between health and local authority.

As with all BCF submissions a representative range of stakeholders are involved in the process of completing the self-assessment template, this ensures the submitted template represents as near enough as possible the operational reality of the Gateshead system / HWB area. The stakeholders include, but are not limited to representatives from NGCCG, Gateshead LA and local partners.

The latest available performance data as outlined below shows we are on track against targets for the quarter as follows:

• Non elective – whilst the full quarter 4 data is not yet available, however Apr-Jan scaled to full year would result in actual activity being around 3% below planned levels of 22939 - On track to meet target

• Reablement - performance on track to meet the target for the period April to February 2019 and the value stands at 87.8% (575 out of 655) compared to the plan of 87.5%. Given the demographic challenges and levels of frailty presenting we are assured that our integrated service model is continuing to care for this vulnerable cohort.

The following metrics have presented us with some challenge:

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:	17,457

Integration success story highlight over the past quarter

The Gateshead Health & Care System identifed Frailty as a key transformation area with a particular focus on initiating and planning a programme of work to deliver, at a local 'place' level, the ouctomes of the regional Frailty ICARE toolkit (a regional approach to Frailty led by the "Care Closer to Home" programme of the North East, North Cumbria ICS). The Regional Frailty outcomes are consistent with the outcomes identified within the Gateshead System Outcomes Framework adopted by the Gateshead Health and Care System.

A Gateshead Integrated Frailty Group (GIFG) was established, with representation of all relevant organisations across the Gateshead System, to drive the development of better ways of preventing frailty and supporting those living with frailty.

A mapping exercise based upon the outcomes identified by the Frailty ICARE toolkit was undertaken with all organisations to identify the baseline position. A workshop was held in February 2019 with participants from VSCE, Local Authority, Primary, Community and Secondary Care and a representative from Year of Care. The purpose of the workshop was for all members of GIFT to share, discuss and develop action plans arising from the mapping exercise to deliver the Frailty ICARE toolkit outcomes. The actions plans will identify resource requirements, support etc. fom the Gateshead Health and Care System as this programme of work develops.

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.

Better Care Fund Template Q4 2018/19

8. Additional improved Better Care Fund: Part 1

Selected Health and Wellbeing Board:	Gateshead
Additional improved Better Care Fund Allocation for 2018/19:	£ 3,233,333

Section A

Distribution of 2018/19 Additional iBCF funding by purpose

At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:

	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
Percentages shown in these cells are automatically populated based on Q1 18/19 return):	27%	16%	57%

A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:	Yes

	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	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the 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. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.	33%	14%	53%	100%

Successes and challenges associated with additional iBCF funding in 2018/19

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Partnership working with the NHS	Reducing demand	Reducing DTOC
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Development of a Trusted Assessor model to either avoid admission or facilitate earlier discharge	Reducing demand and financial pressure on budgets systemwide through actively working with service users and providers to change delivery models and maximise enablement opportunities	The position has improved compared to the same position last year. This is in part due to the development of a trusted assessor model and further expansion during 2018/19.

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Tackling capacity within the local care market	Workforce – recruitment	Financial pressure
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Capacity in the home care market continues to be a specific challenge in Gateshead due to the diveristy of the borough	This is linked to capacity and in Gateshead there is a significant retail job market making recruitment and retention even more difficult.	Budgets continue to be under pressure due to the increasing age of the population and the number of people with complex conditions and challenging behaviours

Section B

At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects 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
Project title (automatically populated based on Q1 18/19 return):	Market Shaping and Stabilisation	Service Pressures	Service Transformation	Managing Discharges and Admission Avoidance						
Project category (automatically populated based on Q1 18/19 return)	16. Stabilising social care provider market - fees uplift	12. Protection	1. Capacity: Increasing capacity	9. NHS: Reducing pressure on the NHS						
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage; In progress: no results yet; In progress: showing results; Completed; Project no longer being implemented	In progress: showing results	Completed	In progress: showing results	In progress: showing results						
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters:										

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board: Gateshead

Additional improved Better Care Fund Allocation for 2018/19: £ 3,233,333

Section C

We want to understand how much additional capacity you have been able to purchase / provide in 2018-19 as a direct result of your additional iBCF funding allocation for 2018-19 and, where the iBCF has not provided any such additionality, to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation
C1) Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2018-19. 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 enter 0 in the appropriate box.	0	0	0
C2) If you have not increased the number of packages or placements, please indicate **the main area** that you have spent the **addition iBCF funding allocation** for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	Stabilising social care provider market – fees uplift		
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.			

Section D

Metrics used locally to assess impact of additional iBCF funding 2018/19

At Q1 18/19 it was reported that the following metrics would be used locally to assess the impact of the additional iBCF funding. (Metrics are automatically populated based on Q1 18/19 return)

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	Reduction in LA attributable delayed transfers of care	Reduction in numbers in long term residential care	Responsiveness to requirement for homecare services	Effectiveness of enablement	
D1) Additional Metric Name **If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics.** Please do not use more than 100 characters to describe any additional metrics.					
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	Reducing NHS Pressures	Residential/Nursing Care Admissions	Capacity - Domiciliary	Reablement & Rehabilitation	
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	Improvement	Deterioration	No change	Improvement	