

Better Care Fund Template Q4 2019/20

1. Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 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 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 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 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.

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. 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 published separately.

The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

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 (2. Cover)

1. This section 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.

2. 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
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

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 2019/20 ([link below](https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020)) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

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 the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

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

4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

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

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template

- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:

england.bettercaresupport@nhs.net

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DToC ambitions for 2018/19 applicable for 2019/20:

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, 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 and Support needs, and Achievements, 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 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.

5. HICM

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, for the reported quarter, and anticipated trajectory for the future quarter, 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>

For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as applicable.

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.

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 it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

- 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: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:

england.ohuc@nhs.net

6. Integration Highlights

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

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select “Other” to describe the type of service/scheme.

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

7. WP Grant

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for the Winter Pressures Grant as part of the BCF planning process.

8. Income and Expenditure

The Better Care Fund 2019/20 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, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 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 2019/20 in the yellow boxes provided.

- Please provide any comments that may be useful for local context for the reported actual income in 2019/20.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 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 7 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 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2019/20 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 2019/20 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 Institute 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 2019/20.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE’s logic model) in 2019/20?

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

10. Additional improved Better Care Fund

The additional iBCF sections of this template are on sheet '10. iBCF'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

Data must 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.

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2. Cover



Version 1.1

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.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

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
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Councillor Lynne Caffrey
Name:	Chair of Gateshead HWB Board

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
2. Cover	0
3. National Conditions	0
4. Metrics	0
5. HICM	0
6. Integration Highlights	0
7. WP Grant	0
8. I&E	0
9. Year End Feedback	0
10. iBCF	0

[<< Link to Guidance tab](#)

2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	Yes
E-mail	C23	Yes
Contact number	C25	Yes
Is the template being submitted subject to HWB / delegated sign-off?	C27	Yes
Job Title of the person signing off the report on behalf of the HWB	C29	Yes
Name of the person who signed off the report on behalf of the HWB	C30	Yes
Sheet Complete:		Yes

3. National Conditions

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes
Sheet Complete:		Yes

4. Metrics

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	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	Yes
Residential Admissions performance target assesment	D13	Yes
Reablement performance target assesment	D14	Yes
Delayed Transfers of Care performance target assesment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes
Reablement achievements	F14	Yes
Delayed Transfers of Care achievements	F15	Yes
Sheet Complete:		Yes

5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	Yes
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	Yes
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	Yes
Chg 5 - Seven-day service - Q4 19/20	D19	Yes
Chg 6 - Trusted assessors - Q4 19/20	D20	Yes
Chg 7 - Focus on choice - Q4 19/20	D21	Yes
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	Yes
Red Bag Scheme - Q4 19/20	D27	Yes
Chg 1 - Early discharge planning - If Q4 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q4 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q4 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q4 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q4 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q4 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q4 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q4 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q4 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	Yes
Red Bag Scheme - Challenges and Support needs	G27	Yes
Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes
Sheet Complete:		Yes

6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes

Sheet Complete:	Yes
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7. Winter Pressures Grant

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	Cell Reference	Checker
Assistive Technologies and Equipment - Expenditure	E12	Yes
Care Act Implementation Related Duties - Expenditure	E13	Yes
Carers Services - Expenditure	E14	Yes
Community Based Schemes - Expenditure	E15	Yes
DFG Related Schemes - Expenditure	E16	Yes
Enablers for Integration - Expenditure	E17	Yes
HICM for Managing Transfer of Care - Expenditure	E18	Yes
Home Care or Domiciliary Care - Expenditure	E19	Yes
Housing Related Schemes - Expenditure	E20	Yes
Integrated Care Planning and Navigation - Expenditure	E21	Yes
Intermediate Care Services - Expenditure	E22	Yes
Personalised Budgeting and Commissioning - Expenditure	E23	Yes
Personalised Care at Home - Expenditure	E24	Yes
Prevention / Early Intervention - Expenditure	E25	Yes
Residential Placements - Expenditure	E26	Yes
Other - Expenditure	E27	Yes
Hours of Care - Actual Outputs	D37	Yes
Packages - Actual Outputs	E37	Yes
Placements - Actual Outputs	F37	Yes
Beds - Actual Outputs	G37	Yes
Description of significant changes to the planned approach for the Winter Pressures Grant	B42	Yes

Sheet Complete:	Yes
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8. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change the additional CCG funding?	G16	Yes
Do you wish to change the additional LA funding?	G17	Yes
Actual CCG Additional	H16	Yes
Actual LA Additional	H17	Yes
Income commentary	D23	Yes
Do you wish to change the expenditure?	E30	Yes
Actual Expenditure	C32	Yes
Expenditure commentary	D34	Yes

Sheet Complete:	Yes
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9. Year End Feedback

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	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToc	C15	Yes
Statement 6: Delivery of our BCF plan has contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	Yes
Success 2	C25	Yes
Success 1 commentary	D24	Yes
Success 2 commentary	D25	Yes
Challenge 1	C28	Yes

Challenge 2	C29	Yes
Challenge 1 commentary	D28	Yes
Challenge 2 commentary	D29	Yes

Sheet Complete:	Yes
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10. Additional improved Better Care Fund

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	Cell Reference	Checker
A1) a) Meeting adult social care needs	D13	Yes
A1) b) Reducing pressures on the NHS	E13	Yes
A1) c) Ensuring that the local social care provider market is supported	F13	Yes
A1) d) Percentages sum to 100% exactly	G13	Yes
B1) a) Actual number of home care packages	C19	Yes
B1) b) Actual number of hours of home care	D19	Yes
B1) c) Actual number of care home placements	E19	Yes
B2) Main area additional iBCF spend if not above	C20	Yes
B3) Main area additional iBCF spend if not above - Other commentary	C21	Yes

Sheet Complete:	Yes
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Better Care Fund Template Q4 2019/20**3. National Conditions**

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	

Better Care Fund Template Q4 2019/20

4. Metrics

Selected Health and Wellbeing Board:

Gateshead

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

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

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	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-Feb data is currently available.	Whilst the full quarter 4 data is not yet available, Apr-Feb year to date performance suggests that activity is 9% below target levels. Forecasting activity forward we would expect to remain below target by year end by 9% (target = 26,458, forecast = 24,041)
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	We have an ageing population and an increase in those with a dementia type illness. We are seeing people coming into our service later with more complex needs.	Data is up to March 2020 ASCOF 2A (part 2). 65 and over per 100,000 population = 1011.28 per 100,000 population.
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	Continuous referrals of complex cases into PRIME. Whilst such demands have been proactively responded to by the service with great effectiveness, the service has benefitted from the use of additional staff	The indicator value for the proportion of older people (65 and over) who were discharged from hospital into reablement / rehabilitation services during the period 1st October to 31st December 2019 and who
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	Not on track to meet target	The new target set for our local economy is very challenging. Meeting the needs of an ageing population remains a constant challenge along with an increase in frailty and older people with a dementia. There are also	Latest Performance relates to Feb 2020. Reporting of DTOCs was paused due to the Covid 19 Pandemic. There were 847 DTOCs reported in GH

Better Care Fund Template Q4 2019/20

5. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate 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

		Narrative			
		Q4 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Mature	Across the Gateshead area early discharge planning is well embedded with regular reviews of the SAFER bundle continuing to be undertaken to ensure it continues to be effectively	The SAFER bundle is used in parts of the trust and the standard practices for senior reviews, board rounds and MDT working are variable from ward to ward. Particular challenges exist due to the	Acute OT service now routinely work into SSU, EAU and ED to complete assessments and identify clinical needs earlier in the patient journey. Evaluation continues however the data currently
Chg 2	Systems to monitor patient flow	Mature	Across the Gateshead area patient flow is monitored regularly by senior clinicians throughout the day to ensure effective patient flow throughout the UEC system so that patients receive	The systems that were in place in 18/19 remain in situ and function well enough for the day to day running of the hospital although progress has been made with regards to the stated aim of	A series of pilots have been conducted to identify and troubleshoot issues with the system's functionality in specific clinical pathways (such as ward attenders, elective admissions etc) and
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Multi Disciplinary Discharge processes are well established and embedded in Gateshead. We continue to coordinate discharge planning based on MDT/ joint assessment processes and protocols	The trust's discharge team is currently uni-professional and is entirely comprised of nurses although they do liaise with other members of the multidisciplinary team on a regular basis	No changes have been made to the discharge team. When the long-stay project was initially launched it was extremely successful in reducing length of stay (statistically significant
Chg 4	Home first/discharge to assess	Mature	Stakeholders now have a well developed and embedded multidisciplinary team and approach to assess patients holistically in the most appropriate environment and at the	The implementation of an effective discharge to assess pathway requires a culture-shift for a large number of individuals, teams and organisations with a different approach to	A working group has been established that includes stakeholders from the health (acute and community) and from adult social care. A definition of 'discharge to assess' has been agreed
Chg 5	Seven-day service	Mature	Integrated 7 day MDT working practices are established and well embedded to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they	The trust continues to provide services across 7 days per week every day of the year for key services/teams and operational areas. We have highlighted an issue in respect of complex M&H	Appropriate teams now provide cover over 7 days but no evidence is available to quantify the impact of this as yet.
Chg 6	Trusted assessors	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 efficiencies	Various trusted assessor systems are in place for different services across health and social care. Referral processes for various systems remain complex with multiple assessments	A number of trusted assessor initiatives are in various stages of implementation across health and social care with varying degrees of success and impact. A trusted assessor system exists for
Chg 7	Focus on choice	Mature	Choice protocol is embedded in Gateshead and understood by staff, however this has been reviewed to ensure standardisation with the Regional Policy.	The policy works and has been updated after multi-agence reflection on individual cases. Further work is required to advertise the policy and ensure that all clinical staff are aware of	The hospital's choice policy has been successfully launched and has been used on multiple occasions. On only one occasion has the policy had to be followed to the point of completion and
Chg 8	Enhancing health in care homes	Exemplary	NGCCG as an ex care home Vanguard site has very well established high quality support, service provision and exemplary pathways of care for this group of patients - integrated with all	Due to a high prevalence of influenza, there has been a significant number of patients requiring admission or requiring emergency care support this winter. In line with the introduction of	Scheme is already exemplary and continues to deliver outcomes

Hospital Transfer Protocol (or the Red Bag scheme)

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

		Q4 19/20	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
UEC	Red Bag scheme	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.	Whilst the scheme in Gateshead is embedded, the challenge is in ensuring that there are an adequate number of bags available to replenish stock out in the care homes.	Scheme is already exemplary and continues to deliver outcomes

Better Care Fund Template Q4 2019/20

6. Integration Highlight

Selected Health and Wellbeing Board:

Remaining Characters: 18,728

Integration success story highlight over the past quarter:
Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

The Social Care Institute for Excellence logic model for integrated care identified as one of its enablers - 'Good quality and sustainable provider market that can meet demand'. This is a key requirement if existing work to integrate care through the BCF and wider health and care system is to be built upon.

The Gateshead Older Persons Care Home sector faces a number of key challenges. The principle of a joint approach to understand these and explore potential solutions has been a key focus of our local system. Our collective vision, as commissioners and providers, is to deliver integrated, high quality, good value care for residents delivered within the existing financial envelope.

Work is taking place with providers to explore and develop a service model to ensure safe, cost effective care home services for Gateshead patients. This includes:

- Enabling a system which would secure sufficient beds to allow placements within accommodations chosen by patients without delay

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type	Enablers for Integration
Brief outline if "Other (or multiple schemes)"	

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list	6. Good quality and sustainable provider market that can meet demand
Brief outline if "Other"	

Better Care Fund Template Q4 2019/20

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Gateshead

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

WP Grant Expenditure

Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1 Assistive Technologies and Equipment	£ -	£ -
2 Care Act Implementation Related Duties	£ -	£ -
3 Carers Services	£ -	£ -
4 Community Based Schemes	£ -	£ -
5 DFG Related Schemes	£ -	£ -
6 Enablers for Integration	£ 27,000	£ 27,000
7 HICM for Managing Transfer of Care	£ -	£ -
8 Home Care or Domiciliary Care	£ 521,285	£ 521,285
9 Housing Related Schemes	£ -	£ -
10 Integrated Care Planning and Navigation	£ 50,000	£ 25,000
11 Intermediate Care Services	£ 135,000	£ 135,000
12 Personalised Budgeting and Commissioning	£ -	£ -
13 Personalised Care at Home	£ -	£ -
14 Prevention / Early Intervention	£ -	£ -
15 Residential Placements	£ 400,000	£ 425,000
16 Other	£ -	£ -
Winter Pressures Grant Total Spend	£ 1,133,285	£ 1,133,285

WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	33,939.0	-	11.0	-
Total Actual Outputs (based on the total actual WPG spend reported above)	33,939.0	-	12.0	-

Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

There were no significant changes to the planned approach for the use of the Winter Pressures Grant.

Better Care Fund Template Q4 2019/20

8. Income and Expenditure

Selected Health and Wellbeing Board:

Gateshead

Income

		2019/20	
Disabled Facilities Grant	£	1,860,611	
Improved Better Care Fund	£	9,918,556	
CCG Minimum Fund	£	16,235,688	
Winter Pressures Grant	£	1,133,285	
Minimum Sub Total			£ 29,148,140
		Planned	
CCG Additional Fund	£	-	
LA Additional Fund	£	-	
Additional Sub Total			£ -
		Planned 19/20	Actual 19/20
Total BCF Pooled Fund	£	29,148,140	£ 29,148,140

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20

Expenditure

		2019/20
Plan	£	29,148,140

Do you wish to change your actual BCF expenditure? No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20

Better Care Fund Template Q4 2019/20

9. 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	Agree	The overall aim of the BCF has been to provide a supportive vehicle to help set the direction for local stakeholders across health and social care to become more fully integrated. In Gateshead, there are strong joint working arrangements across local health and care partners through the Gateshead Health and Care System, which recognises the importance of integrated approaches to care. However, as we have remarked in previous years, 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 in Gateshead. 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 organisations have often played a leading role in this area. However, completing the template is an onerous time consuming task to confirm the status of continued compliance against the requirements of the fund and takes system time away from our focus on making care better for patients and service users. Again, as previously mentioned, it can feel like an industry in its own right, somewhat removed from the purpose of integration.
2. Our BCF schemes were implemented as planned in 2019/20	Strongly Agree	No further Comment
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	As No. 1
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	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 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The unrealistic target set for Gateshead is of no value to the local system and runs counter to the work of frontline and other staff across our organisations who continue to deliver high quality assessments and care for local people.
6. The delivery of our BCF plan in 2019/20 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	Agree	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 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	As a system, all partners are focused on managing the rate of residential and nursing care home admissions for older people. However, having ring fenced funding has been helpful.

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 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	System leaders continue to come bi-weekly as the Gateshead Health & Care System (GH&CS) with a specific focus on Gateshead Place to: <ul style="list-style-type: none"> • 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;
Success 2	2. Strong, system-wide governance and systems leadership	The establishment of Primary Care Networks from July of last year has provided opportunities for greater health and care integration across our local system. Clinical Directors from the PCNs are engaging with the Gateshead Health & Care System Board, particularly relating to our overarching priority areas and transformation programmes (referred to under success story 1 above).
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	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 particular challenges relating to the future sustainability of the care home sector. The current Covid-19 pandemic has
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	In order to deliver our priority areas as a system, we need an integrated workforce that can work across our organisations. The Gateshead Health & Care System is progressing integrated team working linked to its priority and transformation programme areas. This includes the co-location of staff at Gateshead Place to help develop a better understanding of system challenges and opportunities to address them, as well as joining up planning and delivery arrangements with system

Footnotes:

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

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

Better Care Fund Template Q4 2019/20

10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2019/20:

Section A

Distribution of 2019-20 additional IBCF funding by purpose:

What proportion of your additional IBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly
A1) Please enter the amount you have designated for each purpose as a percentage of the total additional IBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	0%	0%	100%	100.0%

Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional IBCF funding allocation for 2019-20. Where the IBCF has not provided any such additionality, we want 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 2019-20 as a result of your additional IBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional IBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional IBCF funding allocation
B1) Please 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 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.	0	0	0
B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional IBCF funding allocation for 2019-20. 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		
B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.			