

Agenda

Health and wellbeing board

Date: **Tuesday 13 February 2018**

Time: **2.00 pm**

Place: **Committee Room 1, The Shire Hall, St. Peter's Square,
Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

Ruth Goldwater, Governance Services

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairman

Vice-Chairman

Councillor JG Lester

Dr Dominic Horne

Herefordshire Council

NHS Herefordshire Clinical
Commissioning Group

Chris Baird

Simon Hairsnape

Interim director for children's wellbeing

NHS Herefordshire Clinical
Commissioning Group

Diane Jones MBE

Lay Board Member, NHS Herefordshire
Clinical Commissioning Group

Jo Melling

Councillor P Rone

Martin Samuels

Ian Stead

NHS England

Herefordshire Council

Director for Adults and Wellbeing

Healthwatch Herefordshire

Agenda

		Pages
PUBLIC INFORMATION		5 - 6
1. APOLOGIES FOR ABSENCE	To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY)	To receive any details of members nominated to attend the meeting in place of a member of the board.	
3. DECLARATIONS OF INTEREST	To receive any declarations of interests of interest by members in respect of items on the agenda.	
4. MINUTES	To approve and sign the minutes of the meeting held on 7 September 2017.	7 - 10
5. QUESTIONS FROM MEMBERS OF THE PUBLIC	To receive questions from members of the public. Questions must be submitted by 5pm two clear working days before the day of the meeting, in this case by 5pm on Thursday 8 February 2018. Please submit questions to: councillorservices@herefordshire.gov.uk Accepted questions will be published as a supplement prior to the meeting.	
6. QUESTIONS FROM COUNCILLORS	To receive questions from councillors. Questions must be submitted by 5pm two clear working days before the day of the meeting, in this case by 5pm on Thursday 8 February 2018. Please submit questions to: councillorservices@herefordshire.gov.uk Accepted questions will be published as a supplement prior to the meeting.	
7. BETTER CARE FUND QUARTER 2 AND QUARTER 3 REPORT 2017/18	To review the better care fund 2017/18 quarter two and quarter three national performance reports, as per the requirements of the programme.	11 - 58
8. IMPROVING HEALTH AND WELLBEING – A SYSTEM LEADERSHIP APPROACH TO TRANSFORMATION	To update the Health and Wellbeing Board on the work to improve health and wellbeing through the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP), and its local delivery mechanism the 'One Herefordshire' transformation programme. To confirm the strategic priorities for the board's focus as an output of a workshop held in November 2017 identifying priority health and care themes.	59 - 66

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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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Minutes of the meeting of Health and wellbeing board held at Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 7 September 2017 at 3.00 pm

Present: JG Lester (Herefordshire Council) (Chairman)

C Baird	Interim director for children's wellbeing
H Braund	NHS Herefordshire Clinical Commissioning Group
C Douglas	NHS England
Mrs D Jones MBE	Lay Board Member, NHS Herefordshire Clinical Commissioning Group
P Rone	Herefordshire Council
M Samuels	Director for adults and wellbeing
I Stead	Healthwatch Herefordshire

Officers: A Pitt, Better care fund manager

134. APPOINTMENT OF CHAIRMAN

There being no appointed chair or vice-chair present, nominations were invited for a chairman for the meeting.

Diane Jones MBE nominated Cllr JG Lester, and Cllr P Rone seconded. Members voted unanimously in favour of the nomination.

RESOLVED

That Cllr JG Lester be appointed a chairman for today's meeting.

135. APOLOGIES FOR ABSENCE

Apologies were received from Simon Hairsnape, Dr Dominic Horne, Jo Melling, Councillor PM Morgan and Prof Rod Thomson.

In noting apologies for absence, board members acknowledged the valued contributions of Councillor PM Morgan as outgoing chair of the health and wellbeing board, and thanked her for her chairmanship.

Thanks were also expressed for board member Prof Rod Thomson who would be leaving his position of director of public health with Herefordshire Council at the end of October 2017.

136. NAMED SUBSTITUTES (IF ANY)

Hazel Braund substituted for Simon Hairsnape and Chris Douglas substituted for Jo Melling.

137. DECLARATIONS OF INTEREST

There were no declarations of interest.

138. MINUTES

RESOLVED

That the minutes of the meeting held on 18 July 2017 be confirmed as an accurate record and signed by the chairman.

139. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

140. QUESTIONS FROM COUNCILLORS

No questions were received.

141. APPOINTMENT OF VICE-CHAIR OF THE HEALTH AND WELLBEING BOARD

Hazel Braund nominated Dr Dominic Horne as vice-chairman of the health and wellbeing board. Ian Stead seconded the nomination and Dr Horne was elected unanimously as the vice-chairman.

RESOLVED

That Dr Dominic Horne be re-appointed as vice-chairman of the health and wellbeing board for a further term of one year.

142. HEREFORDSHIRE'S BCF AND INTEGRATION PLAN 2017-2019

The director for adults and wellbeing introduced this item and reminded board members that the better care fund (BCF) plan was a developing situation.

The better care fund manager talked through the proposed plan as set out in the appendices and highlighted that the guidance for production of the plan for the two years 2017/18 and 2018/19 had not been received until July so it had been difficult to get papers prepared within timescale. During the presentation the following key points were made:

- In terms of background context of the BCF, it was explained that the system was utilising existing money as single pooled budget with no additional funding available, and over the last two years closer working had led to the development of a unified contract with the care home market.
- The plan was for the two years 2017/18 and 2018/19 and how to achieve integration between health and social care by 2020 whilst maintaining protection of adult social care (PASC). It was not intended to include a risk sharing agreement at this time.
- There were national requirements for approving the BCF plan within a timeline: Following submission to NHS England on 11 September, the proposed plan would undergo regional moderation. Those plans which were identified through moderation as requiring modification would be required to be resubmitted by 31 October. As a precaution, an additional meeting of the board could be scheduled in case it were necessary to reconsider the plan. A review of performance of metrics would be included in the November meeting.
- The BCF plan was aligned to One Herefordshire and set out how it would be supported. There was a shared strategic vision between the Clinical Commissioning Group and the Council and a constructive relationship supported a shared direction and understanding of successful outcomes for the population of Herefordshire.
- The four national conditions were: jointly agreed plans; maintenance of social care; investment on NHS commissioned out of hospital services; and management of transfers of care. Locally, this included key lines of enquiry reflected in the plan, such as how to utilise the disabled facilities grant (DFG), how the inflationary uplift

would be used for transformational change, and agreed investment in hospital services with contribution from Wye Valley NHS Trust. For managing transfers of care, there was a detailed plan involving providers, with a focus on some innovative projects.

- National metrics included: reduction in non-elective admissions to hospital; reduction in permanent placements into residential and nursing homes; increasing access to reablement services; reducing delayed transfers of care.
- Looking at these metrics in more detail, diagnostics were being carried out to better understand a recent unseasonal spike in non-elective admissions and ensuring people accessed the right care in the right place. For reducing placements, from a number of schemes and initiatives, the focus was on the third recommendation, which was based on average admission rates over the past 3 years and accounting for local demographics, as a more reliable metric. To support reablement, a new model, known as 'home first' would be in place from November and brought in-house. As part of this, and the existing in-house rapid response would be expanded by 50% in order to support an increased county-wide service, working closely with WVT for therapeutic input. Figures for delayed transfers of care (DToC) were being revised for the plan, based on an expectation to reach a target of 7.2 days per 100k of population, or no more than 11 people in hospital at any one time who should not be there. It was emphasised that the figures in the BCF plan for DToC were evolving during the approach to the plan's submission date and had been updated further since the report was published for this meeting, and it was intended to provide updated information in November following a review.
- All of the schemes included within the plan had system-wide impact and contributed to admissions and DToC.
- In terms of finance, contributions included protection of adult social care and elements of implementation of the care act, the disabled facilities grant and iBCF. There was also a locally agreed pool for the care home market and the associated unified contract and how this was commissioned. In relation to inflationary uplift, this would be utilised for community redesign, informed by engagement.
- A small number of key issues were identified, which had largely been resolved constructively with some support from an external critical friend provided through the BCF national team.
- iBCF was subject to Section 31 grant conditions and required local agreement on its use, which was identified as for rapid response services and additional resources to work on transformational change.
- High level risks had been identified but these were mitigated through agreement and working together.

Board members responded to the presentation with the following comments and observations:

- With regard to DToC and whether demand growth was automatically accounted for, in the modelling, placements in residential care were running below expected and above expected in nursing care. The plan was focused on helping people to stay in their own homes but it was becoming more likely that people who were no longer able to remain at home would require nursing care due to frailty. A level of care was needed due to dementia but it was anticipated that in general someone could stay at home till end of life. The large majority of need was from people in the over 75s group. DToC was a complex issue but essentially related to people in hospital beds who were best cared for in another way. Research highlighted the adverse impact of staying in hospital longer than necessary on a person's wellbeing as being, for someone aged over 85, equivalent to 10 years loss of capability for every additional 10 days in hospital.
- The chairman commented that wellbeing needed to be put to the fore of everything and from the council's point of view it was not acceptable for the national guidance be delayed and for there to be imposed conditional targets with the threat of funding being withdrawn if those targets were not met. This did not seem to be a rational

approach when there was an expectation to achieve transformation, but it was testament to local effort that both the council and the CCG believed the plan would be deliverable.

- There were significant reductions in the acceptable figures for DToC achievement, although for social care the target appeared achievable and there was a joint plan which had been in place within the system for some time overseen by the A&E delivery board and supported through the BCF manager's work. The health target was more challenging but it was also believed to be achievable, although it should be noted that there was impact from out of county admissions to A&E to be taken into account.
- The plan represented improved outcomes supported by limited resources. The planning process was used to produce a plan intended to deliver real benefits for the county, to support efficient delivery and constructive and productive conversations with partners, and was to be commended for adoption.
- It was important to recognise the needs of Herefordshire's residents and to ensure that at the heart of this, the most vulnerable people get the best care and for the plan to be right.

RESOLVED

That:

- (a) the proposed content of the Better Care Fund (BCF) plan and pooled budget for 2017-19 be approved; and**
- (b) that officers of Herefordshire Council and of the Clinical Commissioning Group be authorised to finalise the BCF 2017/19 plan for submission to NHS England (NHSE) by 11 September 2017.**

The meeting ended at 3.56 pm

Chairman



Meeting:	Health and wellbeing board
Meeting date:	Tuesday 13 February 2018
Title of report:	Better care fund quarter 2 and quarter 3 report 2017/18
Report by:	Director for adults and wellbeing

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the better care fund 2017/18 quarter two and quarter three national performance reports, as per the requirements of the programme. In summary, the report identifies the following points:

- Herefordshire is currently on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care;
- achieving the target rates for non-elective admissions and delayed transfers of care both continue to pose significant challenges to all partners;
- service developments are being implemented to assist in improving performance in the proportion of older people who were still at home 91 days after discharge from the reablement service; and
- jointly agreed funding allocations are in place for the improved better care fund, which meet the grant conditions and align to the national high impact change model, as required.

Recommendation(s)

That:

Further information on the subject of this report is available from
Emma Evans, Tel: 01432 260460, email: evevans@herefordshire.gov.uk

- (a) the better care fund (BCF) quarter two and quarter three performance reports, at appendix 1 and 2 as submitted to NHS England, be reviewed;
- (b) the improved better care fund (iBCF) quarter two and quarter three performance reports, at appendix 3 and 4, be reviewed; and
- (c) the board determine any actions it wishes to recommend to secure improvement in efficiency or performance.

Alternative options

- 1. There are no alternative options. The content of the returns have already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines.

Key considerations

- 2. The national submission deadlines for these quarterly returns have already passed and therefore the board is requested to note the completed data, following its submission to NHS England.
- 3. As detailed in the quarter three report, recent performance indicates that Herefordshire is currently on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care. Capacity within the care home market within Herefordshire continues to challenge partners, specifically nursing care provision. To date this year, the number of new permanent admissions to residential and nursing homes has been kept at a lower level than in the previous year, which was itself lower than was the case for most of Herefordshire's statistical neighbours. There remains a close degree of scrutiny over new placements.
- 4. Changes to the process and pathway for the adults wellbeing brokerage function have been implemented during quarter three. This has resulted in a more timely and efficient process being in place. Improvements in communication, and streamlining of the placement process, have reduced duplication and released social worker time to complete other tasks.
- 5. As reflected in the performance reports, achieving the target rate for non-elective admissions continues to pose a challenge to all partners. A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible. These include the hospital at home service, the falls response service and the home first service. Seasonal pressures have caused additional challenges during quarter three.
- 6. Both the quarter two and quarter three reports identify that Herefordshire is currently not on track to meet the target for the proportion of older people who were still at home 91 days after discharge from the reablement service. The existing community reablement contract ended on 31 July 2017 and the service has been operated directly by the council since that date. Continuing to deliver a robust service at the same time as reviewing and improving delivery has created challenge. At quarter three performance remained at 78.8% at period end, which is in relation to clients who were discharged in to the existing reablement service, rather than the fully revised home first service.

7. Home first, the redesigned community reablement service, has been implemented during quarter three. Initially there were significant challenges posed by a large demand for the service and difficulties recruiting staff. There were also issues with the skills and levels of training that inherited staff had received prior to their transfer. This has required a significant training programme to be developed and implemented.
8. The home first development work completed during quarter two identified a number of issues with patient flow through the service. Workshops were held with home first staff, therapists and community Wye Valley NHS Trust (WVT) staff. Then further occupational therapy and physiotherapist workshops, for both council and WVT therapists, were held. These workshops produced a fully detailed map of patient flow into, through and out of the service. Processes, procedures and protocols were agreed between staff and systems developed to support this. It was an extremely positive and productive process that will ensure the patient experience is a smooth and effective one.
9. Achieving the delayed transfers of care (DToC) target continues to pose a significant challenge to all partners. A range of schemes continue to be delivered to assist in this including the provision of community equipment and adaptation, intermediate care provision and the development of the home first service.
10. During quarter two a number of system wide workshops were held in Herefordshire to further discuss DToC. Attendees included representation from the council, Herefordshire Clinical Commissioning Group (CCG) and Wye Valley NHS Trust. Key points of discussion included the following:
 - a. agreeing a consistent process for identifying, counting, verifying and reporting DToCs;
 - b. discussing potential amendments to current practice, particularly in terms of assessments; and
 - c. beginning to look in detail at current practice for each DToC reason.
11. The better care fund national condition four requires areas to implement the high impact change model for managing transfers of care. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge, as follows:

<ul style="list-style-type: none"> • early discharge planning • multi-disciplinary/multi-agency discharge teams • seven-day services • focus on choice 	<ul style="list-style-type: none"> • systems to monitor patient flow • home first/discharge to assess • trusted assessors • enhancing health in care homes
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12. As detailed in the reports at appendix one and two, local systems are required to identify the current level of maturity for each of the eight change areas for the reports quarter and the planned/expected level of maturity for the subsequent quarters in the year. Herefordshire has established initiatives in several of the impact areas including multi-disciplinary discharge processes, focus on choice and seven-day services. Further developments are required in relation to trusted assessors and systems to monitor patient flow. During quarter four a self-assessment tool, developed by the Local Government Association (LGA), will be completed and shared amongst partners.

13. The spring budget 2017 recognised that adult social care services are under significant pressure nationally; one expression of this being the increased number of patients whose discharge from hospital has been delayed while they wait for a social care placement. As a consequence, the chancellor announced an additional £2bn for councils to spend on adult social care over the next three years (2017/18 to 2019/20). This funding is required to be included in the wider pooling of resources between councils and the NHS through the Improved Better Care Fund (iBCF). Of this national funding, the total allocation for Herefordshire is £7.3m.
14. It is a national requirement for all iBCF funding to be allocated within three clear grant conditions:
 - a. meeting adult social care needs;
 - b. reducing pressures on the NHS, including supporting hospital discharge; and
 - c. supporting the local social care provider market.
15. In addition, a local condition to improve integrated commissioning capacity has been applied, as agreed by both partners. The jointly agreed funding allocations meet the grant conditions, apply the agreed principles and align to the national high impact change model, as required. The iBCF quarter two and quarter three reports are located at appendix three and four, for information.

Community impact

16. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

Equality duty

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

 - i. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - ii. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - iii. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account.

19. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
20. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

21. The finance position of the better care fund represents the forecast outturn at month 8 (November), the most recent month available.
22. The 2017/18 forecast outturn for protection of adult social care (PASC) is a net overspend of £152k. The key components relate to:
 - a. forecast underspend of £50k due to vacancies in Rapid Access to Assessment and Care Beds (RAAC);
 - b. forecast overspend of £79k in carers support due to increases in direct payments and spot purchases;
 - c. forecast overspend of £119k for deprivation of liberty safeguarding (DoLS) due to continued high levels of demand; and
 - d. forecast overspend of £56k due to demand for long-term packages of care.
23. Also reflected in this report are the pressures seen in both residential and nursing care, particularly within 'in-county' nursing placements, which are included in the additional BCF pool. Both the council and CCG have seen increases in care home placements (care home market management) in the year. The forecast outturn for 2017/18 is a total overspend of £680k. The breakdown of the £680k is council £500k and CCG £180k. Each partner carries the risk of their own budget.
24. The improved better care fund (iBCF) is forecast to break even in 2017/18. IBCF grant monies cannot be carried forward into future years so partners have approved investment of non-recurrent slippage funding in schemes that offset additional costs incurred in relation to winter pressures in 2017/18.

Better Care Fund Finance Summary 2017/18 Forecast Out-turn at Month 8 (November)	Plan	Forecast Spend	Forecast (Under) / Over Spend
	£'000	£'000	£'000
Spending on Social Care Services (PASC)	4,672	4,824	152
Spending on Social Care Services (Care Act)	470	470	(0)
Sub-Total- Spending on Social Care from Minimum Mandatory Fund	5,142	5,294	152
NHS Commissioned Out of Hospital Care	6,818	6,818	0
Sub Total- Mandatory Minimum BCF Contribution from CCG	11,960	12,112	152
Disabled Facilities Grant (Capital)	1,706	1,706	0
Total Pool 1- Mandatory Better Care Fund Contributions	13,666	13,818	152
Herefordshire CCG Funded Packages	8,594	8,774	180
Herefordshire Council Funded Packages	20,147	20,647	500
Total Pool 2- Additional Better Care Fund Contributions	28,741	29,421	680
Total Pool 3- Improved Better Care Fund (IBCF)	3,573	3,573	0

Legal implications

25. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

Risk management

26. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
27. In relation to the iBCF funding element of this report, there is a risk that if the funding has not been spent in year, then the Department for Communities and Local Government may clawback any underspend at year end, which would reduce the impact and outcomes achieved. Actual spend will be monitored by the better care partnership group (BCPG) on a monthly basis. Any slippage in spend will be identified as soon as possible and will be reallocated to other schemes, following the agreement from both the council and CCG.
28. There is a risk that the schemes invested in do not achieve the desired outcomes and impact planned. In order to mitigate this implementation milestones and clear outcomes have been agreed for each scheme, the delivery of which will be monitored on a regular basis by a dedicated project manager and reported to the BCPG.
29. Partners continue to work together to ensure sufficient schemes are in place and that the risks identified are mitigated.

Consultees

Further information on the subject of this report is available from
Emma Evans, Tel: 01432 260460, email: evevans@herefordshire.gov.uk

30. The content of the returns have already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the national deadlines.

Appendices

Appendix 1 – better care fund quarter two 2017/18 report

Appendix 2 – better care fund quarter three 2017/18 report

Appendix 3 – improved better care fund quarter two 2017/18 report

Appendix 4 – improved better care fund quarter three 2017/18 report

Background papers

None.

Better Care Fund Template Q2 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

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 cell

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.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

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 (hyperlinked) 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 onfirming 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 17/19, 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 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
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, 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 areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model ([link below](#)) and an explanation for each 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>

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

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 is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. 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. 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.

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- 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:	Herefordshire, County of
Completed by:	Emma Evans
E-mail:	evevans@herefordshire.gov.uk
Contact number:	01432 260460
Who signed off the report on behalf of the Health and Wellbeing Board:	Martin Samuels, Director for Adults and Wellbeing

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. Narrative	0

Better Care Fund Template Q2 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Herefordshire, County of

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? <small>(This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	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?	No	A s75 agreement is in place, however partners have not been able to update the financial contributions until approval of the BCF plan was received. The existing s75 agreement will be updated following Cabinet and CCG governing body approval in November 2017 and will be in place December 2017.	15/12/17

Better Care Fund Template Q2 2017/18

3. Metrics

Selected Health and Well Being Board:

Herefordshire, County of

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Achieving the NEA target continues to pose a challenge to all partners.	A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible. Including Hospital at Home, Falls Prevention, etc. The ASC pathway redesign has been developed, which includes a change in process/pathway for the ASC brokerage function. This team will source potential care home placements in order to reduce	None identified.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Capacity within the care home market within Herefordshire continues to challenge partners, specifically nursing care provision.	The Home First service has been developed during Q2 and will be implemented from the end of November 2017. The new, aligned service aims to increase capacity to further support transfers of care	None identified.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The existing contract ended on 31 July 2017 and has been delivered by the council from 1 August 2017. Continuing to deliver a robust service whilst reviewing and improving the service has created	A number of multi-agency workshops have been held to discuss DTOC and establish a clear approach to recording. A range of schemes continue to be delivered to assist in reducing	None identified.
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	Achieving the DTOC target continues to pose a challenge to all partners.		None identified.

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

Better Care Fund Template Q2 2017/18

4. High Impact Change Model

Selected Health and Well Being Board:

Herefordshire, County of

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established		Further discussions to be held to ensure all information governance arrangements are in place to support information sharing. Out of county patients continue to pose a challenge.	The Red to Green day programme continues to be implemented across a range of settings, including acute wards, community hospitals and intermediate care providers.	None identified.
Chg 2	Systems to monitor patient flow	Not yet established	Not yet established	Plans in place		Further scoping is required to explore options in relation to system requirements.	Daily system calls are in place. Out of county relationships and regular calls have been established.	None identified.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established		Challenges are minimal - partner agencies are working well together.	Daily calls are in place with system wide multi agency involvement to review all delays in acute, community and intermediate care facilities and agree on next actions.	None identified.
Chg 4	Home first/discharge to assess	Plans in place	Established	Established		Developing a reablement culture and capacity across the whole system is a challenge.	The Home First service has been developed during Q2 and is due to be implemented from the end of November 2017.	None identified.
Chg 5	Seven-day service	Established	Established	Established		Discussions are underway with the care home market to develop seven day response to transfers and returns.	Seven day provision continues to be delivered for key services, including reablement, falls, rapid response and social work assessment.	None identified.
Chg 6	Trusted assessors	Not yet established	Not yet established	Plans in place		Limited formal arrangements are in place.	As part of the iBCF funding, providers have been encouraged to consider trusted assessor pilots and submit business cases for consideration.	None identified.
Chg 7	Focus on choice	Established	Established	Plans in place		None identified. The redesigned ASC pathway has a focus on client choice and strength based assessments.	Community Broker role has been introduced into the ASC pathway. In addition, a community catalyst project has been funded through the iBCF. Both of these functions will assist to further develop services and support to	None identified.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Established		Commissioners are currently working with several providers to change beds to nursing to create additional capacity. Challenges with this include the contractual complexities, for example, capital cost requirements, planning	Red bag pilot has been developed during Q2.	None identified.

Hospital Transfer Protocol (or the Red Bag Scheme)								
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.								
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Established	Established		Encouraging care home providers to engage and take part in the pilot scheme has been challenging, however it is hoped that the introduction of the pilot will highlight its value.	Pilot scheme has been developed and is due to 'go live' from Monday 13 November 2017. 10 care home providers, consisting of older people and LD providers. Have volunteered to take part in the pilot. A wide range of	None

Better Care Fund Template Q2 2017/18

5. Narrative

Selected Health and Wellbeing Board:

Herefordshire, County of

Remaining Characters: 19,238

Progress against local plan for integration of health and social care

As detailed within the Herefordshire Integration and Better Care Fund plan 2017/19, our shared intent is to redesign services in order to improve patient and service user outcomes by delivering person-centred care, working together to support people to improve their wellbeing, maintain their independence and live longer in good health.

During quarter 2 partners have been working closely together to redesign the existing rapid response and reablement service. From end of November 2017 the 'Home First' service will be implemented. This expanded service will support frontline health services and will have an integrated, therapy led approach. Performance monitoring information in relation to initial impact of the service will be reported during quarter 3.

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: 19,377

Integration success story highlight over the past quarter

During quarter 2 a number of system wide workshops have been held in Herefordshire to further discuss Delayed Transfers of Care (DToC). Attendees have included representation from Herefordshire Council, Herefordshire CCG and Wye Valley Trust. Key points of discussion have included the following:

- * agreeing a consistent process for identifying, counting, verifying and reporting DToCs;
- * discussing potential amendments to current practice, particularly in terms of assessments; and
- * beginning to look in detail at current practice for each DToC reason.

A third workshop session is due to take place during quarter 3.

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 Q2 2017/18

Checklist

[<< Link to Guidance tab](#)

Complete Template

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

	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? If no please 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

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes
-----------------	-----

4. HICM

	Cell Reference	Checker
Early discharge planning Q2	D8	Yes
Systems to monitor patient flow Q2	D9	Yes
Multi-disciplinary/multi-agency discharge teams Q2	D10	Yes
Home first/discharge to assess Q2	D11	Yes
Seven-day service Q2	D12	Yes
Trusted assessors Q2	D13	Yes
Focus on choice Q2	D14	Yes
Enhancing health in care homes Q2	D15	Yes
Red Bag scheme Q2	D19	Yes
Early discharge planning, if Mature or Exemplary please explain	G8	Yes
Systems to monitor patient flow, if Mature or Exemplary please explain	G9	Yes
Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	G10	Yes
Home first/discharge to assess, if Mature or Exemplary please explain	G11	Yes
Seven-day service, if Mature or Exemplary please explain	G12	Yes
Trusted assessors, if Mature or Exemplary please explain	G13	Yes
Focus on choice, if Mature or Exemplary please explain	G14	Yes
Enhancing health in care homes, if Mature or Exemplary please explain	G15	Yes
Red Bag scheme, if Mature or Exemplary please explain	G19	Yes
Early discharge planning Challenges	H8	Yes
Systems to monitor patient flow Challenges	H9	Yes
Multi-disciplinary/multi-agency discharge teams Challenges	H10	Yes
Home first/discharge to assess Challenges	H11	Yes
Seven-day service Challenges	H12	Yes
Trusted assessors Challenges	H13	Yes
Focus on choice Challenges	H14	Yes
Enhancing health in care homes Challenges	H15	Yes
Red Bag Scheme Challenges	H19	Yes
Early discharge planning Additional achievements	I8	Yes
Systems to monitor patient flow Additional achievements	I9	Yes
Multi-disciplinary/multi-agency discharge teams Additional achievements	I10	Yes
Home first/discharge to assess Additional achievements	I11	Yes
Seven-day service Additional achievements	I12	Yes
Trusted assessors Additional achievements	I13	Yes
Focus on choice Additional achievements	I14	Yes
Enhancing health in care homes Additional achievements	I15	Yes
Red Bag Scheme Additional achievements	I19	Yes
Early discharge planning Support needs	J8	Yes
Systems to monitor patient flow Support needs	J9	Yes
Multi-disciplinary/multi-agency discharge teams Support needs	J10	Yes
Home first/discharge to assess Support needs	J11	Yes
Seven-day service Support needs	J12	Yes
Trusted assessors Support needs	J13	Yes
Focus on choice Support needs	J14	Yes
Enhancing health in care homes Support needs	J15	Yes
Red Bag Scheme Support needs	J19	Yes
Sheet Complete:		Yes

5. Narrative

	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

Better Care Fund Template Q3 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

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 cell

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.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

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 (hyperlinked) 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 onfirming 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 17/19, 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
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- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, 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 areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:

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

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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 is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. 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>

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. However, the AEDB lens is a more representative operational lens to reflect both health and social systems. Where there are wide variations in their maturity levels, making a conservative judgment is advised. Please note these observed wide variations in the narrative section on 'Challenges'.

Also, please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making this assessment, which could be useful in informing design considerations for subsequent reporting.

5. 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.

Better Care Fund Template Q3 2017/18

1. Cover

Version 1

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- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
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- 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:	Herefordshire, County of
Completed by:	Emma Evans
E-mail:	evevans@herefordshire.gov.uk
Contact number:	01432 260460
Who signed off the report on behalf of the Health and Wellbeing Board:	Martin Samuels

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. Narrative	0

Better Care Fund Template Q3 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Herefordshire, County of

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

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	No	A s75 agreement is in place, which is due to expire on 31 March 2018. Partners have both agreed to extend the agreement to 31 March 2019 and are currently working together to update the scheme level schedules.	31/01/18

Better Care Fund Template Q3 2017/18

3. Metrics

Selected Health and Well Being Board:

Herefordshire, County of

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	On track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

** Your assessment of progress against the Delayed Transfer of Care target should reflect*

Challenges	Achievements	Support Needs
Achieving the NEA target continues to pose a challenge to all partners. Seasonal pressures have caused additional challenges during quarter 3.	NEA performance is broadly in line with target for the year to date. NEAs for the over 65 age group are below target.	None identified
Capacity within the care home market within Herefordshire continues to challenge partners, specifically nursing care provision.	To date this year, the number of new permanent admissions to residential and nursing homes has been kept at a lower level than in the previous year, and meeting	None identified
Performance remains at 78.8% at period end. This is still in relation to clients that were discharged in to the Reablement service, rather than the fully revisied homefirst	The development work in Q2 identified a number of issues with patient flow through the service. Workshops were held with Homefirst staff, therapists and	None identified
Achieving the DToC target continues to pose a challenge to all partners. Seasonal pressures have caused additional challenges during quarter 3.	Significant reductions in DTOCs have been made compared to the reference period	None identified

:t progress against the monthly trajectory submitted separately on the DToC trajectory template

Better Care Fund Template Q3 2017/18

4. High Impact Change Model

Selected Health and Well Being Board:

Herefordshire, County of

		Maturity assessment				Narrative		
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established	Established	Established	Established		Out of county patients continue to pose challenges to all partners. Seasonal pressures and increases in demand have also provided additional challenge.	DToc figures are reviewed on a weekly basis in order to ensure that all partners have a clear understanding of the reasons for delays. The Red to Green programme continues to be delivered
Chg 2	Systems to monitor patient flow	Not yet established	Not yet established	Plans in place	Plans in place		Further scoping continues to be required to explore options in relation to system requirements.	Partners continue to work together to ensure patient flow is improved, which includes a daily system call.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established		Challenges are minimal. Partners continue to work well together.	Daily calls are in place with system wide multi agency involvement.
Chg 4	Home first/discharge to assess	Plans in place	Plans in place	Established	Established		Implementing a change in culture to embed a reablement ethos continues to be a challenge.	The Home First service was implemented during quarter 3. The impact of this service is expected to be seen during quarter 4.
Chg 5	Seven-day service	Established	Established	Established	Established		Discussions continue with care home providers in order to ensure they are able to respond to transfers and returns 7 days a week.	Seven day provision continue to be delivered for key services, including Home First and Falls response service.
Chg 6	Trusted assessors	Not yet established	Not yet established	Not yet established	Plans in place		Providers were encouraged to consider trusted assessor pilots as part of the iBCF funding bid process, however no formal bids were received.	No key achievements or progress made during quarter 3.
Chg 7	Focus on choice	Established	Established	Established	Established		None identified.	The redesigned ASC pathway has been implemented, which has a clear focus upon client choice and strength based assessments.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Commissioners continue to progress plans in addressing the limited nursing home capacity within the county.	Red bag pilot scheme has been implemented during quarter 3.

Hospital Transfer Protocol (or the Red Bag Scheme)

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

		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Plans in place	Established	Established	Mature		Previous challenges have included difficulties in engaging providers, however positive feedback has been utilised to encourage further engagement.	Red bag pilot scheme has been implemented during quarter 3. An initial cohort of 10 providers continue to take part and an additional cohort of 18 providers are now engaged. An

Support needs
None identified

Better Care Fund Template Q3 2017/18

5. Narrative

Selected Health and Wellbeing Board:

Herefordshire, County of

Remaining Characters: 19,485

Progress against local plan for integration of health and social care

As detailed within the Herefordshire Integration and Better Care Fund plan 2017/19, our shared intent is to redesign services in order to improve patient and service user outcomes by delivering person-centred care, working together to support people to improve their wellbeing, maintain their independence and live longer in good health.

During quarter 3 partners have continued to work together during the implementation of the Home First service. A clear example of this positive arrangement is detailed below.

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: 17,180

Integration success story highlight over the past quarter

The adult social care system in Herefordshire has been redesigned in order to manage demand and to deliver a system which is fit for purpose. The redesigned service model is formed of 3 key pathways – urgent, short term care and long term care. The Home First service provides a fundamental function within the short term care pathway. Ensuring that effective and responsive short term interventions are available for people in the community are key in helping to reduce or eliminate the need for longer term solutions. The primary objective of the Home First service is to deliver a strength based model, which is built upon an enabling ethos, to support people to regain skills and enable independence. The aim is to assist people on their journey to independence, allowing them to remain independent and to prevent the need for long term care. The service will work closely with frontline health services and will have an integrated therapy led approach.

The Home First service has been further implemented during quarter 3. Initially there were significant challenges posed by a large demand for the service and difficulties recruiting staff. There were also issues with the skills and levels of training inherited staff had received. This has required a significant training programme to be developed and implemented. The service has a new eligibility criteria based on 3 levels of support the service provides. This has taken time to embed in terms of understanding of the criteria by the team and ensuring referrals into the service are of good enough quality to enable initial decisions about eligibility to be made. As the services has embedded issues arose around the patient flow into and out of the service with a lack of clarity and understanding on how

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 Q3 2017/18

Checklist

[<< Link to Guidance tab](#)

Complete Template

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
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2. National Conditions & s75

	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? If no please 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

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes
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4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3	F8	Yes
Chg 2 - Systems to monitor patient flow Q3	E9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3	F10	Yes
Chg 4 - Home first/discharge to assess Q3	F11	Yes
Chg 5 - Seven-day service Q3	F12	Yes
Chg 6 - Trusted assessors Q3	F13	Yes
Chg 7 - Focus on choice Q3	F14	Yes
Chg 8 - Enhancing health in care homes Q3	F15	Yes
UEC - Red Bag scheme Q3	F19	Yes
Chg 1 - Early discharge planning Q4 Plan	G8	Yes
Chg 2 - Systems to monitor patient flow Q4 Plan	G9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 Plan	G10	Yes
Chg 4 - Home first/discharge to assess Q4 Plan	G11	Yes
Chg 5 - Seven-day service Q4 Plan	G12	Yes
Chg 6 - Trusted assessors Q4 Plan	G13	Yes
Chg 7 - Focus on choice Q4 Plan	G14	Yes
Chg 8 - Enhancing health in care homes Q4 Plan	G15	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	H8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	H10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	H11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	H12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	H13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	H14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	H15	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	I10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I19	Yes
Chg 1 - Early discharge planning Challenges	J8	Yes
Chg 2 - Systems to monitor patient flow Challenges	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J10	Yes
Chg 4 - Home first/discharge to assess Challenges	J11	Yes
Chg 5 - Seven-day service Challenges	J12	Yes
Chg 6 - Trusted assessors Challenges	J13	Yes
Chg 7 - Focus on choice Challenges	J14	Yes
Chg 8 - Enhancing health in care homes Challenges	J15	Yes
UEC - Red Bag Scheme Challenges	J19	Yes
Chg 1 - Early discharge planning Additional achievements	K8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K11	Yes
Chg 5 - Seven-day service Additional achievements	K12	Yes
Chg 6 - Trusted assessors Additional achievements	K13	Yes
Chg 7 - Focus on choice Additional achievements	K14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K15	Yes
UEC - Red Bag Scheme Additional achievements	K19	Yes
Chg 1 - Early discharge planning Support needs	L8	Yes
Chg 2 - Systems to monitor patient flow Support needs	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L10	Yes
Chg 4 - Home first/discharge to assess Support needs	L11	Yes
Chg 5 - Seven-day service Support needs	L12	Yes
Chg 6 - Trusted assessors Support needs	L13	Yes
Chg 7 - Focus on choice Support needs	L14	Yes
Chg 8 - Enhancing health in care homes Support needs	L15	Yes
UEC - Red Bag Scheme Support needs	L19	Yes

Sheet Complete:	Yes
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5. Narrative

	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
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QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: Please DO NOT alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:
 1. Select your local authority from the drop-down menu in Cell C11.
 2. Enter the password provided in your email from DCLG into Cell C13
 3. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
 4. Save the completed form in the original MS Excel macro-enabled workbook format. Do not convert this spreadsheet to another file format or provide any information in additional attachments.
 5. Once completed and saved, please e-mail this MS Excel file by 20 October 2017 to: CareandReform2@communities.gsi.gov.uk

Local authority: (Select from drop-down menu)	Herefordshire UA
Enter password (as provided in email from DCLG)	FEXV25
E-code	E1801
Period	Quarter 2 (July 2017 – September 2017)

Section A

A1. Provide a narrative summary for Quarter 2 which follows up the information you provided in Section A at Quarter 1. What are the key successes experienced? What are the challenges encountered?

Throughout quarter 2 partners in Herefordshire have continued to work together to develop and agree schemes to be delivered through the IBCF. A number of key successes include the following:

- Appointment of 2 professional standards leads – these roles will act as lead professionals within the Adult and Wellbeing directorate of the council to drive up the quality of the social care workforce. Both are currently fully engaged with training of staff in strength based assessment and support plans and are particularly focused on the client cases within the urgent care pathway.
- Recruitment of a BCF joint strategic finance lead – employment to commence November 2017. This role will enable the provision of better quality financial information, analysis and reporting and greater resilience in joint approaches to commissioning and finance.
- Appointment of a BCF contract officer – this officer is providing support to drive efficiencies within integrated services, monitoring key contracts within the BCF pool and adding capacity to develop further integrated ways of working.
- Development of the Home First service – The primary objective of the Home First service is to deliver a strength based model, which is built upon an enabling ethos, to support people to regain skills and enable independence. The aim is to assist people on their journey to independence, allowing them to remain independent and to prevent the need for long term care. The Home First service is due to be implemented from 6 November 2017 – further updates will be provided in Q3.
- Transformational pool – during Q2 partners have agreed a set of principles for a transformational pool within IBCF which has been made available to providers to 'bid' for. Key principles include building on existing or new schemes, support transfers of care, focus on supporting the shift from bedded care to 'own bed' based care and building increased capacity and capability in community and primary care.

A key challenge experienced during quarter 2 in relation to IBCF has been the limited response to recruitment. A number of key project management roles have been advertised and successful appointment has not been possible. The better care partnership group are currently reviewing the existing resource and working together to ensure a sufficient staffing structure is available to enable successful implementation.

A2. Provide progress updates on the individual initiatives/projects you identified in Section A3 at Quarter 1. You can provide information on any additional initiatives/projects not cited at Quarter 1 to the right of the boxes below.

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
A2a. Individual title for each initiative/project (Automatically populated based on information provided in Quarter 1. Please ensure your password is entered correctly in cell C13).	Meeting adult social care pressures	Avoiding the need for cuts in ASC / reduced savings requirement	Additional resource to support transformation	Expansion of rapid response	Investment in technology
A2b. Use the drop-down options provided to report on progress since Quarter 1.	2. In progress: no results yet	3. In progress: showing results	2. In progress: no results yet	2. In progress: no results yet	1. Planning stage
A2c. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	2 professional standards leads have been employed and a housing support officer has been recruited. In addition, providers throughout the health and social care market have been asked to submit bids for pilots/schemes/projects which support adult social care.	Partners have agreed funding to ensure that adult social care are able to maintain current levels of operation staff, maintain existing contractual values for vulnerable groups and maintain funding for existing nursing home placements.	A BCF joint strategic finance lead and BCF contract officer have been appointed during Q2. The better care partnership group continue to work together to ensure sufficient staffing resource is available. Additional resource has been approved within the adult social care directorate to further enable the successful implementation of the new integrated support and care pathway.	The existing rapid response team and reablement service have been aligned during Q2 and will deliver the Home First service, from 6 November 2017.	Partners continue to work together to further understand the investment requirements in relation to technology.

Section B

Report the actual impact of the additional funding on:

	a) The total number of home care packages provided for the whole of 2017/18:	b) The total number of hours of home care provided for the whole of 2017/18:	c) The total number of care home placements for the whole of 2017/18:
B1. Provide figures to illustrate your plans for the whole of 2017/18 prior to the announcement of the additional funding for adult social care at Spring Budget 2017. PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	964	710,000	764
B2. Provide figures to illustrate your current plans for the whole of 2017/18 (i.e. after the announcement of the additional funding for adult social care at Spring Budget 2017). PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	964	710,000	764
B3. Difference between pre- and post-Spring Budget announcement plans: B2 - B1 (automatically calculated).	0	0	0
B4. You can add some brief commentary on the figures provided above if you wish.	The figures provided in Section B reflect the forecast as at September 2017. In Herefordshire, the IBCF funding will be utilised to support ASC pressures and will enable the council to continue to meet their statutory responsibilities, whilst supporting transformation projects. The council meets its statutory duty to provide care for all who meet the eligibility criteria and do not expect to support additional service users as a result of receiving additional funding.	The figures provided in Section B reflect the forecast as at September 2017. In Herefordshire, the IBCF funding will be utilised to support ASC pressures and will enable the council to continue to meet their statutory responsibilities, whilst supporting transformation projects. The council meets its statutory duty to provide care for all who meet the eligibility criteria and do not expect to support additional service users as a result of receiving additional funding.	The figures provided in Section B reflect the forecast as at September 2017. In Herefordshire, the IBCF funding will be utilised to support ASC pressures and will enable the council to continue to meet their statutory responsibilities, whilst supporting transformation projects. The council meets its statutory duty to provide care for all who meet the eligibility criteria and do not expect to support additional service users as a result of receiving additional funding.

Section C

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
C1a. List up to 10 additional metrics you are measuring yourself against, as mentioned in Section C of the Q1 returns.	Improved social care workforce standards	Reduced admissions to hospital and improved care standards within care homes	Reductions in DTtoC resulting from introduction of Home First service	Additional capacity in IBCF project management support	Reduced pressures on the NHS including supporting hospital discharge

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

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5. Once completed and saved, please e-mail this MS Excel file by 19 January 2018 to: CareandReform2@communities.gsi.gov.uk

Local authority: (Select from drop-down menu)	Herefordshire UA
Enter password (as provided in email from DCLG)	FEXV25
E-code	E1801
Period	Quarter 3 (October 2017 – December 2017)

Section A

A1. Provide a narrative summary for Quarter 3 which follows up the information you have provided in Section A in previous returns. What are the key successes experienced? What are the challenges encountered?

A number of key successes within quarter 3 include:

- * A project manager, specifically for iBCF funded schemes, has been recruited. This role commenced during November 2017 and to date focus has been upon establishing framework for scheme delivery, developing clear project implementation plans for all schemes and meeting with partners to ensure clear outcomes are identified and agreed.
- * During October 2017 a 'Supported Housing Officer' commenced employment within the council to aid the transition from enhanced housing benefit to the new supported housing funded model.
- * A successful recruitment process has been completed for the appointment of a Clinical Professional standards lead, who will provide clinical support across care homes in Herefordshire to reduce avoidable GP contacts and admissions to hospital. This post will commence during quarter 4.
- * A clear Care Workforce Development Programme has been approved which aims to create strategies and tools to support the care provider market with ongoing staff recruitment, retention and reoccurring business costs. The project will also promote and reinforce the care sector as a professional career choice.
- * Formal governance procedures have now been completed and following a multi agency evaluation panel process all iBCF funding for 2017/18 and 2018/19 has been agreed. The pilot schemes approved by the evaluation panel include:
 - * Night Care Team - to provide domiciliary care to service users within their own homes throughout the night between the hours of 10pm until 7am, as well as carrying out hospital discharges throughout the night and responding to emergency call-outs.
 - * Community Anticipatory Care Planning - funding to employ a project manager to develop and implement a model of collaborative person-centred response to support adults 18+ who have complex needs or frailty, including dementia, to be healthy for as long as possible, avoid and reduce inpatient admissions, reduce their time as a hospital in- or outpatient, including to end of life.
 - * Admiral Dementia Nurses - introduction of 4 admiral nurses in Herefordshire to increase resource to focus on Discharge facilitation for patients with dementia, to reduce length of stay and delayed transfers of care (DToc) as well as increasing admission avoidance from the community and from care homes. . Please note 50% match funding from Demenia UK.
 - * Care Navigator Frequent Fallers - To establish a proactive coordinator role within the existing falls responder service to work specifically with repeat fallers to maintain independence and minimise the likelihood and impact of future falls.
 - * Balanced Lives Hereford - To deliver a community-based health and wellbeing programme - Balanced Lives - which supports older people with long-term health conditions and poor mental health to build physical mobility and strength and improve mental wellbeing and resilience.

A2. Provide progress updates on the individual initiatives/projects you identified in Section A at Quarters 1 and 2. You can provide information on up to 5 additional initiatives/projects not cited in previous quarters to the right of the boxes below if needed.

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
A2a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Meeting adult social care pressures	Avoiding the need for cuts in ASC / reduced savings requirement	Additional resource to support transformation	Expansion of rapid response	Investment in technology
A2b. Use the drop-down options provided or type in one of the following 5 answers to report on progress since Quarter 2: 1. Planning stage 2. In progress: no results yet 3. In progress: showing results 4. Completed 5. Project no longer being implemented	2. In progress: no results yet	3. In progress: showing results	3. In progress: showing results	2. In progress: no results yet	1. Planning stage
A2c. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	A number of posts have been recruited, including professional standards leads and supported housing officer. The impact of these appointments are expected during quarter 4.	Partners have agreed funding to ensure that adult social care are able to maintain current levels of operation staff, maintain existing contractual values for vulnerable groups and maintain funding for existing nursing home placements.	A BCF joint strategic finance lead and BCF contract officer were appointed during Q2. During quarter 3 both of these appointments have provided additional resource and support in effectively delivering schemes. In addition an iBCF Project Manager has been recruited.	The existing rapid response team and reablement service were aligned during Q2 and have been delivering the Home First service, from 6 November 2017. A range of service developments continue to take place and the impact of the service is expected to be more evident during quarter 4.	Partners continue to work together to further understand the investment requirements in relation to technology.

Section B: Information not required at Quarter 3

Section C

C1a. List of up to 10 metrics you are measuring yourself against. Automatically populated based on information provided in Quarter 2. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered metrics. You can provide information on up to 5 metrics not cited previously to the right of these boxes if needed.

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
	Improved social care workforce standards	Reduced admissions to hospital and improved care standards within care homes	Reductions in DToc resulting from introduction of Home First service	Additional capacity in iBCF project management support	Reduced pressures on the NHS including supporting hospital discharge



Meeting:	Health and wellbeing board
Meeting date:	Tuesday 13 February 2018
Title of report:	Improving health and wellbeing – a system leadership approach to transformation
Report by:	Director for adults and wellbeing and Director of transformation for One Herefordshire

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To update the Health and Wellbeing Board on the work to improve health and wellbeing through the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP), and its local delivery mechanism the 'One Herefordshire' transformation programme.

To confirm the strategic priorities for the board's focus as an output of a workshop held in November 2017 identifying priority health and care themes.

Recommendation(s)

That:

- a) the following strategic priorities for 2018/19 be agreed;
 - Dementia (including end of life)
 - Childhood obesity (including impact on dental health)
 - Fuel poverty

Further information on the subject of this report is available from
Alison Talbot-Smith on 01432 261980, email: Alison.Talbot-Smith@herefordshireccg.nhs.uk

- **Support local communities to help their residents remain healthy and independent; and**
- b) the key indicators in respect of measuring progress in achievement of the strategic priorities to be agreed, in order to inform the development of a system work programme for their delivery.**

Alternative options

1. There are no alternative options. The Health and Wellbeing Board (HWB) has a duty to consider the commissioning intentions of its partner bodies (the council, the Clinical Commissioning Group, and the primary care functions of NHS England) and to set priorities based on the joint strategic needs assessment and the joint health and wellbeing strategy.

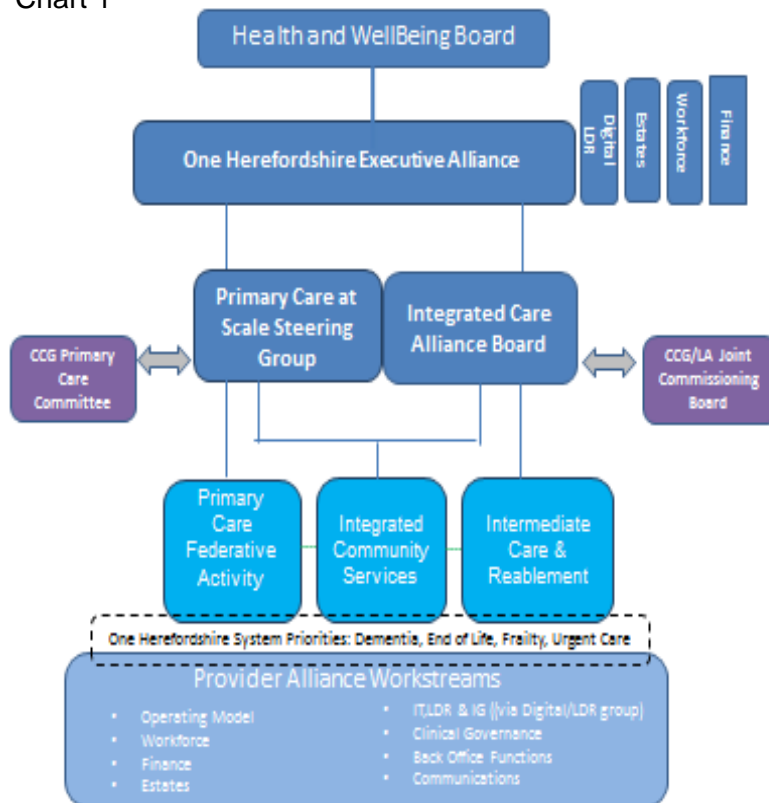
Key considerations

2. The Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) forms part of the national NHS programme to deliver the 'triple aim' of improved health and wellbeing, high quality services, and (financial) sustainability and efficiency. This is based on the philosophy, which is demonstrated by strong evidence, that these factors are mutually interdependent, such that none of the three aims can be delivered and maintained on an ongoing basis without parallel delivery in the other two. It is recognised that it is only possible to achieve this through developing functional integration across both NHS commissioners and providers. In addition, given that many elements of the 'triple aim' fall outside the direct remit of the NHS, local councils are key members of the STP partnership board, to ensure the whole system maintains a shift towards prevention, wider wellbeing, and linkages with local communities, so that individuals' experiences of care and support feel 'joined up'.
3. STPs are now being encouraged to progress from being informal partnerships into fledgling 'accountable care systems' (ACS), sometimes termed 'integrated health systems'. These are place-based systems which will take collective responsibility for managing performance, resources and the totality of health. Once approved they will receive greater freedoms and flexibilities from NHS England and NHS Improvement, offering opportunities to develop easier and more effective integrated working with councils, in particular with regard to public health and social care services.
4. Within this approach it is anticipated there would be a single NHS 'strategic commissioner' across Herefordshire and Worcestershire, with two 'place based' accountable care organisations (ACO) at county level. This system would continue to drive integration and partnership across both organisational boundaries and the traditional commissioner/provider boundaries.
5. It is anticipated that the move to a strategic commissioning function will result in a focus on performance management against specified outcome measures. The 'place based' accountable care organisations will provide NHS funded services, but will also undertake a number of functions currently undertaken by Clinical Commissioning Groups (CCGs), such as population healthcare planning, resource allocation and service redesign.
6. The 'place based' approach within accountable care organisations will also include a shift towards prevention and wider wellbeing, with strong links needed to council functions

across both children's and adults' services and public health, as well as strong links into the voluntary and community sector and into local communities. The nature of those links remains an area for significant further consideration and development prior to any firm decisions being made. As yet, the future timetable for development and establishment of these new arrangements has not been determined nationally, nor has the governance process been fixed. Should the ACS / ACO approach be primarily focused on the NHS, relevant decisions would be made by NHS England and NHS Improvement.

7. The One Herefordshire transformation programme represents the joint NHS and council Herefordshire delivery mechanism for the aspirations of the STP, and in many ways can be considered the 'fledgling' accountable care organisation for the county. Work is in hand to connect the One Herefordshire programme more closely to the HWB, with the intention that regular reports will be presented at its public meetings.
8. The health and social care components of this programme have intentionally focused upon the delivery of integrated community and primary care, across health, mental health and social care. This includes linking into communities and third sector/voluntary and community sector services. In this context, 'integrated' is taken to mean that the experience of those using the services is integrated across the different providers delivering those services, rather than that the organisations themselves are integrated in a structural manner.
9. Although this has meant that the local partners have adopted a 'think family' approach, the partners have deliberately focused on adult community and primary care services, to ensure focused delivery and focused learning. Through this approach, the partners have developed an organised programme of work, and a governance infrastructure.
10. HWB members took part in a workshop in November 2017, at which it was identified that the governance infrastructure should include the HWB providing oversight of the One Herefordshire transformation programme, and hence accountability to the Herefordshire population, as shown in chart 1. Since the HWB is a committee of the council, this will be taken forward as part of the current review of the council's constitution.

Chart 1



11. The November HWB workshop determined some key issues where, by adopting the ACS/ACO philosophy, partners might enable a significant positive impact on the health and wellbeing of Herefordshire residents:
 - Dementia (including end of life)
 - Childhood obesity (including impact on dental health)
 - Fuel poverty
 - Support local communities to help their residents remain healthy and independent
12. Whilst partners have a structured delivery mechanism for the dementia priority, they have yet to work through how they deliver the childhood obesity, fuel poverty, and community resilience priorities through the One Herefordshire programme. This work is being developed and progress will be reported to the next meeting of the HWB.
13. Partners also recognise the benefits that wider system working with partners such as police, fire and rescue and non-public sector providers could bring. This is an area of future development that could be addressed through future work programmes of 'One Herefordshire' under the auspices of the HWB.
14. Notably, partners are aware of the need to develop system leadership 'bottom-up', to deliver the new ways of integrated working and to ensure we address culture change amongst the workforce. Partners have secured funding from the NHS leadership academy to provide development of leadership skills across NHS and council staff, in primary care and community services as well as in Wye Valley NHS Trust medical consultant staff. Progress and impact will be reported to the HWB through the regular reports from the One Herefordshire programme.

Further information on the subject of this report is available from
 Alison Talbot-Smith on 01432 261980, email: Alison.Talbot-Smith@herefordshireccg.nhs.uk

Community impact

15. The One Herefordshire approach, linked to the wider STP, provides the opportunity to work in partnership with local communities, to integrate services around service users and carers, and embed self-management and independence into the delivery model of all our services. This will be a key route through which the strategic priorities will be delivered, thereby addressing the issues identified in the health and wellbeing strategy.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
17. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes. The One Herefordshire approach, linked to the wider STP, provides the opportunity to work in partnership with local communities, to integrate services around service users and carers, and as these are developed the equality implications will be considered and Equality Impact Assessments will be conducted where necessary.

Resource implications

18. The One Herefordshire programme is expected to provide improved use of resources by:
 - Embedding self-management into the delivery model of services
 - Improving co-ordination across organisational boundaries, reducing duplication to improve productivity and efficiency
19. The impact of this will be expressed in terms of the progress towards improvement in the strategic priorities identified above, which will be measured through the joint strategic needs assessment, and the achievement by partner organisations of their corporate objectives and targets. The HWB is asked to identify key indicators by which it would wish to monitor that progress.
20. In due course, the One Herefordshire programme is expected to provide a key strategic approach to guide the application of the resources available to all of the partners, enabling them to achieve their population wellbeing goals and deliver high quality services, within the resources available to the system as a whole. Decisions on individual

contracts and service changes that flow from the overall programme will be subject to the normal governance processes within each organisation as appropriate. The timing of this will be influenced by forthcoming national decisions on the rate of progress towards the ACS/ACO model.

Legal implications

21. The work is being undertaken within the existing accountability frameworks of organisations. As such there are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

Risk management

22. Non-delivery represents a system risk through:
- Inefficient use of system resources
 - Lack of resilience in services
23. As the One Herefordshire programme becomes more formalised, it will develop its own risk management arrangements, which will be reported to the Health and Wellbeing Board and will be drawn from by individual partners when updating their own risk registers.

Risk / opportunity	Mitigation
If the council is not fully engaged in the STP / Herefordshire ACO process, decisions may be taken within the NHS that have a detrimental impact on council services and resources.	The council is fully engaged in the STP / Herefordshire ACO process, influencing the direction of NHS decisions and flagging potential issues and concerns.
If the health and social care partners across Herefordshire do not work closely together, the NHS nationally could decide to form an ACO on a larger geographical footprint, potentially reducing the focus on the needs of Herefordshire residents.	Partners are committed to working together, ensuring there is a single shared view and approach, thereby giving confidence to the NHS nationally that the Herefordshire system is robust and coherent.

Consultees

24. HWB members participated in a workshop in November 2017 to update on developments in local and national system leadership, to review the configuration and terms of reference of the HWB. An output of the meeting was the identification of priority health and care themes for the board's work to focus on. The workshop participation was extended to the most senior leadership across the local health and care system.

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Appendices

None

Background papers

None identified

