Herefordshire Council

Agenda

Health and wellbeing board

Date:	**Monday 7 December 2020**
Time:	**10.00 am**
Place:	**Online meeting** Watch this meeting on the Herefordshire Council YouTube channel, www.youtube.com/HerefordshireCouncil
Notes:	For any further information please contact: **Ben Baugh, Democratic Services** Tel: 01432 261882 Email: ben.baugh2@herefordshire.gov.uk

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairperson	Councillor Pauline Crockett	Herefordshire Council
Vice-chairperson	To be appointed for 2020/21	
	Hayley Allison / Julie Grant	NHS England
	Jo-anne Alner	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Chris Baird	Director for children and families *[1]
	Richard Ball	Director for economy and place
	Chris Burdon	Herefordshire and Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Taurus Healthcare
	Councillor David Hitchiner	Herefordshire Council
	Jane Ives	Wye Valley NHS Trust
	Councillor Felicity Norman	Herefordshire Council
	Ivan Powell	Herefordshire Safeguarding Adults Board
	Ian Stead	Healthwatch Herefordshire
	Dr Ian Tait	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Superintendent Sue Thomas	West Mercia Police *[1]
	Nathan Travis	Hereford & Worcester Fire and Rescue Service
	Councillor Ange Tyler	Herefordshire Community Safety Partnership
	Stephen Vickers	Director for adults and communities
	Karen Wright	Director of public health *[2]

Notes

*[1] The director for children and families and superintendent for Herefordshire of West Mercia Police also represent the Safeguarding Children and Young People in Herefordshire Partnership.

*[2] Rebecca Howell-Jones will be the acting director of public health from 1 December 2020.

Agenda

		Pages
1.	**APPOINTMENT OF VICE-CHAIRPERSON** To appoint the vice-chairperson of the board; the Council's constitution (paragraph 2.8.10) requires that 'one of the board members representing NHS Herefordshire and Worcestershire Clinical Commissioning Group will be appointed vice chairperson annually by the board'.	
2.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
3.	**NAMED SUBSTITUTES (IF ANY)** To receive details of any member nominated to attend the meeting in place of a member of the board.	
4.	**DECLARATIONS OF INTEREST** To receive any declarations of interest in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.	
5.	**MINUTES** To approve and sign the minutes of the meeting held on 30 June 2020.	9 - 14
	HOW TO SUBMIT QUESTIONS *The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 1 December 2020.* *Questions must be submitted to councillorservices@herefordshire.gov.uk. Questions sent to any other address may not be accepted.* *Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved*	
6.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive any written questions from members of the public.	
7.	**QUESTIONS FROM COUNCILLORS** To receive any written questions from councillors.	
8.	**BETTER CARE FUND QUARTER 4 AND YEAR-END REPORT 2019/20** To review the better care fund (BCF) 2019/20 quarter four national performance and end of year feedback, as per the requirements of the programme.	15 - 40
9.	**DATE OF NEXT MEETING** The next scheduled meeting is Monday 8 March 2021 at 2.30 pm.	

The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the health and wellbeing board, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of COVID-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at www.youtube.com/HerefordshireCouncil

The recording of the meeting will be available shortly after the meeting has concluded through the relevant health and wellbeing board meeting page on the council's website at http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=599

You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to observer 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.

Herefordshire Council

The Seven Principles of Public Life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Minutes of the meeting of Health and wellbeing board held at Online meeting only on Tuesday 30 June 2020 at 2.30 pm

Members			
	Jo-anne Alner	Managing director	NHS Herefordshire Clinical Commissioning Group
	Chris Baird	Director for children and families	Herefordshire Council
	Chris Burdon	Chairman	Worcestershire Health and Care NHS Trust
	Councillor Pauline Crockett (Chairperson)	Cabinet member - Health and Adult Wellbeing	Herefordshire Council
	Russell Hardy	Chairman	Wye Valley NHS Trust
	Councillor David Hitchiner	Leader of the Council	Herefordshire Council
	Councillor Felicity Norman	Cabinet Member - Children and Families and Deputy Leader	Herefordshire Council
	Ian Stead	Chair and Director	Healthwatch Herefordshire
	Duncan Sutherland	Non-Executive Director	Gloucestershire Health and Care NHS Foundation Trust
	Dr Ian Tait (Vice-chairperson)	Chair and Clinical Lead	NHS Herefordshire Clinical Commissioning Group
	Stephen Vickers	Director for adults and communities	Herefordshire Council
	Karen Wright	Director of public health	Director of public health

In attendance			
	John Coleman	Democratic services manager	Herefordshire Council
	Kate Coughtrie	Deputy solicitor to the council	Herefordshire Council
	Jane Ives	Managing Director	Wye Valley NHS Trust
	Alistair Neill	Chief executive	Herefordshire Council
	Jennifer Preece	Governance Support Assistant	Herefordshire Council
	Paul Smith	Assistant director all ages commissioning	Herefordshire Council

30. APOLOGIES FOR ABSENCE

Simon Trickett, NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG), provided apologies.

31. NAMED SUBSTITUTES (IF ANY)

Jo-anne Alner, Managing Director, NHS Herefordshire and Worcestershire CCG acted as a substitute for Simon Trickett.

32. DECLARATIONS OF INTEREST

Dr Tait declared a other interest in agenda item no. 7, Establishing a Herefordshire Local Outbreak Engagement working group of the Health and Wellbeing Board as a

shareholder of the Taurus group; a proposed member of the local outbreak control working group.

33. MINUTES

The minutes of the previous meeting were agreed.

Resolved: That the minutes of the meeting held on 10 February, 2020 be approved and be signed by the chairperson.

34. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

35. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

36. ESTABLISHING A HEREFORDSHIRE LOCAL OUTBREAK ENGAGEMENT WORKING GROUP OF THE HEALTH AND WELLBEING BOARD.

The chairperson invited the Director of Public Health to introduce the report. The principal points included:

I. There is a new requirement for local authorities to produce an outbreak control plan to prevent and respond to any localised outbreaks of covid19 in our community.

II. Financial resources have been allocated to Public Health Directors for the implementation of the plan and to support the outbreak control working group activities. Herefordshire's allocation is £845K.

III. Importantly the development of the NHS Test and trace service is a key part of the local and national implementation of the plan. Seven key priorities need to be addressed:

- Care homes and schools;
- High risk places,
- Local testing capacity
- Contact tracing in complex settings
- Data integration
- Vulnerable people, and
- Establishing Local boards

IV. To oversee and manage the plan, the Health and Wellbeing Board members are being asked to agree and support the establishment of a Covid19 engagement working group in accordance with the terms set out within the Appendix A.

V. The group is required to fulfil a number of functions; providing a leadership role in the prevention and management of outbreaks; communicating with the public and setting out how communities can play their part in reducing spread of any local spikes; building community engagement and trust in the delivery of the plan; keeping Herefordshire open and helping the local economy recover and getting our children back to schools, safely.

VI. Activities currently include building a clear picture of how Covid 19 cases are developing in Herefordshire to inform any localised response across the seven priorities.

VII. It is proposed that the Chair of the working group be leader of council and the vice chair is the cabinet member for health and wellbeing.

The chairperson expressed thanks to the Director of Public Health (DPH) for the in-depth report and proposals.

The chairperson opened with questions to the DPH.

How would local intelligence and data influence national data gathering and vice versa?

It was explained that the flow of national data has improved significantly and is now working with the test and trace system. Problems with pillar 2 testing (swab testing) is being resolved. This means that local data on public testing is being brought together with national data. The DPH will have an oversight of this so can warn in advance of any local increases/spikes before they become too serious.

How will differences in the data between national and local level be resolved – particularly in relation to any lockdown advice that will be issued?

Local intelligence will be monitored and will feed into national data gathering. If Public Health England (PHE) identify any spikes not seen locally the local and national systems will begin coordinated communications and management of any local increases in cases.

Who will take the decision on triggering a local lockdown?

Local lockdown powers will sit with Herefordshire Council's chief executive and will be informed by local and national data and intelligence. A key operational activity of the working group is to prevent a local lock down point being reached. An important message is for people to follow the rules and work with us to ensure our local Covid 19 cases do not increase.

How are we mapping high risk locations and settings?

National and international examples indicate that there are higher risk settings, such as food processing plants; care homes and schools. Mapping of those high risk settings is in the advanced stages. There is proactive engagement with local businesses, schools and care providers. It was highlighted that local food processing businesses are taking a proactive leadership stance in managing and protecting staff. Understanding very localised community spread and factors associated with particular business sectors will be important in containing the virus. This learning gathered through engagement with local high risk settings will be key to the engagement group and in targeting our communications.

Are we maximising our opportunity to use the appropriate languages for the different settings given many in our local workforce do not have English as their first language?

It was noted that relevant materials have been translated in to numerous languages. The Director of Public Health network has taken a lead role in communicating tests and trace information (for example YouTube clips) into different languages. Locally, we have translation services working with local employers and we are starting a piece of work with a student from Worcester University working with migrant workers. Engagement with hard to reach groups is being given a high priority in the working groups terms of reference.

How will the primary and secondary school sector be engaged?

Extensive work with the children and families directorate and Public Health is taking place to engage with all school settings. Work is underway to help schools to get more children back into the classroom. One local school "Riverside" has been involved in a pilot of antibody testing for positive cases. Standard operating procedures have been set up to report confirmed or suspected cases. All of our schools are mapped and contacts details have been shared. A key priority for the working group is to engage effectively with our young people, to ensure they are aware of prevention practices to follow.

'Bubbles' have been setup within schools where pupils are placed in socially distanced class sizes. If a case is suspected within a school our local approach is to move those individuals into self-isolation and remove them from the school setting rather than waiting for test results. This ensures that we know which pupils/teachers have been in closest contact with a suspected case. So they too would self-isolate. In some of our smaller schools this may mean the whole school would need to close because there is only one bubble.

What powers does the Chief Executive have to lock down?

A first principal is to avoid the need for lock down – so a big focus needs to be on preventing any further cases. However, the government has indicated urgent legalisation will be passed in the next 2-3 days. This is widely expected to bring in powers to close down specific locations and buildings if environmental, health and safety concerns are identified.

How prepared are we as a county for conducting and increasing the local tests and trace?

Current capacity is 250 swabs a day booked through national system. If mass testing is needed – additional mobile testing units can be called upon. Tests are being processed quickly (within hours) and results are being returned at a rapid rate. Additional testing capacity exists with a further 50 mobile testing units across the region. The CCG remain contracted to the 'Promethius' until July – this service may continue beyond that timeframe. Laboratory capacity exists within Wye Valley Trust and Worcester acute hospital settings.

The following principal points were also noted.

It was advocated that pushing as much responsibility down to the outbreak control group as possible to allow them to be agile and fast moving is essential. Communication and messaging will be a big challenge as we continue to ease the national lock down measures. Moving away from the more stringent, but relatively simple lock down measures into the reduced lockdown measures presents some significant communication challenges. How we continue to prevent the spread of the virus under the new measures, as well as advising on any new outbreaks occurring, must be a clear role for the group.

It was noted that the outbreak control group starts on a solid foundation of partnership working. This has been evident in the practices of nursing homes and food processing who have responded positively in managing their staff and patients in those settings.

A key role for the local outbreak control group will be to target testing for people who have been symptomatic but have not yet been tested. This is followed up with additional

contact to provide support and to ensure that personal and public safety rules are being followed to prevent further possible spread.

It was highlighted that as national lock down measures ease, those shielding are gradually gaining more confidence to do slightly more under the national guidance. It will be important for the outbreak control group to provide information for these vulnerable group so that they can make their own individual risk assessments.

It was explained that there is clear understanding of where our shielded residents are and they can be contacted quickly. A key role for the outbreak control group will be to ensure that the right messages are out in the most appropriate ways. A range of different media is available to assist with this task. In addition link workers and talk community provide multiple ways to gather and disseminate new or significant information. A comprehensive communications plan has also been put in place.

A councillor noted the welcome inclusion of local members on the outbreak control group. They have good knowledge and understanding of their local networks and community groups.

On the basis prevention is better than a cure much of the working groups time will be directed to preventing new infections as opposed to reporting on them.

It was confirmed that prevention will be a key focus for the working group. Public Health's proactive work will continue with businesses and communities through their involvement with the working group.

Resolved: That the health and wellbeing board agrees to establish the Covid 19 engagement working group and that the terms of reference, subject to including an additional representation from primary and secondary schools, be agreed.

Date of first meeting proposed for outbreak control working group provisionally arranged for 6th July.

37. DATE OF NEXT MEETING

It was noted that the next scheduled board meeting, for 6 July, was brought forward to 30 June.

Provisional meeting dates for 2020/21 were also noted.

The meeting ended at 3.29 pm **Chairperson**

Meeting:	Health and wellbeing board
Meeting date:	Monday 7 December 2020
Title of report:	Better care fund quarter 4 and year-end report 2019/20
Report by:	Director of adults and communities

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To review the better care fund (BCF) 2019/20 quarter four national performance and end of year feedback, as per the requirements of the programme.

Due to additional pressures on systems around the COVID-19 pandemic, the timeframe for returns was extended to the end of July 2020.

Recommendation(s)

That:

(a) the better care fund (BCF) 2019/20 quarter four national performance and end of year feedback report at appendix A as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve performance.

Alternative options

1. The content of the returns have already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines, however this gives the board an opportunity to review and provide feedback.

Further information on the subject of this report is available from Paul Smith, assistant director all ages commissioning, tel: 01432 261693, email: Paul.Smith@herefordshire.gov.uk

Key considerations

2. End of year performance showed that Herefordshire did not meet the ambition for the national metric of reducing the rate of non-elective admissions. Managing the demand, to assist in supporting individuals at home and avoiding admissions in Herefordshire remains a challenge for the system and pressures continue which has impacted on the non-elective admission target not being met.

3. Achieving the ambition rates for the proportion of older people who were still at home 91 days after discharge from the reablement service continues to pose a challenge to partners. However, with the introduction of a more robust monitoring and recording methodology for 91 day reviews, the performance has changed significantly showing an increase in performance within the last 6 months of the year.

4. Although there continues to be a constant pressure for partners, in quarter four, the target for delayed transfers of care has been achieved with Herefordshire recording some of the lowest DToC days for a number of years between the months of December 2019 to February 2020. (NB. Data is only available to February 2020).

5. The overall delivery of the BCF in Herefordshire for 2019/20 has had a positive impact on integration. Further detail on performance data is available in the BCF quarter four 2019/20 national performance report at appendix A.

6. The national submission deadlines for quarter four performance returns have already passed and therefore the board is requested to note the completed data, at appendix A, following its submission to NHS England.

7. The end of year report showed that Herefordshire did not meet the ambition for the national metric of reducing the rate of non-elective admissions. A number of key schemes including Home First and Hospital at Home, continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible.

8. Although the target for the rate of permanent admissions into residential care per 100,000 (65+) was not achieved at year end, this target was set at an ambitious reduction of 16.9% compared to the previous year (target of 546.96 compared to a 2018/19 total of 661.6).

9. Despite the target not being met, a significant reduction of 10.8% has been achieved in 2019/20 with an admission rate of 589.81 per 100,000 population compared to a rate of 661.6 in 2018/19.

10. In Q4, the proportion of older people who were still at home 91 days after discharge from hospital into reablement services and did not meet the set target. The recruitment for the post of Head of Integrated Community Services was successful. The new post will support the delivery of the transformation programme. The role will build capacity and resilience within the services to promote wellbeing and sustain independence through a strengths based approach. Demand for the service continues to grow. The performance for this measure has changed significantly over the last six months of the financial year. Although the overall percentage for 2019/20 is 74.0%, the percentage for the last six months of the year was 81.8% (1.8% better than target), with the first six months of the year recording a percentage of 67.4%. This change in performance is due to the introduction of a more robust monitoring and recording methodology for 91 day reviews.

11. Integration is underway for therapy across both Wye Valley NHS Trust and Herefordshire Council response teams. Understanding and monitoring of daily capacity and demand

across both teams is in place. As a response to Covid-19 an integrated hub was implemented.

12. Herefordshire recorded some of the lowest Delayed transfers of care (DToC) days for a number of years between the months of December 2019 to February 2020. The overall DToC for combined delayed days for Social Care, Health and Joint was projected to be achieved for 2019/20. Although the overall target has been achieved in Q4, it continues to be a constant pressure. The requirement to collect DToC data was rescinded in March 2020 due to new Covid-19 discharge arrangements, therefore DToC data for March 2020 is not available.

13. Demand continues to be high for the Home First service. Improvements have been made including training for new and some existing staff, a CQC inspection rated the service as good and additional staff recruited too.

14. Q4 seven day service was covered by the discharge team seven days a week. Discharges were able to be covered for a Saturday and Sunday due to Home First providing cover.

15. Throughout quarter four progress continues around integration work areas. BCF resources have been utilised to address COVID-19 response with the integration of Home First and Hospital at Home and the creation of a community integrated response hub for the county. The hub brings together health and social care to support discharge follow-ups, rehabilitation and urgent or crisis community responses for people within the community.

16. Partners continue to work together to ensure sufficient schemes through the Improved Better Care Fund (iBCF) are in place and that the risks identified are mitigated. Quarterly reporting is undertaken to track performance and risk and reported to the council's Commissioning Programme Board and Joint Commissioning Board (JCB).

17. In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. The actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant can be viewed at appendix A.

18. Significant changes to the planned approach for the use of the Winter Pressures Grant, included Home Care contracts for additional hours being let on the basis of a maximum number of hours, with payment for actual hours delivered- the providers under-delivered slightly during the year, with one contract ending early as the provider withdrew from the market.

19. The underspending on these specific contracts was offset in increases in spot-purchase spending on home care in adult social care budgets. The CCG and local authority partners were fully informed on the position in each Joint Commissioning Board. Wye Valley NHS Trust was involved during the planning stage and also through the local integration board.

20. **Year end feedback**

- A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented, as planned. Key achievements include the implementation of the Trusted Assessor roles. 32/84 care homes signed up to Memorandum of Understanding (MoU). 21 care homes out of county have signed the MoU. On writing the report, 100% of the assessments were completed within 24 hours of referral (given that the patient is medically optimised).

- A number of schemes funded through the BCF continue to contribute to reducing non elective admissions (NEA). Partners across the health and social care system in Herefordshire continue to work together to develop and implement schemes to further assist in achieving NEA targets and to assist in supporting individuals at home and avoiding admissions, where possible. A number of key schemes including Home First and Hospital at Home, Integrated Community Equipment Service, emergency respite placements and carer support services continue to be delivered. The use of Data Contracts allows information to be shared about our clients. Sharing systems with health colleagues has improved.

- Throughout 2019/20 partners have worked closely together to monitor DToC, to further understand the underlying issues and track performance. Pre-screening for all new referrals to adults social care to ensure that priority of work is focused on those patients that are about to become medically stable continues pre and post COVID.

- DToC reporting stopped due to Covid but Medically Fit for Discharge measures are in place resulting in low numbers due to quicker integrated response to discharges from acute and community hospitals. Work continues on the admission avoidance element.

- Integrated Discharge Lead in post and working across Health and Social Care. Head of Service for Integration commenced in post March 2020. This role has brought better understanding of the pathways and improved discharge processes and communication between teams. Detail about the 91 Day Checks has improved significantly. Integration of therapy across both Wye Valley NHS Trust and Herefordshire Council response teams. Understanding and monitoring daily of capacity and demand across both teams is in place.

- Throughout 2019/20 all residential and nursing placements have to be agreed by senior practitioners and panel to ensure that other options have been considered. Commissioners are working to improve accommodation options, as well as supported living models and domiciliary options and delivery. Discharge to assess model was put in place as a pilot to enable people to return home where possible rather than put them into a permanent care home placement.

21. The Policy Framework and Planning requirements for 2020/2021 has been delayed. This has an impact on quarterly reporting going forward. It was indicated that this may be published during September 2020 but is still awaited. At this point, there will be a clearer idea of the metrics being asked for in the quarterly reports and the extent to which retrospective information is required. Partners continue to work together to proceed with planning delivery and agreeing budgets, where possible.

Community impact

22. 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.

Environmental impact

23. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability,

achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

24. Whilst this is a decision on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

Equality duty

25. 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.

26. 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.

27. 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.

28. 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 homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

29. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The Sustainability and Transformation Partnership (STP) is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality impact assessment across Herefordshire and Worcestershire which the BCF will be included.

30. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF an EIA will be completed.

Resource implications

31. Overall the schemes that comprise the section 75 agreement have a net overspend of £1,933k (3.2%), chiefly due to forecast overspends in Pool 2 (Additional Contributions to BCF) and Pool 5 (Children's Services), partially offset by underspends in Pool One (BCF) and Pool 3 (iBCF).

32. The table below shows the summary outturn at month twelve (March 2020) for the schemes that make up the section 75 agreement.

Section 75 Agreement- Summary of Pool Balances	Annual Plan	Final Out-turn M12	Over / (Under) Spend	% Over / (Under) Spend
	£,000	£,000	£,000	
Total Pool One- Mandated Revenue & Capital Contributions to BCF	14,942	13,912	(1,030)	(6.9%)
Total Pool Two- Additional Voluntary Contributions to BCF	34,552	35,756	1,203	3.5%
Total Pool Three- Improved Better Care Fund	5,703	5,528	(175)	(3.1%)
Total Pool Four- Winter Pressures Grant	881	821	(60)	(6.8%)
Total Pool Five- Children's Services	3,787	5,740	1,953	51.6%
Total Pool Six- Integrated Community Equipment Store (ICES)	1,300	1,342	42	3.2%
Total Section 75 Agreement Funding	61,165	63,098	1,933	3.2%

Legal implications

33. 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.

34. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

35. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

36. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the CCG (Clinical Commissioning Group), which represents the NHS side of the equation.

Risk management

37. 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.

38. Monitoring the delivery of the Herefordshire BCF Plan is undertaken via the Commissioning Programme Board and Joint Commissioning Board. The project manager monitors a risk register and escalates to the directorate risk register where necessary. Higher risks, such as ability to deliver DToC, will also be escalated to the council's

corporate register.

Risk / Opportunity	Mitigation
Schemes that have investment do not achieve the desired outcomes and impact planned	Implementation milestones and clear outcomes were agreed for each scheme, the delivery of which was monitored on a regular basis by a dedicated project manager and reported to JCB. All funded schemes were evaluated and their impact reviewed. A number of schemes did not continue following this review.
Increasing demand due to the demography of expected older age population could outstrip the improvements made	A number of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the local authority continues to lead on development with communities and implementing strengths based assessments to reduce demand where possible.
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 Ministry of Housing, Communities and Local Government may clawback any underspend at year end, which would reduce the impact and outcomes achieved	Actual spend was monitored. Any slippage in spend was reallocated to other services in agreement with the CCG and local authority. In previous years other local authorities that have underspent iBCF did not have funds clawed back.
The 2020-21 Better Care Fund (BCF) Policy Framework has been delayed, with systems needing to focus effort into dealing with COVID-19. Updated guidance to support planning has been delayed.	Partners continued to work together on activity to address demands in community health and social care, and prioritise continuity of care, maintaining social care services and system resilience. Funding allocations have been made for 2020/21. Due to COVID-19 indication has been provided that there will be no major changes to BCF for 2020/21.
BCF Funding 2021 /22 onwards: If changes in the BCF policy framework moves from current position then the council could be at risk of a funding deficit of approximately £13m (including iBCF) for adults social care. At a national level ministers and senior civil servants are aware of the negative impact on health and social care that would result from removal of BCF and iBCF funding.	This is a national risk to all councils and council officers continue to work in partnership with health colleagues to develop integrated ways of working to improve outcomes whilst ensuring efficient services are delivered.

Consultees

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

Appendices

Appendix A – Better care fund quarter four 2019/20 national performance report

Background papers

None

Further information on the subject of this report is available from Paul Smith, assistant director all ages commissioning, tel: 01432 261693, email: Paul.Smith@herefordshire.gov.uk

Better Care Fund Template Q4 2019/20

1. Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
3) To foster shared learning from local practice on integration and delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

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

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

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

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be published separately.

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

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear “Red” and contain the word “No” if the information has not been completed. Clicking on the corresponding “Cell Reference” column will link to the incomplete cell for completion. Once completed the checker column will change to
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 Templa
6. Please ensure that all boxes on the checklist tab are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2019/20 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

As a reminder, if the BCF plans should be referenced as below:
- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template
- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:
england.bettercaresupport@nhs.net
- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year’s plans on the link below contain the DTOC ambitions for 2018/19 applicable for 2019/20:
https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area
Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement
Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model
For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as

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

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

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

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

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

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of The optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.
- Please report on implementation of a Hospital Transfer Protocol (also known as The 'Red Bag scheme') to enhance communication and information sharing when residents move between Care settings and hospital.
- Where there are no plans to implement such a scheme Please provide a narrative on alternative mitigations in place to support improved communications in Hospital Transfer arrangements for social Care residents.
- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

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

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:
england.ohuc@nhs.net

6. Integration Highlights

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

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

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:
https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model

7. WP Grant

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

8. Income and Expenditure

The Better Care Fund 2019/20 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2019/20 in the yellow boxes provided.

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

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 through a set of survey questions which are overall consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 7 questions in this section. Each is set out as a statement, for which you are asked to select one of the following

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

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

Please highlight:

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20?

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

SCIE - Integrated care Logic Model

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

10. Additional improved Better Care Fund

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

Data must be entered on a Health and Wellbeing Board level.

The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017

Better Care Fund Template Q4 2019/20

2. Cover

Version 1.1

Please Note:

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

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

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

- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.

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

Health and Wellbeing Board:	Herefordshire, County of
Completed by:	Marie Gallagher
E-mail:	Marie.Gallagher1@herefordshire.gov.uk
Contact number:	01432 260435
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received

Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?

Job Title:	Director for Adults and Commissioning
Name:	Stephen Vickers

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

Complete

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

<< Link to Guidance tab

2. Cover

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

Sheet Complete:	Yes

3. National Conditions ^^ Link Back to top

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

Sheet Complete:	Yes

4. Metrics ^^ Link Back to top

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

Sheet Complete:	Yes

5. High Impact Change Model ^^ Link Back to top

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

Sheet Complete:	Yes

6. Integration Highlights ^^ Link Back to top

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

Sheet Complete:		Yes

7. Winter Pressures Grant ^^ Link Back to top

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

Sheet Complete:		Yes

8. Income and Expenidture ^^ Link Back to top

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

Sheet Complete:		Yes

9. Year End Feedback ^^ Link Back to top

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C15	Yes
Statement 6: Delivery of our BCF plan ihas contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	Yes
Success 2	C25	Yes
Success 1 commentary	D24	Yes
Success 2 commentary	D25	Yes
Challenge 1	C28	Yes
Challenge 2	C29	Yes
Challenge 1 commentary	D28	Yes
Challenge 2 commentary	D29	Yes

Sheet Complete:	Yes

10. Additional improved Better Care Fund ^^ Link Back to top

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

Sheet Complete:	Yes

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3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

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

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4. Metrics

Selected Health and Wellbeing Board: Herefordshire, County of

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

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

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	Not on track to meet target	Managing the demand remains a challenge for the system and pressures continue with high ambulance conveyances.	A number of key schemes including Home First and Hospital at Home, continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Capacity within the home care market continues to challenge partners, specifically in relation to complex residential care.	Although the target was not achieved for this measure, this target was set at an ambitious reduction of 16.9% compared to the previous year (target of 546.96 compared to a 2018/19 total of 661.6). Despite the target not being met, a significant reduction of 10.8% has been achieved in 2019/20 with an admission rate of 589.81 per 100,000 population compared to a rate of 661.6 in 2018/19.
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	Demand for the service continues to grow.	The performance for this measure has changed significantly over the last six months. Although the overall percentage for 2019/20 is 74.0%, the percentage for the last six months of the year was 81.8% (1.8% better than target), with the first six months of the year recording a percentage of 67.4%. This change in performance is due to the introduction of a more robust monitoring and recording methodology for 91 day reviews.
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	Although the overall target has been achieved in Q4, it continues to be a constant pressure. It is unknown how the recent Covid 19 event will affect DToC data for March 2020, but it is hoped that this target will be achieved by the end of the year.	In Q4 HCC recorded some of the lowest DToC days delayed for a number of years between the months of December 2019 to February 2020, and currently the overall DToC for combined delayed days for Social Care, Health and Joint is projected to be achieved (only data up to Feb 20 is currently available 1. Daily DTOC review to ensure that delay code agreed on the day continued with success up till COVID. DTOC is no longer in use through the system as per NHS England guidance. 2. Pre-screening for all new referrals to ASC to ensure that priority of work is focused on those patients that are about to become medically stable continues pre and post COVID. 3. Daily capacity meetings continue

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5. High Impact Change Model

Selected Health and Wellbeing Board: Herefordshire, County of

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

Milestones met during the quarter / Observed Impact — Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

			Narrative		
		Q4 19/20	**If 'Mature' or 'Exemplary', please provide further rationale to support this assessment**	**Challenges and any Support Needs**	**Milestones met during the quarter / Observed impact**
Chg 1	**Early discharge planning**	Mature	The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement	Further work to do on the wards and Community Hospitals with regards to EDD and Red to Green and Valuing Patient Time, but this will be continuous work. A more structured plan for training in these areas will be developed.	The work regarding Red to Green, Safer and Valuing patient time continues by the discharge team liaising with the wards daily to ascertain EDD dates and question if they are realistic. Due to the Discharge team working in a different way, which is now based around Discharge to Assess for all discharges, we are now achieving patients being discharged on the day they are ready to leave. Wards and Community Hospitals have been communicated with in regards to taking ownership of their patients discharges and to refer to the discharge team once they identify that support is required rather than the discharge team owning all discharges. Covid crisis has had a positive impact on the team and has supported a different and more patient focused way of working.
Chg 2	**Systems to monitor patient flow**	Established		Both LA and WVT currently have separate tracking systems, this is being reviewed as part of the Integrated hospital and community functions	WVT now have two full time band 4 discharge co-ordinators who work closely with all of the team including staff within ASC to ensure that recording systems are reflected accurately across ASC and WVT. This is done by gathering information from all staff involved in discharge planning.
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Mature	The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement.	Current separate flows and processes for the discharge teams and new integrated team embedding practices. Educational awareness within the hospital.	Daily integrated DTOC meeting to ensure the current delay of the patient is chased to support discharge daily. DTOC no longer in practice, however this model of working continues to ensure that the system is aware of what is preventing a patient from leaving the hospital. Education on wards continues with all the discharge team.
Chg 4	**Home first/discharge to assess**	Established		Capacity within current services and demand on HF provsion for step up step down provision. Winter pressures.	Operational recommendations for an Integrated Therapy resource completed. iBCF review of projects include the D2A scheme with recommendation to review model. Integrated Discharge Lead in post and working across Health and Social Care. Head of Service for Integration commenced in post March 2020. Detail about the 91 Day Checks has improved significantly. As a response to Covid- an integrated hub was implemented.

Chg 5	**Seven-day service**	Established		Several areas of service provision are not delivered on a seven day basis eg. community therapy services, which can often cause delays. However, seven-day services are being delivered in some areas e.g. Homefirst	Q4 Seven Day service was covered by the discharge team seven days a week but only by ASC. However, discharges were able to be covered for a Saturday and Sunday due to Homefirst providing cover. This process will change in Q1 2020/21.
Chg 6	**Trusted assessors**	Established		Trusted assessment for care homes continues to have challenges with embedding the trust for the assessment	32/84 care homes signed up to MoU. 21 care homes out of county have signed the MoU. 100% of the assessments have been completed within 24 hours of referral (given that the patient is medically optimised).
Chg 7	**Focus on choice**	Established		Remains a challenge against backdrop of high demand and limited capacity.	Choice policy review in Feb to ensure it was in line with national choice policy. However, a new Choice Policy has been issued by the Government in response to the Covid crisis has been implemented by WVT. All staff in the discharge team have received a copy. 'On admission to Hospital' letters are given to all patients once admitted explaining the crisis & once they have been identified by the medical team that the patient no longer requires a hospital bed then they will need to leave. All wards, community hospitals and matrons are implementing this and ensuring this letter is issued. Leaflet 'discharge home with support' issued to patients once identified that support is needed to go home Leaflet 'discharge to another care setting' issued to patients once identified that another care setting is required
Chg 8	**Enhancing health in care homes**	Mature	The initiative was well embedded until resignation of team members. A review will be undertaken.	Review of service area following resignation of team members in the iBCF scheme of improving quality in care homes.	Redesign of service area of improving quality in care homes in partnership with Wye Valley Trust. Community health and social care teams working proactively to improve quality in care homes

Hospital Transfer Protocol (or the Red Bag scheme)

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

		Q4 19/20	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	**Red Bag scheme**	Established		Engagement from all partners and the number of red bags lost. Resource continues to be a challenge.	Urgent Care Programme Board have supported the red bag scheme and Joint Commissioning Board has asked that the number of additional bags needed and costs be scoped. A proposal is being developed. Good feedback from care homes relating to use of the red bag.

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6. Integration Highlight

Selected Health and Wellbeing Board: Herefordshire, County of

Remaining Characters: 19,626

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

BCF resources have been utilised to address COVID-19 response, with the integration of Home First and Hospital at Home. This has led to the creation of a Community Integrated response hub for the county. This hub brings together health and social care to support discharge follow-ups, rehabilitation and urgent or crisis community responses for people within the community.

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

Scheme/service type	Other (or multiple schemes)
Brief outline if "Other (or multiple schemes)"	Sharing information/ single records/ revised processes/ greater integration/ pooling of resources

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

SCIE Enablers list	Other
Brief outline if "Other"	The enablers are revised care pathway, clear roles and responsibilities, single point of access for hospital discharge and GPs.

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7. Winter Pressures Grant

Selected Health and Wellbeing Board: Herefordshire, County of

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

WP Grant Expenditure

	Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1	Assistive Technologies and Equipment	£ -	
2	Care Act Implementation Related Duties	£ -	
3	Carers Services	£ -	
4	Community Based Schemes	£ -	
5	DFG Related Schemes	£ -	
6	Enablers for Integration	£ 246,957	£ 246,957
7	HICM for Managing Transfer of Care	£ -	
8	Home Care or Domiciliary Care	£ 343,205	£ 279,825
9	Housing Related Schemes	£ -	
10	Integrated Care Planning and Navigation	£ -	
11	Intermediate Care Services	£ -	
12	Personalised Budgeting and Commissioning	£ -	
13	Personalised Care at Home	£ -	
14	Prevention / Early Intervention	£ -	
15	Residential Placements	£ 290,452	£ 293,924
16	Other	£ -	
Winter Pressures Grant Total Spend		£ 880,614	£ 820,706

For info: Please note, there is an underspend against Planned Expenditure.

WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	3,422.0	-	32.0	-
Total Actual Outputs (based on the total actual WPG spend reported above)	2,791.0	-	32.0	-

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

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

Home Care contracts for additional hours were let on the basis of a maximum number of hours, with payment for actual hours delivered- the providers under-delivered slightly during the year, with one contract ending early as the provider withdrew from the market.
The underspending on these specific contracts was offset in increases in spot-purchase spending on home care in adult social care budgets
CCG and LA partners were fully informed on the position in each Joint Commissioning Board, Wye Valley Trust was involved during the planning stage and also through the local integration board

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8. Income and Expenditure

Selected Health and Wellbeing Board: Herefordshire, County of

Income

	2019/20					
Disabled Facilities Grant	£ 1,999,424					
Improved Better Care Fund	£ 5,702,807					
CCG Minimum Fund	£ 12,942,862					
Winter Pressures Grant	£ 880,614					
Minimum Sub Total		£ 21,525,707				
	Planned		Actual			
CCG Additional Fund	£ 9,610,521		Do you wish to change your additional actual CCG funding?	Yes	£ 10,774,857	
LA Additional Fund	£ 24,941,863		Do you wish to change your additional actual LA funding?	Yes	£ 24,980,725	
Additional Sub Total		£ 34,552,384				£ 35,755,582

	Planned 19/20	Actual 19/20
Total BCF Pooled Fund	£ 56,078,091	£ 57,281,289

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20	Additional Funds relate to care home placements for both CHC and adult social care- all of the placements are individually purchased and the variance represents increases in activity and increases in price due to acuity.

Expenditure

	2019/20
Plan	£ 56,078,091

Do you wish to change your actual BCF expenditure? Yes

Actual	£ 56,016,560

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20	Overspending on care home placements is offset by underspend due to staffing vacancies in some schemes, and changes in contract values due to reductions in activity.

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9. Year End Feedback

Selected Health and Wellbeing Board: Herefordshire, County of

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Both the Joint Commissioning Board (JCB) and Better Care Partnership Group (BCPG) have met throughout 2019/20. These groups include representation from both the local authority and the CCG.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented, as planned. Key achievements include the implementation of the Trusted Assessor roles. 32/84 care homes signed up to MoU. 21 care homes out of county have signed the MoU. 100% of the assessments have been completed within 24 hours of referral (given that the patient is medically optimised).
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	Our shared intent, as detailed in the BCF plan 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. Partners continue to work together to achieve this.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	A number of schemes funded through the BCF continue to contribute to reducing non elective admissions (NEA). Partners across the health and social care system in Herefordshire continue to work together to develop and implement schemes to further assist in achieving NEA targets and to assist in supporting individuals at home and avoiding admissions, where possible. A number of key schemes including Home First and Hospital at Home, Integrated Community Equipment Service, emergency respite placements and carer support services continue to be delivered. The use of Data Contracts allows information to be shared about our clients. Sharing systems with health colleagues has improved.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	A number of key schemes are funded through the BCF to support DToC including the Home First service, Hospital at Home, Intermediate care services, Discharge to Assess (D2A), Emergency respite and Hospital Liaison as well as funding long term care packages. Throughout 2019/20 partners have worked closely together to monitor DToC, to further understand the underlying issues and track performance. Pre-screening for all new referrals to ASC to ensure that priority of work is focused on those patients that are about to become medically stable continues pre and post COVID. DTOC reporting stopped due to Covid but Medically Fit for Discharge measures are in place resulting in low numbers due to quicker integrated response to discharges from acute and community hospitals. Work continues on the admission avoidance element.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Integrated Discharge Lead in post and working across Health and Social Care. Head of Service for Integration commenced in post March 2020. This role has brought better understanding of the pathways and improved discharge processes and communication between teams. Detail about the 91 Day Checks has improved significantly. Integration underway for therapy across both WVT and HC response teams. Understanding and monitoring daily of capacity and demand across both teams is in place. As a response to Covid- an integrated hub was implemented- the hub function continues and refinement of the function and extension of the offer are being worked on.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Throughout 2019/20 all residential and nursing placements have to be agreed by senior practitioners and panel to ensure that other options have been considered. Commissioners are working to improve accommodation options, as well as supported living models and domiciliary options and delivery. Discharge to assess model was put in place as a pilot to enable people to return home where possible rather than put them into a permanent care home placement.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	Other	During 2019/20 commissioners worked together to develop and agreed a 'transformation pool' in order to further support discharges. A clear set of principles have been jointly agreed for schemes to support the social system, as well as meeting the national grant conditions.
Success 2	Other	In Q4 some of the lowest DToC days delayed for a number of years were recorded between the months of December 2019 to February 2020. Due to the covid-19 pandemic the DToC data for March 2020 has not been released and there is no indication from NHS Digital on when this might be case. As at February 2020 the overall DToC for combined delayed days for Social Care, Health and Joint was projected to be achieved.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	Other	Both partners under increasing financial pressure.
Challenge 2	Other	Both LA and WVT currently have separate tracking systems, this is being reviewed as part of the Integrated hospital and community functions

Footnotes:

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

Other

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10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board: Herefordshire, County of

Additional improved Better Care Fund Allocation for 2019/20: £ 1,241,926

Section A

Distribution of 2019-20 additional iBCF funding by purpose:

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

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	**Total: Percentages must sum to 100% exactly**
A1) Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	18%	76%	6%	100.0%

Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional iBCF funding allocation for 2019-20. Where the iBCF has not provided any such additionality, we want to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2019-20 as a result of your additional iBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional iBCF funding allocation
B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.	0	0	0
B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional iBCF funding allocation for 2019-20. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	Integration with health		
B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.			