
Cumbria Health and Wellbeing Board – Friday 5 July 2019

Agenda Item 10 – Full Appendix

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Overview

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

The key purposes of the BCF quarterly reporting are:

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

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

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

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

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

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

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

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

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template

- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write to england.bettercaresupport@nhs.net

Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.

- Delayed Transfers of Care (DToc): The BCF plan targets for DToc should be referenced against your current provisional trajectory. Further information on DToc trajectories for 2018-19 will be published shortly.

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

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

- In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

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

4. High Impact Change Model

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

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

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

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

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

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

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

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

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

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

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
 - Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
 - Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.
 - Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published: <https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>
- Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below: <https://www.youtube.com/watch?v=XoYZPXmULHE>

5. Income and Expenditure

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

Income section:

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

Expenditure section:

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

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2018/19 through a set of survey questions which are overall consistent with those from previous years.

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

Part 1 - Delivery of the Better Care Fund

There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

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

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2018/19
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

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

Please highlight:

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

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

[SCIE - Integrated care Logic Model](#)

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

7. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

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

8. Additional improved Better Care Fund: Part 1

For 2018/19 the additional iBCF monitoring has been incorporated into the BCF template. The additional iBCF sections of this template are on tabs '8. iBCF Part 1' and '9. iBCF Part 2'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area. To reflect this change, and to align with the BCF, data must now be entered on a Health and Wellbeing Board level.

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

Specific guidance on individual questions is present on the relevant tab.

9. Additional improved Better Care Fund: Part 2

Specific guidance is present on the sheet.

Better Care Fund Template Q4 2018/19

1. Cover

Version 1.0

Please Note:

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

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

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

Health and Wellbeing Board:	Cumbria
Completed by:	Colin Phipps
E-mail:	colin.phipps@cumbria.gov.uk
Contact number:	7968545955
Who signed off the report on behalf of the Health and Wellbeing Board:	Katherine Fairclough

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

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Income and Expenditure	0
6. Year End Feedback	0
7. Narrative	0
8. improved Better Care Fund: Part 1	0
9. improved Better Care Fund: Part 2	0



[<< Link to Guidance tab](#)

1. Cover

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

2. National Conditions & s75 Pooled Budget

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

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

Sheet Complete:	Yes
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3. Metrics

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

Sheet Complete:	Yes
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4. High Impact Change Model

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

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

Sheet Complete:	Yes
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5. Income and Expenditure

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

Sheet Complete:	Yes
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6. Year End Feedback

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

Sheet Complete:	Yes
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7. Narrative

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

Sheet Complete:	Yes
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8. Additional improved Better Care Fund: Part 1

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

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

Sheet Complete:	Yes
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9. Additional improved Better Care Fund: Part 2

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

Sheet Complete:	Yes
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Better Care Fund Template Q4 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Cumbria

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

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q4 2018/19

Metrics

Selected Health and Wellbeing Board:

Cumbria

Challenges Please describe any challenges faced in meeting the planned target

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

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Data not available to assess progress	NORTH and SOUTH: Performance above the target.	Qtr4 data is not yet available (published in mid/end May). NORTH: In Qtr3, the number of non-elective admissions in North Cumbria was 9,699; an increase of 775 from 8,924 in Qtr2. In Qtr3, the target in the North was 8,078 therefore performance is above target. SOUTH: In Qtr3, the number in South Cumbria was 5,650; an increase of 414 from 5,236 in Qtr2; the approximate proxy target in the South (MBCCG) is 5,450 therefore performance is above target. There is no data available for Qtr4 as yet.	none
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	none	In Qtr4 the rate of permanent admissions of older people to residential and nursing care homes was 170.6 per 100,000; an increase from 168.1 in Qtr3 2018/19. The actual number of admissions in Qtr4 was 200 (119 in North Cumbria; 75 in South Cumbria and 6 out of the region).	none
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	In Qtr 4 there were 83.61% of people who were at home on day 91 following a period of reablement. Although this figure has declined slightly the data sample has again increased. There was 10% of people readmitted back into hospital for a further period of intervention and 68% of people exit the service with no ongoing care needs.	In Qtr4 83.61% of people were at home after 91 days of reablement/rehabilitation, below the target of 91%. In North Cumbria it was 83.3% and in South Cumbria it was 83.9%.	none
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Data not available to assess progress	Full validated data is not available as yet and therefore it is difficult to establish whether target will be met.	Validated Qtr4 data is not yet available (published 9th May). The number of delayed days in January was 2,223 (71.7 delayed days per day against target of 83.2) ; in February the number was 2,054 (73.4 delayed days per day against target of 83.2)	none

Better Care Fund Template Q4 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges Please describe the key challenges faced by your system in the implementation of this change
 Milestones met during the quarter / Observed Impact Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change
 Support Needs Please indicate any support that may better facilitate or accelerate the implementation of this change

Chg	Description	Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Narrative		
							Challenges	Milestones met during the quarter / Observed Impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	<p>In North Cumbria early discharge planning is in place across the whole system - acute and community. Culture change is gradual however so it is not anticipated that this will be fully mature until into 2019/20.</p> <p>In Morecambe Bay PTS Discharges are slow and NWS often have multiple vehicles 'out of area' - leading to reduced capacity. Increased cost pressure for private ambulances for 'Home First' patients. UHMB are looking to implement the on-line PTS booking process which will enable a more efficient vehicle allocation process. It will also highlight what the issues are and they best way of mitigating against in order to improve timely discharges.</p> <p>Family engagement to select a care home and the subsequent care package capacity to facilitate discharge.</p> <p>ECIP and Ernst & Young are working in conjunction with the Acute Trust to improve internal flow processes. Their focus is on SAFER and Red/Green days.</p>	<p>Increases in proportions of north Cumbria patients discharged before their EDD, before 10am and before noon continues as does increased use of Discharge lounge on both sites. Relaunch of SAFER in the Trust has been renamed as No Place Like Home with the focus on the benefit to the patient rather than data driven. This should help to embed the culture into the wards long-term.</p> <p>The Morecambe Bay SAFER bundle is in place throughout the medicine care group and being rolled out across surgery. PSDA completed for DZA and a formal review was taken to AEDB in July with a next stage progress update due at Dec AEDB. Significant improvement in numbers of patients progressing through the Home First pathway, which has led to improved performance against DTOT trajectories.</p> <p>RED & Green day principles in place across key wards at UHMBT.</p> <p>Patients are given an estimated date of discharge (EDD) upon admission.</p> <p>CCG have commissioned an additional PTS Discharge vehicle via NWS to sit outside of the PTS contract to support early discharge planning. In addition, CCG has commissioned an ALO to support the ED. Both schemes have been successful in north Cumbria.</p>	<p>Regular PTS Tripartite meetings are held - over the Winter period these meetings were held monthly with key operational representatives, these have now been rescheduled to bi-monthly with the next meeting taking place in May 2019. Key areas of concern are escalated to the Health and Social Care Economy Tactical Group.</p> <p>UHMBT and CCG are in discussion to place a member of the CCG Urgent Care Team into the acute Trust Discharge to Assess Team to provide system wide support to expedite patient flow through external stakeholders.</p>	
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	<p>5 x daily sitreps in place together with daily strategic (8.30am) and tactical (10am) calls to monitor flow and address any issues that arise. Plans for CNE UCN area in the near future are to have a phone app which provides a range of current information on the system flow that can be accessed by a wide range of staff across the system enabling prompt action to take place if flow reduces.</p> <p>Currently, ECIP are providing support from an intelligence perspective and a weekly ECIP dashboard is being used to monitor all key flow metrics and this assists in the reporting to AEDB on a monthly basis for oversight and scrutiny purposes. This report is at a high level and lacks the granular level to make operational decisions.</p>	<p>Daily strategic calls in north Cumbria have been successful in improving flow by highlighting for action the areas of greatest need each morning and agreeing actions to address. The app in future will potentially enable immediate response to issues that arise. APP STILL NOT LIVE DUE TO IT & DATA FLOW ISSUES.</p> <p>The UHMBT control room remains set up to run 2 hourly bed meeting 'huddles' which monitor flow through the Trust and produces daily trigger report and SitRep returns to NHSE. A regular performance report is now produced by the CCG and presented on a monthly basis to the AEDB with a supporting action plan.</p> <p>The CCG has led the development of a system wide escalation policy which was presented to AEDB in December 2019 month and approved in principle. The Daily System OPEL call that was trialled is now 'business as usual' and includes input from all local health and social care stakeholders and maps to agreed OPEL Levels. The Daily System OPEL call which is in place (Mon-Fri) is used to agree a 'System OPEL Level' and is used to escalate issues/pressure points across the system such as complex discharges and DTOT in order to improve flow across the system. It allows all system partners to agree the system OPEL Level and be aware of each partners OPEL Level as well as being sited on the system.</p>	<p>Morecambe Bay; Control Room backfill funding to provide additional resource to the system.</p> <p>Funding required to purchase a 'real time' ICS level dashboard which is being explored by ICS Executive leads.</p>	
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	<p>Morecambe Bay challenges centre around the time required to bring all parties together to continue on the Integrated Discharge Team meetings. A speed dating session was held on the 12th October to begin to iron out operational challenges.</p> <p>Agreement of funding streams for 19/20 is essential (BCF clarity)</p>	<p>When the system was first set up, working in place with integrated discharge teams on both North Cumbria sites. Staff from the Integrated Care Communities support discharge on both hospital sites and enable Discharge to Assess. Further developments in progress such as integrating rehabilitation and rehabilitation teams. USE OF "ATTEND ANYWHERE" SOFTWARE IS ENABLING MORE STAFF TO TAKE PART IN ICC MDTs BY VIDEOCONFERENCE EG. ADDITIONAL COMMUNITY, PRIMARY CARE AND/OR NWS STAFF.</p> <p>The Morecambe Bay Integrated Discharge Team is now 'business as usual'. Meetings continue to be held on a weekly basis at both RLI and FGH which form a fundamental part of the Discharge to Assess work being funded by the BCF Hospital Homecare monies. The weekly meetings alternate between home first pathways and 24 hour care pathways. This Team brings together health and social care and community colleagues to reduce hand-offs and duplication in order to improve pathway efficiencies.</p> <p>LCC is leading on the development of an Intermediate Care Allocation Team (ICAT) system across the North Lancashire footprint. The aim is to work more collaboratively with teams such as REACT and to signpost patients to the most appropriate service in a timely manner and reduce admissions and length of stay.</p>	<p>Morecambe Bay; Protected time for all relevant parties to attend the IDT and ICAT meetings.</p>	
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	<p>The Morecambe Bay Home First team and discharge to assess is in place. Initial uptake was slow as there were limited numbers of patients identified as suitable for the pathways being tested and the capacity support offer from the Local Authority was restricted to a small number per day.</p> <p>Activity trajectories were rebased in September 2018 to reflect the challenges faced to deliver our initial aspirations.</p> <p>Recruitment from all funding pots has progressed (ICG resilience, BCF and general Winter Pot), for social care and health roles and efforts remain to ensure as full a staffing compliment as possible are in place for this key winter scheme.</p>	<p>Home First team in place at both CIC & WCH. Hospital to Home service is fully in place and working well. CURRENTLY SUPPORTING 100 PATIENTS and successful in transferring patients onto other appropriate services in a timely way. ICC teams also support early discharge from hospital on a discharge to assess basis. CHC agreement for 2 weeks interim funding, together with new agreed pathways will enable more DZA for patients potentially or already in receipt of CHC funding. IN RECENT MONTHS 0 DSTS HAVE TAKEN PLACE IN ACUTE SETTING IN NORTH CUMBRIA.</p> <p>The Morecambe Bay Hospital to Home service has been in place from January 2018 but has a phased trajectory whilst recruitment takes place to support this. As capacity has gradually increased and processes have improved over the summer, we are now seeing a significant rise in the number going home on the Home First pathway element of Discharge to Assess.</p> <p>ICAT Project Team has been established across the Bay Footprint.</p> <p>Progress update to be taken to AEDB in May 2019 with actions for continuous improvement identified and an outline for required community beds to achieve a sub 90% bed occupancy through the challenging winter period.</p>	<p>Morecambe Bay; Funding shortfall possible if additional beds required to deliver <90% bed occupancy and maintain flow.</p> <p>Agreement of funding for 19/20 to allow robust planning for DZA moving forwards.</p>	

Chg 5	Seven-day service	Established	Established	Established	Established	<p>Some 7 day services are in place in north Cumbria but not across all roles.</p> <p>Challenges across all pathways to standardise across both Lancashire and South Cumbria to ensure efficient pathways which are operational 7 days a week.</p> <p>Continual workforce pressures in the primary care arena. Additional issues will arise as service progresses and is subject to review unless these gaps are mitigated.</p> <p>Primary care are struggling to recruit ANPs in the OOH arena in North Lancashire. Cumbria have a different PTS service specification to Lancashire and unlike the Lancashire specification, does not run 7 days (only Mon-Fri). An ICS wide piece of work has commenced in order to meet PTS needs across the ICS.</p>	<p>ASC have a 7 day offer provided by the reablement services. Social work cover is available across CIC Monday to Saturday, further work on moving to 7 day working is being developed within ASC and for A&E consultant cover in CIC. Identification of any further gaps is then required.</p> <p>Kendal UTC offers a full 7 day minor emergency service and CHOC provide a 7 day Out of Hours Service. These are fully GP led services. In addition, direct booking from 111 went live into both UTCs over Summer 2018.</p> <p>UTC Communication programme commenced in October 2018 to engage the public with the 24/7 service offer.</p> <p>When there is a surge in the system ASC will provide 7 day cover as agreed as part of the System Escalation process and there was a full rota covering operational and on-call for each stakeholder over the Christmas and New Year period and continued well into January 2019.</p> <p>Acute Trust continues to focus on 7 day working as discharges are significantly impacted at weekends and the acute offer needs to mirror that from ASC to maintain flow. This is forming part of the 'Inpatient Flow' group and is also supported by ECIST and EY.</p>	Workforce planning across the region remains a challenge to deliver 7 day services.
Chg 6	Trusted assessors	Not yet established	Plans in place	Plans in place	Plans in place	<p>Working with independent providers and their concern re CDC registration and requirements</p> <p>Work on progressing Trusted assessors continues in Morecambe Bay.</p>	<p>Trusted assessment in place with Kingston Court Care Home, Carlisle, for the 15 beds commissioned by NCUHT there. Red Bag Scheme introduction will also assist with identifying a suitable plan for rollout.</p> <p>Building on the recent Morecambe Bay Trusted Assessor workshop outputs, we are examining the competencies needed for the various assessments carried out in the discharge process. We are also looking at the commonalities between the questions asked and information required by each in an attempt to prevent duplication.</p>	Care Home Collaborative supporting.
Chg 7	Focus on choice	Established	Established	Established	Established	<p>In North Cumbria a Choice policy has been developed as part of overall system-wide Discharge Policy. Policy has been approved by all stakeholders. Training to be implemented in how to apply policy.</p> <p>In Morecambe Bay challenges will arise as we continue with this operationally, however, family identifying an appropriate home is a factor which often leads to delays in this process.</p>	<p>Choice Policy in place is the one agreed across Cumbria and North Lancs area. CNE Network would like all CNE areas to adopt CNE policy just completed. Comparison of the 2 policies completed. A&E Delivery Board agreement to maintain current policy (minimal difference to CNE policy)</p> <p>Morecambe Bay have agreement to maintain comms to families even in the absence of a Discharge Co-Ordinator on the ward. This could be done by the nursing staff and maintains continuity of message and allows the family the most time available to consider next steps.</p>	Staffing gaps in Discharge Co-Ordinators needs addressing as part of the wider workforce review.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Established	Established	<p>Elements of Enhanced health in care homes are in place in pockets across North Cumbria but not adopted as a system. Plan through Care Home Collaborative to address this.</p> <p>Principle to support the staff in place to manage patients in situ to prevent / reduce admissions and attendances. Initial work has commenced in respect of developing a Morecambe Bay CCG strategy for the regulated care sector and this will include evaluation of current service provision as well as some short term evidence based projects.</p>	<p>North Cumbria system-wide rollout of good practice already in place in several areas should impact on quality of care and support in care homes. ICs will support Care Homes in their area. Carlisle has a dedicated team to support all the Care Homes. ALL AREAS OF ENHANCED HEALTH IN CARE HOMES BEING ROLLED OUT IE. MEDICINES OPTIMISATION, REACT TO RED ETC. TRUSTED ASSESSOR IS STILL IN THE PLANNING STAGES HOWEVER.</p> <p>Supported by care home support team being put in place through UHMBT Community Provider Team. Acute Trust has a Matron buddy scheme with all care homes.</p> <p>This work has been allocated to a manager in the CCG (JCC & Community Services Development team).</p>	none

Hospital Transfer Protocol (or the Red Bag scheme)								
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.								
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Established	Established	none identified	Red Bag Scheme piloted in Sept 18 in 2 Care Homes in North Cumbria. ROLLOUT COMPLETE AT END OF MARCH 2019. Positive feedback from ambulance crews, acute etc of the benefit of this scheme.	NHSE supporting through Care Home Collaborative

Better Care Fund Template Q4 2018/19

5. Income and Expenditure

Selected Health and Wellbeing Board:

Income

		2018/19			
Disabled Facilities Grant	£	5,823,880			
Improved Better Care Fund	£	16,629,968			
CCG Minimum Fund	£	37,186,490			
Minimum Sub Total			£ 59,640,338		
		Planned		Actual	
CCG Additional Fund	£	-		Do you wish to change your additional actual CCG funding?	No
LA Additional Fund	£	-		Do you wish to change your additional actual LA funding?	Yes
Additional Sub Total			£ -		£ 1,649,000
					£ 1,649,000
		Planned 18/19	Actual 18/19		
Total BCF Pooled Fund	£	59,640,338	£ 61,289,338		

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

IBCF includes £1,649,000 brought forward from 2017/18

Expenditure

		2018/19
Plan	£	59,219,880
Do you wish to change your actual BCF expenditure?		Yes
Actual	£	61,289,338

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

IBCF includes £1,649,000 brought forward from 2017/18

Better Care Fund Template Q4 2018/19

6. Year End Feedback

Selected Health and Wellbeing Board:

Cumbria

Part 1: Delivery of the Better Care Fund

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

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF has supported the continued development and of Intergrated Care Communities (ICCs) in Cumbria. Integrated working
2. Our BCF schemes were implemented as planned in 2018/19	Strongly Agree	Schemes delivered as per narrative
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	The BCF plan continues to support and improve this area, particularly with regards to ICCs but also specific areas such as support
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Developments and coordination of support from the ICCs have supported the management of non-elective admissions
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	There has been significant improvement seen in the numbers of Delayed Transfer of Care compared to 17/18. This is as a result of
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The BCF funds the Reablement service and allows for developments within the service including increasing the capacity of therapy
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	The BCF has supported a number of community based solutions that support people maintainin peoples' independence within t

Part 2: Successes and Challenges

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

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	There has been improved integrated governance processes. Significant elements driven by the A&E delivery boards and the Joint
Success 2	3. Integrated electronic records and sharing across the system with service users	There have been continued improvements in this area including ongoing developments of Strata and the Medical Interoperability
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	There has been significant work in improving the quality and sustainability of the provider market. 2018/19 has seen increased ca
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	As stated above the independent market continues to have difficulties in recruiting and retaining staff in some areas of Cumb

Footnotes:

Question 8, 9 and 10 are should be assigned to one of the following categories:

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

Better Care Fund Template Q4 2018/19

7. Narrative

Selected Health and Wellbeing Board:

Cumbria

Remaining Characters: 19,276

Progress against local plan for integration of health and social care

The BCF funded projects continue to support the development and implementation of integrated community based services through the Integrated Care Communities, which are the corner stone of the evolving North Cumbria Integrated Health and Care System and Better Care Together Health and Social Care Transformation plans for North and South Cumbria. Projects have supported a joint approach to seeking solutions to problems and the move towards a population health management approach. Successful multi-disciplinary teams are operational within ICCs delivering positive and improved outcomes. In addition following the review conducted by the CQC significant work has been undertaken to develop a system wide workforce plan.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters: 19,209

Integration success story highlight over the past quarter

For some areas of Cumbria there has been improved integrated working between the Local Authority's Reablement Team and Health's Rehabilitation and Home Care Practitioner Teams which includes working on packages of support jointly. In addition there has been a significant step of using shared rostering systems in North Cumbria so both Local Authority and Health support workers availability/capacity is visible on a single system. Recognising the significance of our Integrated Care Communities in the delivery of a fully integrated system in both North Cumbria and Morecambe Bay - further enforced by the national direction to establish Primary Care Networks - we will be focusing our Better Care Fund schemes in 2019/20 to ensure that they are fully aligned to the implementation of ICCs.

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

Better Care Fund Template Q4 2018/19
8. Additional Improved Better Care Fund: Part 1

Selected Health and Wellbeing Board:

Additional Improved Better Care Fund Allocation for 2018/19:

Section A

Distribution of 2018/19 Additional IBCF funding by purpose

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

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
(Percentages shown in these cells are automatically populated based on Q1 18/19 return):	54%	24%	22%

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

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the additional IBCF funding you have been allocated for the whole of 2018/19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered 'No' to Question A1, please leave these cells blank.				0%

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

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional IBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Reducing DTOC	Stabilising the local care market	Reablement
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	There has been significant improvement in Delayed Transfers of Care in 2018/19	We have seen an increase in homecare capacity, an additional dementia residential placements and very few providers leaving the market	Developments have seen the improvement of assessments and availability of therapists

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional IBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Financial pressure	Workforce – recruitment	Workforce – retention
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key challenges if you wish. Please do not use more than 200 characters.	Continued financial pressure as a result of reduction of funding from central Government	Recruitment remains an issue for some parts of Cumbria	There is further work ongoing to make improvements in this area

Section B

At Q1 18/19 it was reported that your additional IBCF funding would be used to support the following initiatives/projects in 2018/19

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5	Initiative / Project 6	Initiative / Project 7	Initiative / Project 8	Initiative / Project 9	Initiative / Project 10
Project title (automatically populated based on Q1 18/19 return):	Market Stabilisation	Improving System Flow	Enabling Timely Discharge	Enabling Market Growth						
Project category (automatically populated based on Q1 18/19 return):	16. Stabilising social care provider market - fees uplift	13. Reablement	6. Homecare	1. Capacity: increasing capacity						
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage In progress: no results yet In progress: showing results Completed Project no longer being implemented	Completed	In progress: showing results	In progress: showing results	In progress: showing results						
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters.										

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2018/19: £

Section C

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

	a) The number of home care packages provided in 2018/19 as a result of your additional IBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional IBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional IBCF funding allocation
C1 Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional IBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please enter 0 in the appropriate box.	316	164705	99
C2 If you have not increased the number of packages or placements, please indicate the main area that you have spent the addition IBCF funding allocation for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.			
C3 If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.			

Section D

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

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

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	Proportion of discharges (following emergency admissions) which occur at the weekend	Length of stay for emergency admissions (65+)	Non elective readmission rate (65+)	No. failed homecare providers in the period	
D1 Additional Metric Name If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics. Please do not use more than 100 characters to describe any additional metrics.					
D2 If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	DTOC/Discharge	DTOC/Discharge	Reducing NHS Pressures	Market failure	
D3 If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4 If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	No change	No change	No change	Improvement	

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