

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 Grant (from the funding announced in the 2017 Spring Budget) is included in the 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. MHCLG aim to publish the additional iBCF information in 2018-19.

Note on entering information into this template

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

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist

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

1. Cover

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

2. National Conditions & s75 Pooled Budget

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

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

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

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

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

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

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

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

3. National Metrics

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

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

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

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

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

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

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

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

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

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

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

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

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

4. High Impact Change Model

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

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

- Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

- Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published:

<https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>

Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPXmULHE>

5. 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.

6. Additional improved Better Care Fund - Part 1

For 2018-19 the additional iBCF monitoring has been incorporated into the BCF form. The additional iBCF section of this form are on tabs '6. iBCF Part 1' and '7. iBCF Part 2', please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or geographic area.

To reflect this change, and to align with the BCF, data must now be entered on a HWB level.

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

More specific guidance on individual questions is present on the relevant tabs.

Please find a list of your previous Quarter 4 2017/18 initiatives / projects on tab 'iBCF Q4 1718 Projects'.

Section A: Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.

Section B: Please enter at least one initiative / project, but no more than 10. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19.

7. Additional improved Better Care Fund - Part 2

Section C: 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 could you enter 0 in the appropriate box.

Section D: Please enter at least one metric, but no more than 5.

Better Care Fund Template Q1 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:	Wokingham
Completed by:	Rhian Warner
E-mail:	rhian.warner@wokingham.gov.uk
Contact number:	07989 346744
Who signed off the report on behalf of the Health and Wellbeing Board:	Richard Dolinski, Chair of Health and Wellbeing Board and Executive

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

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0
6. iBCF Part 1	0
7. iBCF 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

^^ Link Back to top

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

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

3. Metrics

^^ Link Back to top

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

4. High Impact Change Model

^^ Link Back to top

	Cell Reference	Checker
Chg 1 - Early discharge planning Q1 18/19	E12	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19	E13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19	E14	Yes
Chg 4 - Home first/discharge to assess Q1 18/19	E15	Yes
Chg 5 - Seven-day service Q1 18/19	E16	Yes
Chg 6 - Trusted assessors Q1 18/19	E17	Yes
Chg 7 - Focus on choice Q1 18/19	E18	Yes
Chg 8 - Enhancing health in care homes Q1 18/19	E19	Yes
UEC - Red Bag scheme Q1 18/19	E23	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	F15	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	F16	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	F17	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	F19	Yes
UEC - Red Bag scheme Q2 18/19 Plan	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes
UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes

5. Narrative

^^ Link Back to top

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

Sheet Complete:

Yes

6. iBCF Part 1

^^ Link Back to top

	Cell Reference	Checker
A) a) Meeting adult social care needs	D11	Yes
A) b) Reducing pressures on the NHS	E11	Yes
A) c) Ensuring that the local social care provider market is supported	F11	Yes
Initiative 1 - B1: Individual title	C18	Yes
Initiative 1 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	C19	Yes
Initiative 1 - B3: 2017-18 Project names as provided in the 2017-18 returns.	C21	Yes
Initiative 1 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	C22	Yes
Initiative 1 - B5: Which of the following categories the initiative / project primarily falls under.	C23	Yes
Initiative 1 - B6: If "Other", please specify.	C24	Yes
Initiative 1 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	C25	Yes
Initiative 1 - B8: Report on progress to date:	C26	Yes
Initiative 2 - B1: Individual title	D18	Yes
Initiative 2 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	D19	Yes
Initiative 2 - B3: 2017-18 Project names as provided in the 2017-18 returns.	D21	Yes
Initiative 2 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	D22	Yes
Initiative 2 - B5: Which of the following categories the initiative / project primarily falls under.	D23	Yes
Initiative 2 - B6: If "Other", please specify.	D24	Yes
Initiative 2 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	D25	Yes
Initiative 2 - B8: Report on progress to date:	D26	Yes
Initiative 3 - B1: Individual title	E18	Yes
Initiative 3 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	E19	Yes
Initiative 3 - B3: 2017-18 Project names as provided in the 2017-18 returns.	E21	Yes
Initiative 3 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	E22	Yes
Initiative 3 - B5: Which of the following categories the initiative / project primarily falls under.	E23	Yes
Initiative 3 - B6: If "Other", please specify.	E24	Yes
Initiative 3 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	E25	Yes
Initiative 3 - B8: Report on progress to date:	E26	Yes
Initiative 4 - B1: Individual title	F18	Yes
Initiative 4 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	F19	Yes
Initiative 4 - B3: 2017-18 Project names as provided in the 2017-18 returns.	F21	Yes
Initiative 4 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	F22	Yes
Initiative 4 - B5: Which of the following categories the initiative / project primarily falls under.	F23	Yes
Initiative 4 - B6: If "Other", please specify.	F24	Yes
Initiative 4 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	F25	Yes
Initiative 4 - B8: Report on progress to date:	F26	Yes
Initiative 5 - B1: Individual title	G18	Yes
Initiative 5 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	G19	Yes
Initiative 5 - B3: 2017-18 Project names as provided in the 2017-18 returns.	G21	Yes
Initiative 5 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	G22	Yes
Initiative 5 - B5: Which of the following categories the initiative / project primarily falls under.	G23	Yes
Initiative 5 - B6: If "Other", please specify.	G24	Yes
Initiative 5 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	G25	Yes
Initiative 5 - B8: Report on progress to date:	G26	Yes
Initiative 6 - B1: Individual title	H18	Yes
Initiative 6 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	H19	Yes
Initiative 6 - B3: 2017-18 Project names as provided in the 2017-18 returns.	H21	Yes
Initiative 6 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	H22	Yes
Initiative 6 - B5: Which of the following categories the initiative / project primarily falls under.	H23	Yes
Initiative 6 - B6: If "Other", please specify.	H24	Yes
Initiative 6 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	H25	Yes
Initiative 6 - B8: Report on progress to date:	H26	Yes
Initiative 7 - B1: Individual title	I18	Yes
Initiative 7 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	I19	Yes
Initiative 7 - B3: 2017-18 Project names as provided in the 2017-18 returns.	I21	Yes
Initiative 7 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	I22	Yes
Initiative 7 - B5: Which of the following categories the initiative / project primarily falls under.	I23	Yes
Initiative 7 - B6: If "Other", please specify.	I24	Yes
Initiative 7 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	I25	Yes
Initiative 7 - B8: Report on progress to date:	I26	Yes
Initiative 8 - B1: Individual title	J18	Yes
Initiative 8 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	J19	Yes
Initiative 8 - B3: 2017-18 Project names as provided in the 2017-18 returns.	J21	Yes
Initiative 8 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	J22	Yes
Initiative 8 - B5: Which of the following categories the initiative / project primarily falls under.	J23	Yes
Initiative 8 - B6: If "Other", please specify.	J24	Yes
Initiative 8 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	J25	Yes
Initiative 8 - B8: Report on progress to date:	J26	Yes
Initiative 9 - B1: Individual title	K18	Yes
Initiative 9 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	K19	Yes
Initiative 9 - B3: 2017-18 Project names as provided in the 2017-18 returns.	K21	Yes
Initiative 9 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	K22	Yes
Initiative 9 - B5: Which of the following categories the initiative / project primarily falls under.	K23	Yes
Initiative 9 - B6: If "Other", please specify.	K24	Yes

Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes
Sheet Complete:		Yes

Initiative 9 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	K25	Yes
Initiative 9 - B8: Report on progress to date:	K26	Yes
Initiative 10 - B1: Individual title	L18	Yes
Initiative 10 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	L19	Yes
Initiative 10 - B3: 2017-18 Project names as provided in the 2017-18 returns.	L21	Yes
Initiative 10 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	L22	Yes
Initiative 10 - B5: Which of the following categories the initiative / project primarily falls under.	L23	Yes
Initiative 10 - B6: If "Other", please specify.	L24	Yes
Initiative 10 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	L25	Yes
Initiative 10 - B8: Report on progress to date:	L26	Yes
Sheet Complete:		Yes

6. IBCF Part 2

	Cell Reference	Checker
C) a) The number of home care packages provided for the whole of 2018-19	D11	Yes
C) b) The number of hours of home care provided for the whole of 2018-19	E11	Yes
C) c) The number of care home placements for the whole of 2018-19	F11	Yes
D) Metric 1	C18	Yes
Sheet Complete:		Yes

^^ Link Back to top

Better Care Fund Template Q1 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Wokingham

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		

Selected Health and Wellbeing Board:

Wokingham

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	Not on track to meet target	Only have month 1 data. Based on April 2018 actuals our NEAs for Qtr1 are forecast to be 3,421 v Plan of 3,292 (3.9% above plan), although the forecast for the quarter may change when we have the benefit of another month's actual figures.	Looking at our results for our focus group (>70 year of age and with one or more of 13 target conditions), the number of admissions for April was 105 compared to 102 in the same period in 2017/18, showing that admissions are stable.	We still have an issue with our NEA target as the CCG operating plan for NEAs for 17/18 and 18/19 was set following the NHS planning rules and includes IHAM (Indicative Hospital Activity Model) growth including demographic growth and a QIPP reduction with a net reduction of 1.8% against 2016/17 out turn (Wokingham NEA outturn for 2016/17 was a small reduction on 15/16 actual NEAs). This proved to be a real challenge in 17/18 with net reduction target of 1.8%. A real challenge considering that we are already one of the highest performing system for NEAs in England.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Nil	Permanent Admissions to Care Homes for Qtr1 2018/19 in total were 18, which was 10 less than for the corresponding period in 2017/18 and within target of 33.	Nil
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	On track to meet target	At present the figure recorded only includes social care reablement patients, which are small numbers per month (4 to 6 per month). Such small numbers does significantly impact the overall percentage achieved, which was shown in 17/18. We are currently investigating the ability to include all the health rebalment patients to get a more accurate view in Q1 and Q2 and double checking the allowable variation in this criteria	91 Day target was 80% for June.	Nil
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	On track to meet target	DToc days for Qtr 1 were 933, compared to the current Plan of 960 (2.8% below target).	April month DToc days were high but we are seeing a reducing trend in May and June. In 2017/18 our DToc days were the lowest for the three Berkshire West LAs (Wokingham 3,689, compared to 6,579 for Reading and 8,057 for West Berkshire).	The Wokingham Integrated Partnership has prepared evidence to present a case to change the 2018/19 DToc ambition for Wokingham. We understand that the proposed methodology is designed to set more ambitious targets and allow good performers to hold their 2017/18 performance and agree that this seems reasonable, however we feel that for Wokingham this has produced an anomaly and thrown up a perverse DToc target for us.

Selected Health and Wellbeing Board:

Wokingham

Challenges

Milestones met during the quarter / Observed impact

Support Needs

Please describe the key challenges faced by your system in the implementation of this change

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Narrative		
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)		Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Not yet established	Plans in place	Established	Mature		In order to progress to "Plans in Place", we need to ensure as a system that discharge planning does not start in A&E. We hope to resolve this by Q2 via completing actions in the AMU recovery plan, reviewing communication materials, PE & leaflets (using the national example of "System Information Leaflet"); focusing on avoiding evening admissions and facilitating late-night discharges.	The Berkshire West system engaged the LGA to carry out a peer challenge into the issue of Delayed Transfers of Care in January 2018. The draft report published in March 2018 indicated that we may have overstated our position by judging ourselves as established against all changes and encouraged us to re-assess our progress against the 8 Change areas. During Q1, we have worked hard with the LGA and our Berkshire West partners to robustly re-assess our performance against the 8 change areas, and we are developing a joint system-wide action plan for improving both our DTOC performance and our progress against the HCM implementation. This has received considerable investment and support from our DASS's and the CCG's Directors, and will continue to be a priority moving forwards.	Wokingham and its Berkshire West partners are taking a collaborative approach to further improving the system's DTOC results, with guidance and support provided by the LGA.
Chg 2	Systems to monitor patient flow	Established	Not yet established	Plans in place	Plans in place	Established		In order to progress to "Plans in Place", we need to ensure that we are consistently meeting all 5 criteria for the rating. While further scoping is necessary to assess how this might best be done, we believe that a system capacity policy may be required, which includes any details of any necessary changes in practice, identifies bottlenecks in the system and details any changes required to deal with these alongside an agreed system escalation of capacity.	As above	As above
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Plans in place	Plans in place	Established	Established		In order to progress to "Established", we need to ensure that we are meeting the 2nd and 3rd criteria for that rating. To facilitate this, in the first instance we will focus on securing voluntary sector involvement in discharge planning conversations, establishing weekly face to face DTOC sign-off meetings between CDOs and DASS, and increasing Social Worker presence during ward rounds.	As above	As above
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Plans in place	Established		In order to progress to "Established", we need to ensure that we are meeting the 3rd criteria for that rating. To facilitate this, we plan to use our commissioning teams to develop a strategic solution to the time it takes different homes to assess patients.	As above	As above
Chg 5	Seven-day service	Established	Not yet established	Plans in place	Plans in place	Established		In order to progress to "Plans in Place", we need to ensure that we are meeting criteria 3 for that rating. To facilitate this, we plan to develop relationships with care providers to look at 7 day working; and to start discussions with care agencies about 7 day working - explaining what trying to achieve, and building this into the tendering of contracts.	As above	As above
Chg 6	Trusted assessors	Established	Not yet established	Plans in place	Established	Established		In order to progress to "Plans in Place", we need to ensure that we are meeting criteria 3 for that rating. To facilitate this, we plan to re-examine our care provider and care home trusted assessor model.	As above	As above
Chg 7	Focus on choice	Established	Not yet established	Not yet established	Plans in place	Plans in place		In order to progress to "Plans in Place", we need to ensure that we are meeting criteria 1 and 3 for that rating. To facilitate this, we plan to undertake a review of care navigator posts throughout the system, and to ensure that self-funders are sufficiently supported to commission their own services.	As above	As above
Chg 8	Enhancing health in care homes	Established	Established	Established	Mature	Mature		In order to progress to "Mature", we need to ensure that we are meeting criteria 2 for that rating. To facilitate this, we plan to redo clinical audits on patients attending hospital; from care homes.	As above	As above

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 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established	Established	Mature		Ensuring that all care home residents arrive at hospital with the red bag and the red bag back returns with the resident to the care home. A process is in place to address this.	All 52 care homes have care home red bags. Full engagement from all partners; care homes, SCAS, acute and community hospitals. Care home residents easily and quickly identified and documentation available within the bag to commence treatment/management	Continue to reinforce the red bag scheme across all partners/agencies

Selected Health and Wellbeing Board:

Wokingham

Remaining Characters: 13,630

Progress against local plan for integration of health and social care

Our local integration plan is based upon effectively developing and embedding our Integrated Hub, WISH Team and Time to Decide (Step Down) service, CHASC team and Step Up service alongside the Berkshire West 10 schemes in order to meet the National Metrics and deliver integrated health and social care services.

To support and build on this work, we have agreed that our governance move to a partnership with all 5 partners in the local system through a Memorandum of Understanding between the CCG, WBC, BHFT, Royal Berkshire Hospital and Wokingham GP Alliance. Implementation commenced in a shadow format from the 1st April 2018 and although in the early stages, appears to be working well. Partner Executive Boards are in the process of reviewing the MoU, with our recommendation to agree and endorse the MoU and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham.

Additionally work is underway to produce an integration position statement for adult health and social care in Wokingham; the overarching purpose is to inform all Wokingham stakeholders where we stand with regards integration of health and social care services and is being developed in conjunction with all our partners and services in the area.

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

Remaining Characters: 17,977

Integration success story highlight over the past quarter

Our key success stories for April 2018 to June 2018 are:

- National Metric Performance – we have sustained or improved our performance in three out of the four National Metrics: DTOTs, people remaining at home 91 days after reablement and permanent admissions to care homes which has been evidenced in Tab 3.
- NEAs – Whilst our overall NEA performance is not on track in terms of the local versus national position on NEAs the 4 Berkshire West CCGs are in the top 10 out of 211 CCGs for lowest numbers of NEAs and Wokingham ranks 3rd in England for lowest numbers of NEAs. We have shown significant improvement in our local NEA metric, which measures NEAs in the over 70s in 13 targeted conditions, where we have demonstrated zero growth in NEAs in the last 2 years (16/17 and 17/18) whilst the ONS population growth in the same time period for this age group is 6%.
- New Governance Structure working in shadow format - The MoU was agreed in May and is currently going through all partner Executive Boards for approval by July 2018. Our new partner boards have met 3 times and the Leader Partnership Board is being chaired by the Lead Member for Adult Social Care.
- WISH Benefits Realisation – During Q1 we reviewed the benefits planned from the original business case for WISH. The BC planned for payback in 2018/19 and the scheme achieved payback in 2017/18, a year ahead of plans. To date it has delivered benefit savings of just over £2 million and has cost circa £1.7 million, therefore a net benefit in 2 years of £345k.
- Programme Plan/Roadmap to 2020 – Agreed in Q1 of 2018/19.

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 Q1 2018/19

Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:

Additional improved Better Fund Allocation for 2018/19:

Wokingham
£ 112,780

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:			
	a) The number of home care packages provided for the whole of 2018-19:	b) The number of hours of home care provided for the whole of 2018-19:	c) The number of care home placements for the whole of 2018-19:
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing 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 could you enter 0 in the appropriate box.	-	-	-

Section D

Indicate no more than five key metrics you will use to assess your performance.					
	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	The iBCF continues not to affect decisions on the budget and we do not plan to introduce a new	metric to isolate and measure the iBCF improvements as Wokingham is one of the very few out of	the 150 LAs to receive only 10% of the iBCF money due of the Relative Needs Formula allocation	methodology. The iBCF money allocated to Wokingham is £112k, at this level; we will use the	monies to further support existing projects to enable higher success in meeting targets.

Selected Health and Wellbeing Board:

Wokingham

[<< Link to 6. iBCF Part 1](#)

Quarter 4 2017/18 Submitted Project Titles

Project information not submitted in 2017-18 reporting

[illegible]