DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of Executive Director Adult Social Care and Health

**DERBYSHIRE BETTER CARE FUND 2018-19:
QUARTER 4 STATUTORY RETURN**

1. Purpose of the report

To provide the Derbyshire Health and Wellbeing Board with an update on progress of the Derbyshire Integration and Better Care Fund (BCF) 2017-19 through reporting of the required statutory quarter four (Q4) return for 2018-19.

2. Information and analysis

The Department of Health and Social Care's Better Care Support Team published the Q4 2018-19 National Return template on 8 March 2019 with the requirement that completed templates would be returned by 18 April 2019, following sign-off from respective local Health and Wellbeing Boards (HWBs). Due to the meeting structures of the Health and Wellbeing Board this report is being presented retrospectively. It should be noted that, as with previous quarterly returns, the National return Template was submitted on time following approval by the Chair of the Health and Wellbeing Board.

The reporting requirements of the Q4 template are the similar to those in previous periods with an additional section to reflect on successes and challenges over the course of the financial year. These were required to be reported in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

Following feedback from the Health and Wellbeing Board meeting on 4 April, where the Quarter 3 return was reported, more detail has been provided in the Metric and High Impact Change Model sections to provide reasoning as to why further support is not being requested in areas that are not performing as planned.

Performance against the national metrics was presented using the data available at the time the returns were published as year-end data was not fully available. However, the full year end figures are provided below and also in a summary table at Appendix 2:

1. Reducing Non-Elective Admissions – performance was below planned levels as at February 2019 with 84,975 admissions recorded against a plan of 81,481. Full year-end results show that there were

a total of 89,542 admissions against a plan of 88,781. Whilst the target was not achieved there was a 1.3% reduction in non-elective admissions compared with 2017-18;

2. Reducing Delayed Transfers of Care (DTOC) – performance as at February 2019 showed a total of 11,882 days delayed have been recorded across the system against a target of 11,998. Full year end results show that there were 13,020 bed days delayed across the system against a plan of 13,079, a reduction of 17% compared to 2017-18 – showing that the target had been achieved;

3. Re-ablement 91 day indicator –performance had improved during the latter half of 2018-19 with 81% of clients still at home 91 days after reablement has ended during February. Full year-end result shows that 78.6% of clients remained at home against a year-end target of 86.1% was not achieved. This was, however, a 1.7% increase on 2017-18 performance;

4. Residential and Nursing Care Admissions – performance as at mid-March 2019 showed there had been 1,084 admissions against a target of 1,118 admissions. Full year data shows there were 1,171 admissions which means the year-end target was not met, though was a reduction on the 1,200 admissions in 2017-18.

Completion of the High Impact Change Model section has been undertaken in collaboration with Derby City Council following outcomes of the April Discharge to Assess Executive Board (a sub-group of the Joined Up Care Derbyshire Place workstream) where reporting against the model was discussed with regards the year-end position. It should be noted that whilst the model is being reported on within the national BCF Programme, the ongoing work to implement this in Derbyshire sits across the wider Joined Up Care Derbyshire workstreams, and has been reflected in the commentary provided in this return.

Finally, a case study on the improvements made to the Disability Design Team's Quick Track Scheme for Level Access Shower adaptations has been included as an integration success story in the narrative section of this return. Previous returns have used DTOC performance as the success story, however, given the work undertaken by the Council's team and District and Borough Council partners to reduce the length of time from application to installation reducing by a third compared to 2017-18 it was felt that this would be a useful area of work to highlight as a success, more so over the past year than the last quarter.

The draft BCF and iBCF Q4 2018-19 return can be found at Appendix 1 with a summary of 2018-19 performance against the metrics compared to previous years at Appendix 2.

3. **Links to the Health and Wellbeing Strategy**

The Derbyshire Better Care Fund 2017-19 supports the delivery of the following priority from the Health and wellbeing Strategy:

- Keep people healthy and independent in their own home

The plan sets out how health and social care services will continue to support the move to more community based services to help support older people to live more independently in their own communities.

RECOMMENDATIONS
The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the Quarter 4 Statutory Return;
2. Continue to receive regular updates on the progress of the Integration and Better Care Fund in 2019-20.

Simon Stevens
Acting Executive Director Adult Social Care and Health
Derbyshire County Council

Better Care Fund Template Q4 2018/19

1. Cover

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Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Carol Hart

2. National Conditions & s75 Pooled Budget

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

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

3. Metrics

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	Non-Elective activity, as measured through the BCF indicator, continues to be above plan as at month 11. Admissions have consistently been higher than planned levels through the whole of 2018-19 at an average of 3% when compared to 2017-18.	Despite performance being above planned levels there are improvements that have been made during the year, most notably: • development of our integrated community support bed model to support patient flow resulting in additional capacity to prevent non-elective admissions in the first place; • Public Health initiative to prevent/reduce falls; • Out of hours Occupational Therapy service is in place to respond to urgent issues around equipment and moving and handling which has resulted in a reduction in admissions.	None at the present time. The majority of BCF activity is focussed on supporting the Place workstream of the Derbyshire STP, which includes a focus on admission avoidance. There is also an Urgent Care workstream which includes a focus on redesigning the 'front-door' of A&E to include Social Worker and Primary Care streaming.

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	The year-end target is unlikely to be achieved. Quarter 3 saw the largest number of admissions to residential settings.	At current rates, overall admissions are likely to be lower than in 2017-18, but not sufficient to achieve the target.	Derbyshire County Council has engaged Newton Europe to undertake a review of its Adult Care services which will help identify ways in which it can support more people to remain independent than is currently being achieved.

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The year-end target is unlikely to be achieved. Capacity within the service has been a problem along with a refocussing of the in-house Short term Services.	Year-end performance is expected to be higher than in 2017-18, with latest data for Month 11 at 82% - a 6 percentage point increase on the 2017-18 outturn.	Derbyshire County Council has engaged Newton Europe to undertake a review of its Adult Care services which will help identify ways in which it can support more people to remain independent than is currently being achieved.

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	The main challenges with regards reducing delays have been: • Ensuring all Social care attributable DTOCs are signed off by the Local Authority – there are a number of out of area NHS Trusts that we have struggled to engage with during 2018-19 resulting in higher DTOC levels for Social Care than have actually occurred. • Provider capacity - particularly in the East region of Derbyshire to provide home care packages of support. This is anticipated to improve with the transfer of long term in-house services to provide short term high quality support.	DTOC Performance across the system is projected to be the lowest it has been since 2015-16 with less than 13,000 days lost to delayed transfers of care, compared to 15,610 in 2017-18. Factors that have helped contribute to this performance are: • Countywide Safe (Single) Handed Care project integrated into hospital teams to reduce instances of double handed care where appropriate which has freed up provider capacity to reinvest and reduce DTOC • Transfer of Direct Care services from long term to short term care/re-ablement only, thus increasing capacity and patient flow • Increased the number of Community Support Beds countywide and have implemented a consistent approach to their admission and discharge processes to ensure quality and patient flow • Well established integrated hospital discharge hubs operating 7 days per week	None

4. High Impact Change Model

		Maturity assessment					Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs	
Chg. 1	Early discharge planning	Established	Established	Established	Established		Challenges in this area are ongoing in terms of ensuring that there is consistency in the way in which the multi-disciplinary integrated care teams across the County deliver early discharge planning for both planned and non-planned activity across the County. There are also challenges around the agreement of discharge timescales during periods of acute escalation.	Red bag scheme is now fully operational across the County - but too early to identify impact of their use.	None identified. The Urgent Care STP workstream has a task and finish group established to look at effective discharge across the system.	
Chg. 2	Systems to monitor patient flow	Plans in place	Plans in place	Established	Established		There have been no challenges since the system was introduced for winter.	Daily reporting has taken place since system was introduced in winter and will assist in planning for Easter 2019.	None.	
Chg. 3	Multi-disciplinary/multi-agency discharge	Established	Established	Established	Established		The main challenge at present concerns the ongoing funding of the integrated discharge teams (between acute/community providers and CCG)	Delayed transfers of care continue to remain comparatively low.	None.	

		Maturity assessment					Narrative		
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 4	Home first/ discharge to assess	Established	Established	Established	Mature	D2A pathways are well established with D2A accounting for c8% of all acute discharges in Derbyshire. The 'process' has become business as usual. Data monitoring and reporting in place to demonstrate outcomes of D2A and learning groups in place to support continued improvement.	Ensuring consistent appropriate pathway usage in the southern half of the County.	DTOCs continue to remain comparatively low, and actual usage of pathways has improved.	None.
Chg. 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place		Ensuring consistency across partners in their provision of seven-day services to support patient flow and appropriate / timely transfers from hospital.	All relevant Social Care and Community Health services are available Seven Days a week. D2A work has highlighted where additional Primary, Secondary or other care elements are required.	None identified. The A&E Delivery Board is reviewing acute and out of hours service provision to understand where opportunities for future improvements exist.
Chg. 6	Trusted assessors	Plans in place	Established	Established	Established		Trusted Assessment forms are being used across the system to support D2A. Main challenge is determining the quality of outcomes relating to their use.	Countywide multi-agency Occupational Therapy Group project group is continuing its work.	None.

		Maturity assessment					Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs	
Chg. 7	Focus on choice	Established	Established	Established	Established		Main challenge for this period has been ensuring system partners agree and implement revised 'Transfer of Care Protocol'.	Implementation of a revised system-wide 'Transfer of Care Protocol'	None.	
Chg. 8	Enhancing health in care homes	Established	Established	Established	Established		Initial progress in rolling out learning from pilot areas has taken longer than anticipated.	Care Homes work has now been aligned to the Place workstream of the STP to develop a new model of primary and community care support to people in care homes utilising existing care home primary care Local Enhanced Services, the assumption would be that the current funding is ring-fenced and re-invested to ensure maximum impact on reducing utilisation of medicines and acute care.	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)	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		Ensuring consistent and appropriate use of Red Bags in acute settings continues to be a challenge.

Current lack of capacity to ensure effective monitoring of their use - hence remaining at established rather than mature.
Ensuring consistent and appropriate use of Red Bags in acute settings continues to be a challenge.

Current lack of capacity to ensure effective monitoring of their use. | Care Home providers have welcomed receiving 2 bags per home and supportive of their use. | None. |

5. Income and Expenditure

Income

	2018/19	
Disabled Facilities Grant	£ 6,450,727	
Improved Better Care Fund	£ 24,906,166	
CCG Minimum Fund	£ 54,440,511	
Minimum Sub Total		£ 85,797,405

	Planned		Actual		
CCG Additional Fund	£ 8,260,077		Do you wish to change your additional actual CCG funding?	No	
LA Additional Fund	£ 1,500,060		Do you wish to change your additional actual LA funding?	No	
Additional Sub Total		£ 9,760,137			£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 95,557,542	£ 85,797,405

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

Expenditure

	2018/19
Plan	£ 95,557,542

Do you wish to change your actual BCF expenditure?	No

Actual	

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

6 Year End Feedback

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	Strongly Agree	The BCF Programme has built on and continued to strengthen the existing good working relationships across health and social care as demonstrated by continued commitment from the City and County Councils and Clinical Commissioning Groups to a Joint BCF Programme Board that ensures alignment of BCF plans to the continued development and delivery of the Derbyshire STP.
2. Our BCF schemes were implemented as planned in 2018/19	Strongly Agree	There were no new schemes being implemented during 2018-19 as it was a continuation of the 2017-18 plan. All existing schemes were fully implemented.
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	Delivery of the BCF Plan in 201-19 built on the existing good joint working relationships between health and social care staff at all-levels of delivery.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Whilst the performance has not achieved the planned outturn for 2018-19, performance would likely have been even further off-target without BCF funded initiatives such as Integrated Care teams and Community Support Beds for example.
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	DTOC levels continue to be lower throughout 2018-19 than in previous years. There have been challenges, some of which are still to be addressed, but overall delivery of the BCF Plan has ensured the DTOC rates continue to remain at comparatively low levels.

Statement:	Response:	Comments: Please detail any further supporting information for each response
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	Whilst the performance has not achieved the planned outturn, performance would have been even more challenging if it had not been for the investment from the BCF. Ensuring people remain at home following reablement remains a priority and part of the long-term approach to the development of Place based community services through the STP. There has been noticeable improvements in reablement during the latter half of 2018-19.
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	Whilst the year-end target is unlikely to be achieved - the BCF has helped to maintain admission rates at a steady rate. Work by Newton Europe, for Derbyshire County Council, will help to identify opportunities for improving in this area to support the BCF and wider STP ambitions to support more people to be independent in their own community for as long as possible.

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	5. Integrated workforce: joint approach to training and upskilling of workforce	As part of the Joined Up Careers Derbyshire work a new integrated health and social care apprenticeship pilot with person-centred approaches at its heart was launched in September 2018. This programme is offering individuals a 15-month rotational apprenticeship scheme across health and social care organisations, including primary care and private and voluntary organisations. Apprentices receive on-the-job training and will qualify for a care certificate and Level 2 Apprenticeship in Health and Social Care.

Success 2	8. Pooled or aligned resources	By aligning resources via the BCF into a pooled budget we have been able to demonstrate delivery of our BCF Plan, particularly the reduction on Delayed Transfers of Care.

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	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	In Derbyshire, the financial health of the system and the impact this is having upon joint-decision making is currently a challenge. Ongoing demographic pressures coupled with the rurality of the western part of the county, where we have workforce, market stability and inequitable health spend are also presenting the system with challenges.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Locally, there are multiple variations on recording requirements across the system. The complexities arising from implementation of GDPR standards is also providing a challenge.

7. Narrative

Progress against local plan for integration of health and social care
The Derbyshire BCF 2017-19 Plan set out how the BCF is being used locally to support the wider system-level transformation as outlined in the Derbyshire STP "Joined Up Care Derbyshire". The following have been identified as success areas during the year: • Delayed Transfers of Care have continued to reduce in line with national expectations. This has resulted in fewer people spending longer than necessary in a hospital setting, and associated savings to NHS; • The percentage of people still at home 91 days after a period of reablement has improved during the latter half of 2018-19. Challenges for 2019-20: • Non-Elective Admission rates were higher than planned during 2018-19, the BCF continues to contribute to the wider-system in addressing this issue. • Workforce capacity remains an area of concern both in terms of existing capacity and retention and ability to recruit and retain new staff across health and care system (and across all sectors of provision). Joined Up Careers Derbyshire (joint system wide partnership) is in place and progressing the joint health and social care apprenticeship as part of its work to ease workforce issues.

Integration success story highlight over the past quarter
Derbyshire County Council Disability Design Team: Level Access Showers Case Study **Background:** The provision of accessible bathing facilities is one of the key adaptations provided by the Disability Design Team (DDT) at Derbyshire County Council (DCC) with several hundred being completed every year. These are all as recommended by an occupational therapist with approval and funding via a grant provided by the district or borough council. Historically the required works were designed and procured utilising the standard procedure but the increase in both the demand for this type of work and the money available, prompted a review of the processes to challenge the current timescales. **Current Position:** A reshaped level access shower (LAS) design procedure has now been implemented (available on request) and this has achieved significant improvements in the processing and overall delivery times for these adaptations. The new procedure was devised with a KPI for procurement of these schemes, against which, progress can be benchmarked at defined points throughout the year. There is also robust monitoring of the timescales and technician workloads to identify and, potentially, rectify any possible delays at an early stage. When considering the new procedure each stage in the

Integration success story highlight over the past quarter

existing process, from inception to completion, was scrutinised to ensure maximum benefit was derived from the changes made.

To underpin the new procedure, the introduction of improvements to the quality of referral and service user specific design briefs, received from social services colleagues was required. A detailed referral document was devised for the Occupational Therapists (OTs) to complete (i.e. the Part C Showering Brief). The OTs were also instructed to send, with the initial referrals, details of any specialist equipment required to enable the bathroom schemes to be more robustly designed initially leading to minimal further input from OTs (which would have extended the processing times).

To compliment the improved design briefs, the Disability Design Team (DDT) developed a streamlined LAS survey procedure, to compress technician design time without compromising the quality of designs with DDT technician site survey time being reduced to one visit in the majority of cases. During this initial survey visit the technicians discuss the adaptation options with the service user. A formal approval of the designs and relevant documents is obtained which is needed to proceed with the full design and tendering process, on return to the office.

Alongside the improved design process, a simple tick list specification has also been developed and put in place for technicians to complete during the site surveys. This captures all the details of the work required based on the approved sketch design scheme. This tick list specification has, for brevity, condensed text within each of the clauses but refers back to the parent document. The parent document is a fully detailed, expanded LAS building specification that enables the building contractors, technicians and clerk of works to have a clear understanding of the specification of materials and installation standards required. This full document applies to all schemes, and is only issued once to the approved list of contractors with reissues only required when this document has been revised or updated and not for each tender.

An additional delay was identified due to requests for necessary supporting information (e.g. asbestos survey reports) being made by the technician fairly late in the process. These surveys are essential and do require an in-depth intrusive survey including taking samples of suspect material for laboratory analysis so do take some time. Simply by requesting these earlier in the process, the request is submitted immediately on allocation of the project to the technician, has aided with ensuring all required information is available to allow the tender documentation to be sent out once design is completed.

We have a pool of pre-approved contractors that are willing to carry out this type of work, and a random selection is made to be invited to take part in the tender exercise with the period for return now having been reduced down to 2 weeks. Once the returns have been vetted the recommendation with details are sent to grants, via a secure email transmission to prevent delays, for approval.

In addition technicians have also been involved in joint working with grant colleagues in district and borough council premises. This has had the advantage of actively resolving any project specific queries and to facilitate grant approvals without the need to refer back

Integration success story highlight over the past quarter

The IT systems have also been utilised to help with the procedure including a design technician progress logging system that has been developed to enable any bottle necks to be identified at an early stage and resolve any difficulties. Also full use of the authorities SAP computer system has allowed for the production of standard correspondence and contract documentation.

Overall these changes have resulted in the LAS project delivery times falling considerably. This can be quantified utilising the 2017/18 figures as the base, the current figures are showing an improvement of 32% on average.

Conclusion

The changes detailed above have provided a considerable step change improvement in the time taken to provide a level access shower with a reduction of nearly a third. It is also expected that this is likely to continue, although at a slower rate, as the procedures get more embedded and problems are identified early through the new monitoring procedures.

It is also notable that from tenders sent to the contractor (for pricing), until formal approval to appoint received, there is a significant difference of the average time taken for different regions. In Amber Valley there are slightly different processes to other areas allowing it to currently average 23 days for theses stages whereas the other regions have an average of 47 days. It may be possible to implement some changes within these stages in the other regions to produce another reduction in timescales and the recommendation should be to further analyse and consider this.

It should be noted that the performance figures are based on the overall average time for the period and don't take into account any schemes that may have had a prolonged pre-contract stages not attributable to council processes.

8. Additional improved Better Care Fund Part 1

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):	47%	21%	32%
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:	No		

	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	Improving the local financial position for ASC	Reducing pressure on the NHS (non-DTOC)
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.	Additional Social Worker support for Community Hospitals to help reduce DToC levels.	Maintain services at 2016-17 levels to ensure services are not withdrawn and additional pressure put on local system.	Single Handed Care work in acute environments to improve patient flow, reduce inappropriate care package requirements.

	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.	Stabilising the local care market	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 successes if you wish. Please do not use more than 200 characters.			

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
Project title (automatically populated based on Q1 18/19 return):	Reduce Budget Savings to Protect Social Care	Supporting the Care Market	Support to Improve System Flow & Support Hospital Discharge	Preventative Services (inc Public Health and Health and Housing)	Enablers (System and Service Redesign to increase capacity)
Project category (automatically populated based on Q1 18/19 return)	12. Protection	16. Stabilising social care provider market - fees uplift	3. DTOC: Reducing delayed transfers of care	11. Prevention	2. Expenditure to improve efficiency in process or delivery
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	In progress: showing results	In progress: showing results	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.					

9. Additional improved Better Care Fund: Part 2

Additional improved Better Care Fund Allocation for 2018/19:   £10,340,023

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 addition 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.	3,048	259,070	93
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.			

Metric	Reporting Period[1]	Q1	Q2	Q3	Q4	Year End (*Projection*	Year End Target	Quarterly Performance Trend (Q1 2014-15 onwards)	Performance Against National Average
1. Non-Elective Admissions (NEAs) General and Acute - actual number	2014-15	21,081	20,795	21,723	21,141	**84,739**	92,504		**BELOW**
	2015-16	22,264	21,816	22,529	22,786	**89,394**	89,952		**BELOW**
	2016-17	21,888	21,479	22,135	22,441	**87,943**	86,709		**BELOW**
	2017-18	22,111	22,066	23,346	23,228	**90,752**	87,932		**BELOW**
	2018-19	21,580	22,029	23,196	22,736	**89,542**	88,781		
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (Rate per 100,000 population)[2]	2014-15	182.5	183.1	200.1	232.1	**797.8**	688.4		**BELOW**
	2015-16	193.4	189.1	183.6	178.0	**744.1**	669.2		**BELOW**
	2016-17	190.6	183.4	152.1	118.6	**644.7**	743.6		**BETTER THAN**
	2017-18	174.1	185.3	175.3	173.5	**708.2**	683.4		**BELOW**
	2018-19	182.5	175.9	187.3	159.6	*705.3*	647.1		
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services[3]	2014-15	81.6%	86.6%	79.0%	87.1%	**87.1%**	81.7%		**BETTER THAN**
	2015-16	84.1%	89.4%	82.4%	77.0%	**77.0%**	82.5%		**BELOW**
	2016-17	88.4%	86.0%	84.8%	83.2%	**83.2%**	85.3%		**BETTER THAN**
	2017-18	83.4%	79.6%	75.8%	76.9%	**76.9%**	84.9%		**BELOW**[3]
	2018-19	75.2%	81.1%	82.0%	78.6%	**78.6%**	86.1%		
4. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).[4]	2014-15	859.3	703.8	644.6	605.0	**703.2**	985.9		**BETTER THAN**
	2015-16	641.6	596.8	655.3	830.2	**681.0**	966.0		**BETTER THAN**
	2016-17	825.4	854.3	982.9	885.7	**883.3**	710.6		**BETTER THAN**
	2017-18	703.1	655.9	504.5	588.5	**613.0**	716.7		**BETTER THAN**
	2018-19	481.6	565.4	467.4	540.2	**513.7**	515.9		

Notes:

1. 2014-15 is BCF Baseline Year and used as comparator.

2. There is a time-lag in receiving data for this indicator, therefore quarterly outturns are subject to change during the year and so current outturns should be viewed with this in mind.

3. The Annually reported figured for reablement is based on the Q4 outturn, rather than cumulative performance across the year.

4. The source data for population figures changed for 2018-19 from the ONS Population Projection figure, for the specific year. To the ONS Mid-Year 2016 figure

NB Quarterly figures in italics are a projected figure for the quarter.