

Better Care Fund 2019/20 Template

2. Cover

Version 1.2



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- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- 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:	North Somerset
Completed by:	Gerald Hunt
E-mail:	Gerald.Hunt@n-somerset.gov.uk
Contact number:	01934 634803
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr Mike Bell Deputy Leader of Council
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	28/10/2019

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Councillor	Mike	Bell	Mike.Bell@n-somerset.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Deborah	El-Sayed	deborah.el-sayed@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers				@
	Local Authority Chief Executive		Jo	Walker	Jo.Walker@n-somerset.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Sheila	Smith	Sheila.Smith@n-somerset.gov.uk
	Better Care Fund Lead Official		Gerald	Hunt	Gerald.Hunt@n-somerset.gov.uk
	LA Section 151 Officer		Richard	Penska	Richard.Penska@n-somerset.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>			Daniel	Knight	daniel.knight1@nhs.net

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

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

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

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	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes
Sheet Complete		Yes

4. Strategic Narrative

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	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	Yes
Sheet Complete		Yes

5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes
Sheet Complete		Yes

6. Expenditure

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	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes
Sheet Complete		Yes

7. HCIM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

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	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes
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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

North Somerset

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,081,237	£2,081,237	£0
Minimum CCG Contribution	£14,861,053	£14,861,053	£0
iBCF	£5,856,521	£5,856,521	£0
Winter Pressures Grant	£923,945	£923,945	£0
Additional LA Contribution	£2,879,200	£2,879,200	£0
Additional CCG Contribution	£0	£0	£0
Total	£26,601,956	£26,601,956	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,904,989
Planned spend	£7,973,901

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£6,511,286
Planned spend	£6,511,286

Scheme Types

Assistive Technologies and Equipment	£648,772
Care Act Implementation Related Duties	£833,545
Carers Services	£765,758
Community Based Schemes	£5,800,863
DFG Related Schemes	£2,081,237
Enablers for Integration	£2,444,878
HICM for Managing Transfer of Care	£1,558,627
Home Care or Domiciliary Care	£652,000
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£3,138,979
Intermediate Care Services	£438,369
Personalised Budgeting and Commissioning	£2,446,000
Personalised Care at Home	£25,250
Prevention / Early Intervention	£2,544,581
Residential Placements	£3,223,097
Other	£0
Total	£26,601,956

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Mature
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Established
Chg 5	Seven-day service	Plans in place
Chg 6	Trusted assessors	Plans in place
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Established

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	730.5698008

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.8296875

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

North Somerset

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

- Prevention and self-care
- Promoting choice and independence

Strengthening our Information and Advice offer under the Care Act through work with VANS on refreshing North Somerset Online Directory. New vision for Adult social care in North Somerset published, aimed at Maximising independence and wellbeing. New Extra Care facilities at Yatton commissioned and due to open 2021. Housing support options developed such as Clifton Road and Grove Park. Developing a range of Technology enhanced care schemes such as the hydration project, acoustic monitoring at Sycamore Lodge, the alexa skills project at Tamar Court and proposed digital reablement pilots with domiciliary care providers.

As in previous BCF plans the patients, their carers and the health and social care professionals who support them to live well remain the focus of our local plans. The CCG and Local Authorities across the BNSSG have committed to work together to deliver health and care services for local population.

All of our BCF schemes align to BNSSG plans and strategies that are jointly produced with partners being committed to deliver. Each scheme represents a commissioned service or strategic activity that contributes to achieving the national metrics and delivering patient centred care across our integrated health and care system.

Our approach for integration remains to be that health and social care organisations will:

- Share common objectives and pursue common outcomes, working together effectively
- Build services around people and communities at both efficient and effective scale that enable their needs, aspirations, capabilities and skills and build up personal autonomy and resilience; Prioritise prevention and rehabilitation, reducing inequalities and promoting equality and independence;
- Constantly seek to improve performance;
- Are open, transparent and accountable;

Adopt a commonality of structure that works for local communities and for all commissioning and provider partners in BNSSG.

Prevention and self-care are seen as key components in the long term sustainability of our health and social care system, and our system plans recognise the transformative opportunities we have to improve the health of the population, reduce inequalities in health and reduce demand for care by taking a population health approach as well as integrating care around the person. Ensuring prevention is delivered systematically and at scale throughout the system is at the heart of the principles set-out within our Sustainability and Transformation Partnership Healthier Together, and the vision for the partnership brings prevention and self-care to the forefront as a critical component of the future model of care.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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North Somerset Council currently commissions several social prescribing services which will need to be incorporated into new governance arrangements eg Curo village agents and Alliance's Housing Floating support service. Review of governance arrangements for joint commissioning to reflect the Area Leadership groups and PCN footprints, to include establishment of Weston and Worle Area Leadership Group to recognise the distinction of joint commissioning arrangements from the existing Healthier Weston governance.

BNSSG CCG and North Somerset Council continue to work in an integrated way, exploring joint commissioning arrangements where possible, this is evident from the following joint commissioning arrangements already in place, Carers, Community Equipment, Red Cross and Section 117.

Our Joint commissioning approach remains to be an enabler for tackling our system pressures around the four BCF metrics, including VCSE and private providers. This ensures we plan together and more effectively to meet the needs of our local population. By having our services commissioned in an integrated way we maximise our buying power and create a sustainable community provision.

Our out of hospital care delivery group programme has seen significant progress through the joint commissioning arrangements across Health & Social Care, this ensures that we jointly monitor performance across BNSSG. The group is accountable to the BNSSG A&E Delivery Board for the responsibilities detailed below.

Objectives of the Group

1. To promote joint working across all health and social care partners in BNSSG to reduce the number of patients who are delayed leaving a hospital or a community setting, and reduce the duration of these delays, to improve patient experience and outcomes by reducing the risk of deconditioning and promoting rehabilitation, reablement and recovery in the most appropriate setting for the individual.
2. To ensure measurement of delays is consistent across BNSSG and provides optimal intelligence for informing improvement plans.
3. To devise, deliver and monitor plans to reduce delays, based on an up-to-date and informed view of issues affecting discharge from a health setting.
4. To devise and deliver a strategy aimed at marrying demand and capacity in discharge pathways in the medium term to mitigate any structural deficits affecting delayed discharges.
5. To explore innovative solutions to forward planning and facilitating discharges that challenge current processes and draw on the best evidence available from national and international case studies.

Addressing operational issues relating to discharge as they arise, and overseeing localised plans relating to flow and discharge, will remain the responsibility of internal hospital flow meetings and established partnership meetings hosted by the acute hospitals, including the Whole System Oversight Groups. These groups are responsible for identifying issues affecting discharge that are deemed systemic or require escalation for other reasons and highlighting them to the CCG Chair of the OOHDB in order they are addressed by the Board.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any

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•Technology enhanced care strategy has developed four core pilots to maximise independence :

1)At Tamar Court Extra Care with Sparks Compass and Alliance, based around voice-activated technology (e.g. Alexa). Skill developed and work underway with GP practise to link skill to Ask My GP app to improve access.

2)wireless-enabled solutions, focussing on domiciliary care in rural area with CISCO and Notaro.

3)Sycamore House Dementia Care Home with Shaw Care, movement and sound activated sensor monitoring devices to prevent falls and nursing interventions. System live and popular with staff and families, immediate reductions in falls.

Successful joint bid across BNSSG LA's, for digital funding to develop connection with care home sector to view appropriate information on clients, held in Connecting Care. This will improve consistency and access to information across health and social care, and involve digitalising the Red Bag scheme to support hospital admissions.

Work with Shaw and VANS on implementation of Social Care Digital Programme for 2019/21, this project relates to monitoring hydration in care homes, this brings initial funding of £30k rising potentially to £120k (determined in September) and is supported by the LGA and NHS Digital.

•Roll out of of Tovertafel technology (interactive magic tables, to provide stimulating activities for people with dementia, also piloting children's version in children's centre) continues across the District, 23 deployed across care Home, Day Centres and Children Centres. BNSSG project lead appointed to look at domiciliary care and resilience (sponsored by North Somerset Council), initiatives being developed include working with Universities on student options for providing care for accommodation and diverting shopping and cleaning services to direct payment models. Since commencement of project in August 2018, Delayed transfers of Care attributable to Domiciliary care have reduced by a third, equivalent to £880k in reduced costs to NHS.

•Shared Lives development plan finalised, and Governance Board established to monitor developments (4 new shared lives carers recruited since April)

•Accommodation options developed via joint commissioning arrangements and with close working with housing service, Winter funding supporting Housing with support project manager to deliver the housing with support strategy, to date

Extra Care

oTamar Court 28 units delivered in 2018,

oYatton 30 units planned for 2019/20

oDiamond Court extension 22 units 2019/20

Supported Living Services

oGrove Park 10 units delivered in 2018

oClifton Road 8 units Feb 2019

oNew Housing support scheme potentially 13 individual units being finalised at Clevedon Court location of recently closed care Home.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

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The merger of the three CCG's and the restructure of the Integrated Partnerships Team (formerly Bristol Better Care Team) provided the ideal opportunity to review our current BCF plans and governance arrangements across BNSSG.

Since December the Integrated Partnerships Team (IPT), who are jointly appointed across Health and Social Care, have created a "Service Specification template" for every budget line and have been working with our CCG and Local Authority colleagues to understand the following;

- How the BCF's have been used?
- How the programmes are managed?
- Who is the lead commissioner?
- What the budget is intended to deliver?
- How the budget is being monitored?
- What KPI's are used to monitor the impact?
- Is the service still delivering the intended outcome?
- Is the service still fit for purpose?
- Does it align with the key principles of National BCF programme?
- Should it remain in BCF going forward?

Across BNSSG we were able to update our previous plans with identified budgets that had organically changed to meet system pressures. were able to identify a small number of budgets that were no longer required and jointly agreed additional budget to replace them that were more of a strategic fit to our future BCF plans.

We have taken the lessons learnt from the BCF Review across the three areas to improve the function of our BCF Programme and the interface with the STP and long term plans. The main lessons learnt were,

- Provide a more transparent and concise BCF plan by taking a thematic
- Improvement of BCF reporting and communicating the effectiveness of the BCF programme
- Alignment of the governance to ensure we appropriate decision making process in place at a timely manner.

With increasing pressures across the system and with the merger of the BNSSG CCG, it was agreed that Better Care required a review of its the current governance and reporting arrangements.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

North Somerset

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
North Somerset	£2,081,237
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£2,081,237

iBCF Contribution	Contribution
North Somerset	£5,856,521
Total iBCF Contribution	£5,856,521

Winter Pressures Grant	Contribution
North Somerset	£923,945
Total Winter Pressures Grant Contribution	£923,945

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
North Somerset	£2,879,200	
Total Additional Local Authority Contribution	£2,879,200	

CCG Minimum Contribution	Contribution
NHS Bristol, North Somerset and South Gloucestershire CCG	£14,861,053
Total Minimum CCG Contribution	£14,861,053

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£14,861,053	

	2019/20
Total BCF Pooled Budget	£26,601,956

Funding Contributions Comments Optional for any useful detail e.g. Carry over

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6. Expenditure

Selected Health and Wellbeing Board:

North Somerset

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,081,237	£2,081,237	£0
Minimum CCG Contribution	£14,861,053	£14,861,053	£0
IBCF	£5,856,521	£5,856,521	£0
Winter Pressures Grant	£923,945	£923,945	£0
Additional LA Contribution	£2,879,200	£2,879,200	£0
Additional CCG Contribution	£0	£0	£0
Total	£26,601,956	£26,601,956	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,904,989	£7,973,901	£0
Adult Social Care services spend from the minimum CCG allocations	£6,511,286	£6,511,286	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure									
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme	
1	Integrated Teams (running costs)	Integrated locality health and social care teams, consist of staff from social care and community health with strong links with GPs, the acute sector and mental health services	Enablers for Integration	Integrated workforce					Medium	Medium	Medium	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£99,990	Existing
2	Connecting Care System	Shared organisational contribution to maintaining the software and support to deliver Connecting Care across health and social care	Enablers for Integration	Shared records and Interoperability					Medium	Medium	Medium	Medium	Community Health		LA			CCG	Minimum CCG Contribution	£131,098	Existing
3	Project Manager Resource	The Project Manager is presently working on a new adult care system on the finance system	Enablers for Integration	Integrated workforce					Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£37,572	Existing
4	NSC - SPA	The purpose of the Single Point of Access (SPA) is to provide improved access for the public and professionals to adult health and social care community services. The establishment of a SPA including the co-location of a multi-disciplinary health and social care teams enables it to play a key role in providing an integrated community care model	Integrated Care Planning and Navigation	Single Point of Access					High	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£323,826	Existing
5	NSCP - Frailty Service	This service comprises a Consultant Geriatrician and Nurse Consultant and a Community Pharmacist (with appropriate admin support). The Team provide increased senior clinical decision making to the health system, complimenting pathways that are already in place	Integrated Care Planning and Navigation	Care Planning, Assessment and Review					High	Medium	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£408,051	Existing
6	NSC - Impact of Social Care Reforms	The Care Act 2014 gave new duties to LAs which was recognised would increase demand for social care services, this funding is not used for any particular schemes but contributes to core activity	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)					Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£102,656	Existing
7	AWP - Care Home Liaison	This service is commissioned for people with dementia and function mental health illnesses living in Care Homes in NS & SG	Community Based Schemes						High	Medium	Low	High	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£51,915	Existing
8	Training for Care Home providers	Training on safeguarding and core issues like any changes to legislation or guidelines	Prevention / Early Intervention	Other					High	Medium	Low	High	Community Health		LA			Local Authority	Minimum CCG Contribution	£40,400	New
9	Brokerage Resource	These roles make up part of NSC core brokerage service. Their primary role is to source appropriate placements and develop care plans for NSC service users	Enablers for Integration	Integrated workforce					Low	High	Low	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£104,171	Existing
10	Care co-ordination posts (x2)	Merged with brokerage resource	Enablers for Integration	Integrated workforce					Medium	Medium	Medium	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£70,730	Existing
11	Assistive technology co-ordinator post	TEC champion to promote AT and other equipment to maximise independence with operational teams	Assistive Technologies and Equipment	Digital Participation Services					Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£35,350	Existing
12	Care Home Assistive Technology	Funding numerous Assistive Technology including, but not limited to 'Magic Tables' for people with LD/dementia, acoustic monitoring in care homes, Alexa in care homes, digital reablement	Assistive Technologies and Equipment	Community Based Equipment					Medium	Medium	Low	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£60,600	Existing
13	Care Planning Capacity	Additional Social Work capacity based at NSC	Integrated Care Planning and Navigation	Care Planning, Assessment and Review					Medium	Medium	Medium	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£57,439	Existing
14	Case management for high cost packages	Social Work capacity to review specific high cost packages	Integrated Care Planning and Navigation	Care Planning, Assessment and Review					Medium	Medium	Low	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£40,026	Existing
15	NSC - Impact of Social Care Reforms	The Care Act 2014 gave new duties to LAs which was recognised would increase demand for social care services, this funding is not used for any particular schemes but contributes to core activity	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)					Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£131,712	Existing

16	NSCP - Admission prevent team	The service is available 24/7 and the team comprises of: Nurses, Therapists, Co-coordinator, Generic Support Workers and Administration support	Community Based Schemes					High	Low	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£983,267	Existing
17	NSC - Care Navigators & admin support	Merged with brokerage resource	Integrated Care Planning and Navigation	Care Coordination				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£147,824	Existing
18	Age UK - Somerset	Third Sector, engagement and infrastructure partner. Spokespeople for the voluntary sector. Mapping voluntary sector services for NSC for an online directory. Links to GP Social Prescribing	Prevention / Early Intervention	Other	Social Isolation			Medium	Medium	Medium	Medium	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£145,361	Existing
19	Voluntary Action North Somerset (VANS)	Fund project post to support mapping of activities and services in the Third Sector across North Somerset and to update NSOD to map these services for social prescribers and the public.	Prevention / Early Intervention	Risk Stratification				Medium	Medium	Medium	Medium	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£33,734	Existing
20	Response 24 (Out of Hours response)	This service responds to pendant alerts by providing physical support for elderly and/or frail who do not have a next of kin at all or living locally	Assistive Technologies and Equipment	Telecare				Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£332,822	Existing
21	Community Meals Weekend Offer	Hot meals service. Contribution to the cost of the service so that it can be extended to the weekend for older people	Personalised Care at Home			Packages	25,000.0	Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£25,250	Existing
22	Carers Breaks Contribution	Supporting respite for Carers so that they may take holidays or time for themselves to support their physical and mental health	Carers Services	Carer Advice and Support				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£641,350	Existing
23	Proud to Care retention bonus for domiciliary care strategic providers	To promote recruitment and retention of care staff. Pay bonus to staff who have been employed by 6 months or longer	Home Care or Domiciliary Care			Hours of Care	280.0	Low	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£202,000	New
24	Carers support - Mental Health (AWP)	Social Care provision to keep people at home	Carers Services	Carer Advice and Support				High	Medium	Medium	Low	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£124,408	Existing
25	NSC - Reablement	NS Reablement service is a domiciliary care based service provided to people at home to facilitate an improvement in function. The staff work with people on their activities of daily living to improve function and independence	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	600.0	Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£438,369	Existing
26	NSCP - Reablement	North Somerset Community Partnership provide a community rehabilitation pathway for NS residents	Community Based Schemes					Low	High	Medium	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£507,711	Existing
27	Community Equipment	The Integrated Community Equipment Service (ICES) provides equipment for people with health and social care needs to enable them to return to or stay in their homes. Equipment provided includes beds, seating, moving and handling aids, mobility and toileting aids.	Prevention / Early Intervention	Other	Equipment			Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£306,774	Existing
28	Community Equipment	See above	Prevention / Early Intervention	Other	Equipment			Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,406,112	Existing
29	Disabled Facilities Grant (DFG)	Disabled Facilities Grants are administered by the housing service and complete approximately 170 adaptations per annum, ensuring maximisation of independence.	DFG Related Schemes	Adaptations				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	DFG	£2,081,237	Existing
30	Impact to social care reforms	The Care Act 2014 gave new duties to LAs which was recognised would increase demand for social care services, this funding is not used for any particular schemes but contributes to core activity	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£531,078	Existing
31	Dementia Day Services	Day services for people with dementia - normally about 40 people a day	Community Based Schemes					Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£202,848	Existing
32	Investment in services for Asperger's/Autism in the community	Contribution to 2 social workers who specialise in this area in the community team for LD. Case management, referrals, transitions, liaising with health partners and family	Community Based Schemes					Medium	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£93,243	Existing
33	Contract Compliance Posts (core service)	QA contract monitoring of Care Homes and other care providers	Enablers for Integration	Integrated workforce				Medium	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£171,720	Existing
34	Personality Post contribution	Specific post to work around personality disorders	Enablers for Integration	Integrated workforce				Medium	Low	Low	Low	Community Health		CCG			CCG	Minimum CCG Contribution	£37,944	Existing
35	North Somerset Wellbeing Therapies (ex-1 in 4)	Service to take a preventative approach for MH service users	Enablers for Integration	Integrated workforce				Low	Medium	Medium	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£126,155	Existing
36	Long term care including mental illness	This right to free after care services is set out in Section 117 of the Mental Health Act 1983	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning				High	Medium	Low	High	Mental Health		CCG			Local Authority	Minimum CCG Contribution	£2,446,000	Existing
37	NSCP - Rehabilitation	North Somerset Community Partnership provide a community rehabilitation pathway for NS residents	Community Based Schemes					Low	High	Medium	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,437,800	Existing

38	British Red Cross - Assisted Discharge Service	Paid staff assisting vulnerable people to get home from ED, avoiding admission	Community Based Schemes					Low	High	Medium	High	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,050	Existing
39	Discharge to Assess	The aim of this project is to move care and therapy close to home and reduce prolonged acute hospital stays and to ensure that patients do not have decisions made about their long term care needs whilst in hospital	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Medium	High	Community Health		CCG			Private Sector	Minimum CCG Contribution	£497,995	Existing
40	NSC - Access and Hospital Support Team	The Home from Hospital service is based at Weston General Hospital and provides help and support for patients to move back home safely after a stay at the hospital	Integrated Care Planning and Navigation	Care Coordination				Low	High	Medium	High	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£470,776	Existing
41	Hospital Discharge Co-ordinators and admin	Part of the Home from Hospital Service	Integrated Care Planning and Navigation	Care Coordination				Low	High	Medium	High	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£149,243	Existing
42	Hospital Discharge Manager	Part of the Home from Hospital Service	Integrated Care Planning and Navigation	Care Coordination				Low	High	Medium	High	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£53,794	Existing
43	Residential and nursing beds at Sycamore home, Wraxall	There are limited numbers of homes which accept NS rates in the North of the area because it is close to Bristol and Bristol City Council pay higher rates. As such, this funds the block purchase of residential and nursing beds for older people with dementia	Residential Placements	Care Home		Placements	4.0	Low	High	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£266,135	New
44	Funding for new schemes to meet system pressures	NSC will determine in partnership with the CCG for part of the 6% uplift to identify how the resources are implemented to meet system pressures	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Low	High	Medium	High	Social Care		CCG			Local Authority	Minimum CCG Contribution	£256,687	New
45	NSCP Community Services	Local community services are delivered via a multidisciplinary team approach which includes the core functions of community nursing and community rehabilitation.	Community Based Schemes					High	High	High	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,095,968	Existing
46	NSC - Impact of Social Care Reforms	The Care Act 2014 gave new duties to LAs which was recognised would increase demand for social care services, this funding is not used for any particular schemes but contributes to core activity	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Medium	Medium	Medium	Medium	Community Health		LA			Local Authority	Minimum CCG Contribution	£28,099	Existing
47	Proud to Care Retention Payment	IN order to improve retention NSC agreed to pay a six monthly Proud to Care bonus to strategic partners to all domiciliary care staff that remained with the provider. The payment represented an average weeks pay.	Home Care or Domiciliary Care			Hours of Care	280.0	Medium	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£200,000	New
48	Domiciliary Care Strategic Providers Capacity Building	In order to maintain fragile capacity and improve recruitment and retention, additional funding agreed to support recruitment action plans of strategic providers	Home Care or Domiciliary Care			Hours of Care	280.0	Medium	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£200,000	New
49	Care Home BCF Innovation Grant - top up existing	NSC undertook an innovation grant process with care homes to support transformational ways of working. The most popular items purchased by NSC to over 25 providers was AT especially the Magic Table	Assistive Technologies and Equipment	Community Based Equipment				Medium	Medium	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£100,000	Existing
50	Stabilising Capacity - Care Home Sector	Funding used to support care home capacity to secure placements as fee levels above council fee structures to support DTOC	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£118,000	New
51	Within 24 hour fast track delivery of Carelink	Carelink equipment service fastracked to support 24 hour discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£40,000	Existing
52	TEC - TO Support Care Sector	Technology enabled care used to top up innovation grant contributions.	Assistive Technologies and Equipment	Community Based Equipment				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£20,000	Existing
53	Supply of emergency radiators via	Equipment purchased to ensure rapid discharge arrangements can be put in place to support frail adults return home in circumstances where heating is defective	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£945	Existing
54	Supply of furniture via Alliance, to support discharge	Equipment purchased to ensure rapid discharge arrangements can be put in place to support frail adults return home in circumstances where basic furniture is required to support discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£2,000	Existing
55	Fund for Adaptations via Alliance, to support	Funds to support house adaptations to support early discharge with Alliance	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£3,000	Existing
56	In conjunction with VAN's map local community	Mapping voluntary sector services for NSC for an online directory. Links to GP Social Prescribing, development of NSOD	Care Act Implementation Related Duties	Other	Information and advice services			Not applicable	High	Medium	Medium	Social Care		LA			Local Authority	Winter Pressures Grant	£40,000	Existing
57	Premium payments to Care Home sector to	Funding used to support care home capacity to secure placements as fee levels above council fee structures to support DTOC	Residential Placements	Care Home		Placements	-	Not applicable	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£50,000	Existing
58	Agency Social Work to address capacity issues	Additional social work capacity to support early assessment to prevent DTOC	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£100,000	Existing
59	Expansion of Home from Hospital service	Additional post to support service working at weekend	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£50,000	Existing
60	Proud to Care	Investment to support NSOD platform, advertising and promotion to support scheme	Home Care or Domiciliary Care			Hours of Care	50.0	Not applicable	High	High	High	Social Care		LA			Local Authority	iBCF	£50,000	Existing
61	Contribution to Care Home Fee	Additional resources to meet Care Home inflationary award 17/18	Residential Placements	Care Home		Placements	-	Not applicable	High	High	High	Social Care		LA			Local Authority	iBCF	£856,962	Existing
62	Block purchase of capacity to support discharge	Additional block bed capacity at Sycamore Lodge	Residential Placements	Care Home		Placements	6.0	Not applicable	High	High	High	Social Care		LA			Local Authority	iBCF	£350,000	Existing

[^^ Link back up](#)

<u>Scheme Type</u>	<u>Description</u>	<u>Sub Type</u>
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

<p>Integrated Care Planning and Navigation</p>	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	<p>Care Coordination Single Point of Access Care Planning, Assessment and Review Other</p>
<p>Intermediate Care Services</p>	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	<p>Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other</p>

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

North Somerset

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Current performance issues are mainly associated with Chg 1 - Early Discharge Planning and there are a number of actions in place, which aim is to reduce LOS & DToC, including:

- Refresh of the DToC codes including the DToC Validation Cycle
- Weekly review of stranded patients including Whole System Operational Group escalation

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Mature	
Chg 2	Systems to monitor patient flow	Established	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Plans in place	Plans in place	Financial envelope to deliver 7 day services across social care staffing resource
Chg 6	Trusted assessors	Plans in place	Plans in place	There are some issues associated with the lack of data from Weston Area Health Trust to warrant a robust BNSSG business case & justify the TA Project Manager Post. Work is in progress to obtain this
Chg 7	Focus on choice	Established	Mature	
Chg 8	Enhancing health in care homes	Plans in place	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

North Somerset

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	<p>We are on track to meet our target.</p> <p>Our ambitious plan for reducing Non-Elective Admissions includes the following actions:</p> <ul style="list-style-type: none"> - Expand high impact users model (ED separate infrastructure for readmission patients) at the North Bristol Trust (NBT) - Continue with UH Bristol award winning high impact user group which is well

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	12.7	<p>Our performance remains around our target, we have seen a significant improvement in performance due to a revalidation process.</p> <p>A BNSSG Performance Recovery Plan has recently been formulated to improve the flow & discharge. This has been presented at the A&E Delivery Board for assurance & monitoring.</p> <p>Our ambitious plan to reduce Delayed Transfers of Care across BNSSG includes the following actions:</p>

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	740	731	North Somerset Council are engaging with the Community Health Provider on the design of a frailty hub and pathways to support a reduction in placements into residential care. We are also engaging with Primary Care Networks and discussions are already being held about the establishment of MDT's in each PCN focused on
	Numerator	377	383.5	
	Denominator	50,947	52,493	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.5%	83.0%	The plan for meeting the reablement target is linked to the above residential admissions plan.
	Numerator	83	79.65	
	Denominator	96	96	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

North Somerset

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	Tab 4 Strategic narrative		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes	Tab 4 Strategic narrative		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Yes	Tab 4 Strategic narrative		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes	Tab 6 Expenditure		
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes	Tab 6 Expenditure		
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes	Tab 7 HICM		

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes	Tab 6 Expenditure		
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes	Tab 6 Expenditure		
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes	Tab 8 Metrics		