Better Care Fund Template Q4 2018/19

1. Cover

Version 1.0

Please Note:

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 **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information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

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

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

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Who signed off the report on behalf of the Health and Wellbeing Board:	Helen Jones and Ted Wilson

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

Complete	

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

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

Local Government Association

NHS England

<< Link to Guidance tab

1. Cover

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

Sheet Complete:		Yes

2. National Conditions & s75 Pooled Budget

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

Sheet Complete:		Yes

3. Metrics

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

Sheet Complete:		Yes

4. High Impact Change Model

	Cell Reference	Checker
Chg 1 – Early discharge planning Q4 18/19	G12	Yes
Chg 2 – Systems to monitor patient flow Q4 18/19	G13	Yes
Chg 3 – Multi-disciplinary/multi-agency discharge teams Q4 18/19	G14	Yes
Chg 4 – Home first/discharge to assess Q4 18/19	G15	Yes
Chg 5 – Seven-day service Q4 18/19	G16	Yes
Chg 6 – Trusted assessors Q4 18/19	G17	Yes
Chg 7 – Focus on choice Q4 18/19	G18	Yes
Chg 8 – Enhancing health in care homes Q4 18/19	G19	Yes
UEC – Red Bag scheme Q4 18/19	G23	Yes
Chg 1 – Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 – Systems to monitor patient flow , if Mature or Exemplary please explain	H13	Yes
Chg 3 – Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 – Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 – Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 – Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 – Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 – Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC – Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 – Early discharge planning Challenges	I12	Yes
Chg 2 – Systems to monitor patient flow Challenges	I13	Yes
Chg 3 – Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 – Home first/discharge to assess Challenges	I15	Yes
Chg 5 – Seven-day service Challenges	I16	Yes
Chg 6 – Trusted assessors Challenges	I17	Yes
Chg 7 – Focus on choice Challenges	I18	Yes
Chg 8 – Enhancing health in care homes Challenges	I19	Yes
UEC – Red Bag Scheme Challenges	I23	Yes
Chg 1 – Early discharge planning Additional achievements	J12	Yes
Chg 2 – Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 – Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 – Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 – Seven-day service Additional achievements	J16	Yes
Chg 6 – Trusted assessors Additional achievements	J17	Yes
Chg 7 – Focus on choice Additional achievements	J18	Yes
Chg 8 – Enhancing health in care homes Additional achievements	J19	Yes
UEC – Red Bag Scheme Additional achievements	J23	Yes
Chg 1 – Early discharge planning Support needs	K12	Yes
Chg 2 – Systems to monitor patient flow Support needs	K13	Yes
Chg 3 – Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 – Home first/discharge to assess Support needs	K15	Yes
Chg 5 – Seven-day service Support needs	K16	Yes
Chg 6 – Trusted assessors Support needs	K17	Yes
Chg 7 – Focus on choice Support needs	K18	Yes
Chg 8 – Enhancing health in care homes Support needs	K19	Yes
UEC – Red Bag Scheme Support needs	K23	Yes

Sheet Complete:		Yes

5. Income and Expenditure

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

Sheet Complete:		Yes

6. Year End Feedback

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

Sheet Complete:		Yes

7. Narrative

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

Sheet Complete:		Yes

8. Additional improved Better Care Fund: Part 1

	Cell Reference	Checker
A1) Do you wish to revise the percentages provided at Q1 18/19?	C14	Yes
A2) a) Revised meeting adult social care needs	D17	Yes
A2) b) Revised reducing pressures on the NHS	E17	Yes
A2) c) Revised ensuring that the local social care provider market is supported	F17	Yes
A3) Success 1	C23	Yes
A3) Success 2	D23	Yes
A3) Success 3	E23	Yes
A4) Other commentary 1	C24	Yes
A4) Other commentary 2	D24	Yes
A4) Other commentary 3	E24	Yes
A5) Commentary 1	C25	Yes
A5) Commentary 2	D25	Yes
A5) Commentary 3	E25	Yes
A6) Challenge 1	C28	Yes
A6) Challenge 2	D28	Yes
A6) Challenge 3	E28	Yes
A7) Other commentary 1	C29	Yes
A7) Other commentary 2	D29	Yes
A7) Other commentary 3	E29	Yes
A8) Commentary 1	C30	Yes
A8) Commentary 2	D30	Yes
A8) Commentary 3	E30	Yes
B1) Initative 1: Progress	C37	Yes
B1) Initative 2: Progress	D37	Yes
B1) Initative 3: Progress	E37	Yes
B1) Initative 4: Progress	F37	Yes
B1) Initative 5: Progress	G37	Yes
B1) Initative 6: Progress	H37	Yes
B1) Initative 7: Progress	I37	Yes
B1) Initative 8: Progress	J37	Yes
B1) Initative 9: Progress	K37	Yes
B1) Initative 10: Progress	L37	Yes
B2) Initative 1: Commentary	C38	Yes
B2) Initative 2: Commentary	D38	Yes
B2) Initative 3: Commentary	E38	Yes
B2) Initative 4: Commentary	F38	Yes
B2) Initative 5: Commentary	G38	Yes
B2) Initative 6: Commentary	H38	Yes
B2) Initative 7: Commentary	I38	Yes
B2) Initative 8: Commentary	J38	Yes
B2) Initative 9: Commentary	K38	Yes
B2) Initative 10: Commentary	L38	Yes

Sheet Complete:		Yes

9. Additional improved Better Care Fund: Part 2

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

Sheet Complete:		Yes

Better Care Fund Template Q4 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: | Wiltshire

Confirmation of Nation Conditions

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

Confirmation of s75 Pooled Budget

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

Metrics

Selected Health and Wellbeing Board: | Wiltshire

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Need Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target	Challenges	Achievements	Support Nee
NEA	Reduction in non-elective admissions	Not on track to meet target	The first 9 months of the year have seen activity at similar levels to those seen at the end of 2017-18, this is mainly short stay admissions and reflects a change in coding practice at one of the local trusts. The challenge of reducing admissions is one actively being	Avoidable Emergency admissions are still at the lower levels seen in 2017-18. Admissions avoidance schemes are under review as part of 2019/20 plan.	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Keeping people at home for as long as possible represents a challenge to the system as in the short-term this is likely to require additional domicilliary care provision. For the medium-term prevention, is a priority focus for Wiltshire to enable people to remain at home as independently as possible for as long as possible. Examples of this can be seen in projects funded by the BCF to reduce social isolation, meet health needs closer to home to include support for carers.	To end of February, we have seen 329 new permanent admissions to care homes, if this can be sustained it represents a further significant reduction on previous years.	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Activity and outcomes are lower than expected but are expected to improve through the year as the new discharge pathways become embedded across the system. We continue to work with our provider to ensure we improve the outcomes and reporting for these services.	Simplifying the discharge pathways has helped us achieve a better understanding of patient needs and ensure that people receive the right support in the community.	None
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Continuing high levels of demand for care at home. We have developed new approaches to discharge and reablement to provide a further impetus to reductions.	We continue to see that the number of delayed days are lower than the number in 2017-18, as existing and new initiatives continue to deliver though we remain above our target. We have reduced DTOC by 25% when compared to a year ago, and redesigned and recommissioned our help to live at home service to increase capacity of care available in the	None

4. High Impact Change Model

Selected Health and Wellbeing Board: Wiltshire

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

| | | Q1 18/19 | Q2 18/19 | Q3 18/19 (Current) | Q4 18/19 (Current) | **Narrative** | | | |
						If 'Mature' or 'Exemplary', please provide further rationale to support this	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Mature	Mature	Mature	Mature	Discharge processes and teams are well established. Discharge planning commences immediately for patients/service users through MDT working. This is evidenced by the CQC review in Summer 2018.	Overall shared IT systems	High impact model alignment	None
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Mature	MIDOS has now been implemented across most of the system, and a roll-out plan is in place to put in place Midos across all providers	Overall shared IT systems	Now 50% of all providers have the Midos tool in use.	None
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established	Established		Lack of single management structures focussed on the individual.	A full review of Intermediate care is underway to improve step up, step down, and Length of stay	None
Chg 4	**Home first/discharge to assess**	Established	Mature	Mature	Mature	Discharge processes and teams are well established. Discharge planning commences immediately for patients/service users through MDT working. This is evidenced by the CQC review in Summer 2018.	The redesigned reablement structure is now fully operational, and has been further strengthened by our new HomeFirstPlus service which is now also operational	Reablement service has now been fully redesigned, and brought "in-house". There has been a correlation with the launch of both new services and sustained good improvement in DTOC performance.	None
Chg 5	**Seven-day service**	Plans in place	Established	Established	Established		Some providers are not accepting referrals at weekends, contractual arrangements are being reviewed to ensure that this can take place to improve flow.	Social workers are now available 7 days a week.	None
Chg 6	**Trusted assessors**	Established	Established	Established	Established		The trusted assessment model is in place across Intermediate Care. A new approach to the design of Trusted Assessment is in place with providers "owning" the design of the Trusted Asssessment function. Whilst this is proving more effective and has a greater chance of delivering a sustainable model, the pace of	Trusted Assessment processes implemented across all three Acutes. Now need to agree the role, function, and hosting arrangements for the Trusted Assessor(s).	None
Chg 7	**Focus on choice**	Established	Established	Established	Mature	New Choice policy based on national template has been implemented across all trusts and services and this is impacting positively on delays.	The % of delayed discharges caused by "choice" and professionals having difficult conversations with people who use services has improved in the last quarter, but remains higher than is possible. A review of the supplier	Analytical analysis demonstrates that choice as a % of all delays is reducing. Need to conclude work in reviewing the supplier arrangement in the next period.	None
Chg 8	**Enhancing health in care homes**	Established	Established	Established	Established		Some Providers struggle with capacity due to workforce challenges. The market is dominated by self-funders (c. 70%). Commissioners have had to manage some market failures (small care homes) with providers failing to recruit staff of sufficient calibre to maintain quality.	New Wiltshire wide Workforce group has now been introduced to solution some of the common workforce issues across the county.	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	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Not yet established	Plans in place	Plans in place	Plans in place		Red bag not introduced	Design phase and PDSA cycles have now completed, as part of the overall CATHEDRAL project. Red bags are to introduced in the next quarter.	None – good support already provided by Diana Porter (NHSE)

Better Care Fund Template Q4 2018/19
5. Income and Expenditure

Selected Health and Wellbeing Board: | Wiltshire

Income

	2018/19	
Disabled Facilities Grant	£ 3,033,313	
Improved Better Care Fund	£ 7,210,533	
CCG Minimum Fund	£ 29,011,258	
Minimum Sub Total		£ 39,255,105

	Planned		Actual				
CCG Additional Fund	£ 2,219,742		Do you wish to change your additional actual CCG	Yes	£ 2,764,251		
LA Additional Fund	£ 4,249,640		Do you wish to change your additional actual LA	Yes	£ 5,114,929		
Additional Sub Total		£ 6,469,382				£ 7,879,180	

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 45,724,487	£ 47,134,285

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

Expenditure

	2018/19
Plan	£ 45,724,128

Do you wish to change your actual BCF expenditure?	Yes

Actual	£ 47,134,285

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	Minor adjustments in year.

6. Year End Feedback

Selected Health and Wellbeing Board: | Wiltshire

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	In line with BCF we have now developed co-dependant governance structures where organisation boundaries have bec
2. Our BCF schemes were implemented as planned in 2018/19	Agree	Whilst schemes were implemented as planned, more attention in 2019/20 will be given to benefits realisation and measu
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	The plan has supported the very significant decrease in DTOC which is down by 25% from a year ago.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Our Admissions avaoidance activities have help to keep the non elective admissions rates in the top 10 CCG areas acro
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	A combination of the BCF schemes, and revised integrated governance have had a direct impact on the improvement of
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Through our Urgent care at Home scheme we have been able to maintain improvement over the course of the year (NB t
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	BCF schemes, and Social Care driven strategies to keep people at or as close to home as possible have been successf

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Following changes to the System Leadership arrangements in 2018 a concentrated effort was placed on the overhaul of
Success 2	8. Pooled or aligned resources	During the year the major system wide change was the redesign, decommissioning, and recommissioning of the reablem

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 rurual factors)	Every organisation within the health and care system is struggling with recruiting and retaining enough staff due to a variety of reasons described in the following documents. The increasing demand for services together with the reduction in the number of people of working age means health and social care employers are facing greater competition for those staff recruited locally. Recent Office of National Statistics data shows that those unemployed has reduced from 4.1% in 2014 to the present rate of 3.1%. National issues are also having an impact: for example, the implications of the potential changes to European immigration status have made recruitment of registered professionals such as nurses from abroad more difficult, as has the high bar for passing the English language tests, a requirement for professional registration for international applicants. The rurality of some areas in Wiltshire bring their own challenges as they require staff to have their own transport in order to access employment. Every organisation within the whole health and social care system is struggling with recruiting and retaining enough staff due to the changes described above despite their best efforts. The staff groups most constrained are Registered Nurses, some specialities of Doctor (including GP's) and Domiciliary Support Workers (Carers and Health Care Assistants). Whilst this shortage is present now the mature age of our workforce will increase the pressure in the next few years. For example, 23% of our GP workforce is over 55 years old and 32% of our GP Nursing workforce. The present shortage of staff is particularly severe in Domiciliary Care services where turnover of direct care staff is on average approximately 38%. We have
Challenge 2	3. Integrated electronic records and sharing across the system with service users	At the current time we are not widely sharing records amongst professionals because of limitiations with existing systems, and the current implemenation of the new Liquid Logic system.

Footnotes:

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

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

8. Additional improved Better Care Fund: Part 1

Selected Health and Wellbeing Board: | Wiltshire

Additional improved Better Care Fund Allocation for 2018/19: | £ 5,139,743

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):	46%	20%	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:	Yes

	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.	75%	20%	5%	100%

Successes and challenges associated with additional iBCF

	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.	Reablement	Tackling capacity within the local care market	Health and social care integration
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.	The I-BCF funding has used to support the transformation/re-design of reablement and other lined services.		I-BCF funding has enabled the transformation of services across Adult Social Care and across the Health and Social Care interface.

	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.	Tackling capacity within the local care market	Workforce – recruitment	Managing demand
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.	Provider capacity has been improved recently through the introduction of the Domcare Alliance, the number of available working age adults in Wiltshire remains a challenge	Vacancy rates remain challenging across the system, particularly in the South of the County. New workforce group is now in place.	Much work has been done to manage demand for statutory services, however expected demographic growth will continue to be a challenge for the Wiltshire System

Section B

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

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5	Initiative / Project 6	Initiative / Project 7	Initiative / Project 8	Initiative / Project 9	Initiative / Project 10
Project title (automatically populated based on Q1 18/19 return):	Customer Journey/Front Door	Strategic Commissioning and Procurement	Reablement	Safeguarding	Prevention					
Project category (automatically populated based on Q1 18/19 return)	1. Capacity: Increasing capacity	1. Capacity: Increasing capacity	4. HIC: High Impact Change	12. Protection	11. Prevention					
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	Completed	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

Selected Health and Wellbeing Board: | Wiltshire

Additional improved Better Care Fund Allocation for 2018/19: | £ 5,139,743

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.	100	1000	0
C2) If you have not increased the number of packages or placements, please indicate the main area that you have spent the addition iBCF funding allocation for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.			
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.			

Section D

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

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

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	Number of care packages provided	Intermediate Care Bed Admissions	Permanent Admissions to Placement Care	% of people discharged to rehabilitation who are still at home 91 days post discharge.	Delayed Transfers of Care
D1) Additional Metric Name If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics. Please do not use more than 100 characters to describe					
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible	Capacity - Domiciliary	DTOC/Discharge	Capacity - Residential & Nursing Care	DTOC/Discharge	DTOC/Discharge
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	Improvement	Improvement	Improvement	Improvement	Improvement