Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Bath and North East Somerset
Health & Wellbeing Board

Democratic Services Lewis House, Manvers Street, Bath, BA1 1JG	Direct Line:	01225 394414
	Ask For:	Marie Todd
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	Date:	9 May 2017

To: All Members of the Health & Wellbeing Board

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Mike Bowden (Bath & North East Somerset Council), Jayne Carroll (Virgin Care), Mark Coates (Knightstone Housing), Tracey Cox (Clinical Commissioning Group), Morgan Daly (Director for Communities - Healthwatch B&NES), Debra Elliott (NHS England), Councillor Michael Evans (Bath & North East Somerset Council), Steve Imrie (Avon Fire & Rescue Service), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath & North East Somerset Council), Professor Bernie Morley (University of Bath), Laurel Penrose (Bath College), Jermaine Ravalier (Bath Spa University), James Scott (Royal United Hospital Bath NHS Trust), Andrew Smith (BEMs+ (Primary Care)), Sarah Shatwell (DHI (VCSE sector)), Jane Shayler (Bath & North East Somerset Council) and Elaine Wainwright (Bath Spa University)

Observers: Councillor Tim Ball (Bath & North East Somerset Council) and Councillor Eleanor Jackson (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 17th May, 2017** at **11.00 am** in the **Council Chamber - Guildhall, Bath.** The agenda is set out overleaf.

Yours sincerely

Marie Todd
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Marie Todd who is available by telephoning Bath 01225 394414 or by calling at the Guildhall Bath (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Recording at Meetings**:-

   The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

   Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

   The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Marie Todd as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Civic Centre, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **Declarations of Interest**

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.
   (b) The nature of their interest.
   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board

Wednesday, 17th May, 2017
Council Chamber - Guildhall, Bath
11.00 am - 12.30 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING (PAGES 7 - 14)

   To confirm the minutes of the meeting held on 7 December 2016 as a correct record.

8. IMPROVED BETTER CARE FUND PLAN (IBCF) - 2017/18 - 2018/19 (PAGES 15 - 40) — Jane Shayler

   Bath and North East Somerset's Better Care Plan 2014/15 - 2018/19 was agreed by the Health and Wellbeing Board in September 2014. It was identified as a national example of best practice.

   Subsequent annual revisions have set out how any revised conditions for investment of Better Care Fund (BCF) allocations will be met.

   The Board is asked to consider the attached report.

9. YOUR CARE YOUR WAY UPDATE — Sue Blackman

To receive a presentation giving an update regarding the Your Care Your Way project.

10. SUGAR SMART COUNCIL (PAGES 41 - 46) — Bruce Laurence

To consider the attached report which provides an update, and briefs the Health and Wellbeing Board on the imminent public launch of the Bath and North East Somerset Sugar Smart Campaign.

11. CLOSING REMARKS/TWITTER QUESTIONS

12. DATE OF NEXT MEETING

To note that the next meeting will take place on Wednesday 12 July 2017.

The Committee Administrator for this meeting is Marie Todd who can be contacted by telephoning Bath 01225 394414

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Bath and North East Somerset Council | **Bath and North East Somerset CCG**

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 7th December, 2016, 10.30 am

Dr Ian Orpen (Chair)	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Councillor Michael Evans	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch Representative
John Holden	Clinical Commissioning Group lay member
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Observer	
Councillor Eleanor Jackson	Bath and North East Somerset Council

35 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

36 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Morgan Daly - Healthwatch
Councillor Vic Pritchard – B&NES Council

38 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

39 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

The Chair informed the Board that this would be the last meeting under the current format. The strategic direction of the Board was being refreshed recognising the opportunities for further growth and to include wider representation. There would be a development session in February with the next formal meeting taking place in March.

40 **PUBLIC QUESTIONS/COMMENTS**

There were no public questions or statements.

41 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

42 **YOUR CARE YOUR WAY UPDATE**

The Board received a presentation from Sue Blackman, Project Lead at B&NES Council and Jayne Carroll, Regional Director of Operations at Virgin Care. A copy of the presentation is attached as *Appendix 1* of these minutes.

In November the intention to award the contract for community health and social care services in B&NES to Virgin Care was announced. The presentation covered the following issues:

- Details of the Virgin Care Executive Team
- Local Virgin Care delivery team structure
- Virgin Care values and vision – Strive for better, Heartfelt service, Team spirit
- Over the forthcoming year the project would move into the transition stage. It was important to effectively join up health and social care. The focus would be on the individual and their needs to enable people to remain as independent as they can for as long as possible. Information flows were very important.
- Mobilisation would take place on 1 April 2017. It was very important to ensure a safe transfer to Virgin Care. Strong governance programmes were in place, a steering group had been set up and representatives from Virgin Care would join the group in December.
- Managing the transfer of staff was also very important. Safe and robust plans would be in place for Day 1 of the transfer.
- There would be opportunities for both members and officers to scrutinise the contract.
- Commissioning outcomes would be measured rather than purely input and output.

Questions

There was then an opportunity to ask questions regarding the your care your way project. It was confirmed that the video regarding Virgin Care was available on the Virgin website.

There would be opportunities for staff training and development and work was being carried out in conjunction with universities to provide this. When populating the posts to be filled it was important to protect the rights of staff and to follow the TUPE process. It was acknowledged that posts needed to be filled as soon as possible and Virgin Care would be working with Sirona to ensure that this happens.

Councillor Tim Warren thanked the B&NES staff for all the work they had undertaken on the your care your way project and for the open and transparent way this had been carried out.

Councillor Michael Evans welcomed the joining up of health and social care services but expressed disappointment that bed blocking was still taking place. Officers stressed how important it was to work with GPs and acute providers to prevent any avoidable hospital admissions. Benchmarking was regularly carried out with the aim of continually improving services and Virgin Care will become part of this process.

The Health and Wellbeing Board **NOTED** the update.

43 ANNUAL COMMISSIONING INTENTIONS - KEY MESSAGES

The Board received a presentation from Jane Shayler, Deputy Director Adult Care, Health and Housing Strategy, B&NES Council and Tracey Cox, Chief Officer, CCG, regarding commissioning intentions. A copy of the presentation is attached as *Appendix 2* to these minutes.

The following issues were outlined in the presentation:

- How best to translate national priorities to local priorities
- It was important to consider how to use the resources available to best provide positive outcomes for the B&NES population. The financial context was very challenging. The Council had an estimated budget gap of £37m for the next 3 years covering 2017/18 to 2019/20. Of this £37m, the Strategic Review reported last year found £14m, leaving a further £23m to identify. The CCG had savings plan requirements of £7.8m (3-4% in 2017/18 and £4.3m in 2018/19 (1.8%). There were also a greater number of people living with complex needs.
- The your care your way project aimed to provide a sustainable, preventative, integrated health and care system in the local community with services co-ordinated around locality hubs aligned with groups of GP practices.
- The Primary Care – Statement of Intent aimed to address concerns regarding the sustainability of the primary care service. Future plans including the estates and technology fund were outlined. A bid for 2 years funding for all 26 practices for a new practice website, online consultation software and extension to patient partner funding had been successful.

- Plans for the mental health service were also outlined and it was noted that access to psychological therapies in B&NES was the highest in the country.
- Urgent Care procurements included a GP out of hours service, NHS 111, Clinical Hub, Urgent Care Centre and Homeless Health Service.

John Holden stated that the saving targets outlined could not simply be achieved by efficiencies within the service. He queried whether thought had been given to stopping the provision of some services. Tracey Cox confirmed that these issues had been considered at Board level and it was hoped that shared arrangements such as co-working with the Wiltshire area would be beneficial. The need to find budget savings was a challenge and it would be important to find ways to provide services differently. Consideration was being given to whether to continue to provide certain services such as gluten free products on the NHS and discussions were ongoing.

Ashley Ayre explained that the budget plan for the next three years would be published on 3 January 2017. He acknowledged that there were currently huge financial pressures on health and social care.

The Health and Wellbeing Board **NOTED** the presentation.

44 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Board received a presentation from Tracey Cox, Chief Officer, B&NES CCG, on behalf of James Scott, Senior Responsible Officer and Chief Executive of the Royal United Hospitals, Bath regarding the Sustainability and Transformation Plan for B&NES, Swindon and Wiltshire. A copy of the presentation is attached as *Appendix 3* to these minutes.

The presentation covered the following issues:

- Policy Context within Healthcare.
- There was a £300m funding deficit for the NHS across the footprint and an equally challenging saving target for the relevant Local Authorities. It was, therefore, very important to focus on collaboration at this time.
- Putting the person at the centre of service planning was key.
- The case for change – population and demographic pressures.
- Performance and financial pressures.
- Update on progress made.
- Details of over 40 projects across 7 workstreams.
- Future focus “Transformation” – opportunities in the next phase. 10 opportunities to strengthen services were identified including improved communication through on-line presence and growing the working relationship across organisations.
- Challenges.
- Key dates over the next 6 months:
    - 14 December 2016 – publication of the full emerging plan
    - 2 January 2017 – development of the plan through workforce and public engagement
    - 10 February 2017 – 30 day checkpoint
    - 24 March 2017 – 60 day checkpoint workshop

- April 2017 – update plan – approval process
- May 2017 – publish updated plan

The Health and Wellbeing Board **NOTED** the update.

45 **CHILDREN AND YOUNG PEOPLE SUB GROUP REPORT**

The Board considered a report and recommendations from the Children and Young People Sub-Group. The Group takes the strategic lead in ensuring that the priorities identified in the Children and Young People's Plan 2014-17 are met. The Group is chaired by a member of the Health and Wellbeing Board and includes representatives from other groups.

It was noted that all priorities were currently either amber or green using the traffic light system. The current transformation plan was available on-line and on the Council website. The effective delivery of the CAMHS Transformation Plan 2016/17 would be monitored through the group and any comments should be fed through to Mary Kearney Knowles, Senior Commissioning Manager.

Members of the Health and Wellbeing Board felt that it would be helpful for the Group to focus on some key priority areas and evidence based outcomes. They welcomed the opportunity for reciprocal challenge.

RESOLVED:

(1) To note the Year 2 review of the Children and Young People's Plan 2014-17.

(2) To note the plan to complete the Year 3 review of the Children and Young People's Plan 2014-17 and the proposal that the completed Year 3 review is presented to the Health and Wellbeing Board in September 2017.

(3) To note the details of the CAMHS Transformation Plan 2016/17.

(4) To retain the existing priorities of the current CYPP and develop an outcomes framework as follows:

- Children and Young People are healthy
- Children and Young People are safe
- Children and Young People have equal life chances

(5) To receive 6 monthly reports in June and December on the work undertaken by the CYP Sub Group and its delivery groups.

(6) To note that the B&NES LSCB issue challenges each year to the CYP Sub Group from the work of the LSCB and its Annual Report 2015-16 and Business Plan 2015-18. To agree that these will provide the reciprocal challenge to the Health and Wellbeing Board on its delivery to children and young people as outlined in the Terms of Reference 3.2 and that these challenges will be reported on every 6 months within the LSCB Business Plan and annually to the Health and Wellbeing Board.

46 LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORT 2015-16 AND BUSINESS PLAN 2015-18

The Board considered the Annual Report and Business Plan of the Local Safeguarding Adults Board (LSAB). The report outlined the work of the Board during 2015-16 and analysed safeguarding case activity.

It was noted that there was now a joint training and development group and that a good deal of collaborative work was being undertaken between the adult and children safeguarding groups.

Self-neglect was now included within the safeguarding arena as a new category of abuse type.

This year there had been the highest ever number of safeguarding concerns received. The 1,137 concerns represented an increase of 53% when compared with 2014/15. A total of 422 concerns had moved into a Safeguarding Enquiry during 2015/16, this represented 37% of the concerns raised. It was noted that service users could choose not to go through safeguarding procedures and 4% of referrals ceased investigation at the person’s request. In 7% of cases no action was taken.

Bruce Laurence queried whether there should be disaggregation to identify service users over the age of 85 rather than simply over 65s. Officers confirmed that the categories used were national reporting figures but agreed to consider this suggestion.

The numbers of safeguarding referrals had increased between 2005 and 2014 and it was noted that this impact on service delivery was likely to be linked to work carried out to raise awareness of safeguarding issues and reporting methods. Ashley Ayre pointed out that adult social care has been an emerging area of work and that improved awareness and an increase in the number of people being categorised as vulnerable were factors.

The Health and Wellbeing Board thanked the team for all the work they had carried out on adult safeguarding.

RESOLVED: To note the Local Safeguarding Adults Board Annual Report, Executive Summary and Business Plan.

47 DATES OF FUTURE MEETINGS

It was noted that future meetings would take place on the following dates in 2017:

15 February – development session – invitees only
29 March
17 May
12 July
6 September
25 October
6 December

All meetings will take place in the Guildhall, Bath commencing at 10.30am.

The meeting ended at 12.40 pm

Chair ....

Date Confirmed and Signed ....

Prepared by Democratic Services

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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	17 May 2017
TYPE	An open public item

Report summary table	
Report title	Better Care Fund Plan 2017/18 -2018/19
Report author	Jane Shayler – Director, Integrated Health and Care Commissioning Caroline Holmes – Senior Commissioning Manager – Better Care Becky Paillin – Strategic Business Partner – Finance and Commissioning
List of attachments	Appendix 1: BCF Dashboard Appendix 2: Delayed Transfers of Care (DTOC) Action Plan
Background papers	B&NES 2014/15-2018/19 Better Care Fund Plan can be found, in full, by following the attached link: http://www.bathandnortheastsomersetccg.nhs.uk/documents/search?fwp_document_search=Better+Care+Fund+Plan
Summary	Bath and North East Somerset's Better Care Plan 2014/15-2018/19 was agreed by the Health and Wellbeing Board in September 2014. It was identified as a national example of best practice. Subsequent annual revisions have set out how any revised conditions for investment of Better Care Fund (BCF) allocations will be met. The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of services and also the journey towards further integration with a focus on prevention. The 2016/17 plan specifically referenced the your care your way community services review and the vision and priorities for our people and communities. The 2017/18 -2018/19 BCF Plan will build on this whilst also setting out how new conditions will be met, including those for Improved Better Care Fund (iBCF) adult social care grant funding. The Improved Better Care Fund (iBCF) Policy Framework was published in April 2017. Adult Social Care Grant conditions and detailed implementation guidance from NHS England (NHSE) were due to be published in April 2017. However, publication has been delayed and whilst the revised date for publication has not been confirmed it is not anticipated that this will be in advance of the general election on 8 June. Draft conditions were shared in March 2017 and these, alongside the Policy Framework are sufficient to make assumptions about the

	conditions for utilisation of iBCF funding, including adult social care grant. It is on the basis of these assumptions that proposed priority areas for investment of the grant allocations are made in this report and these new investments and service developments are the focus of this report. As set out in national policy documents such as the Five Year Forward View and 2017-19 Integration and Better Care Fund Policy Framework and in B&NES Better Care Fund Plan 2014/15-2018/19 people are living much longer, often with highly complex needs and multiple conditions. In Bath and North East Somerset 2016/17 saw a continued increase in pressure on the adult social care budget. These have arisen as a direct result of implementation of the National Living Wage and the costs associated with purchased care packages. In addition, there are pressures arising from support to people with complex and acute needs in their own homes, including those with a learning disability transitioning into adult services and living longer with high levels of care and support needs. There is also an increasing demand for high dependency residential care and nursing care home placements. The proposals for priority areas for investment set out in Section 3 seek to both meet grant conditions and achieve a balance between off-setting immediate adult social care budget pressures and more strategic investment to achieve greater longer-term financial sustainability by "pump-priming" services that: a) support the local social care provider market; b) prevent or reduce the need for permanent care home placements/long-term, intensive packages of care; and/or c) reduce pressures on NHS services by preventing unnecessary hospital admission and supporting local health and care systems to reduce delayed transfers of care/support more people to be discharged from hospital when they are ready. It is anticipated that timescales for the submission of the BCF 2017/18-2018/19 Plan will be short following publication of detailed guidance and grant conditions. It is unlikely, therefore, to enable us to bring further, more detailed proposals to Health and Wellbeing Board. Agreement is therefore sought to delegate, as in previous years, to the Co-Chairs of Health and Wellbeing Board to sign off the final detailed submission. A follow-up report will then be brought to the next available Health and Wellbeing Board meeting.

Recommendations	The Board is asked to: • Note the Policy Framework, Context and draft Conditions for the 2017/18-2018/19 Improved Better Care Fund; • Agree priority areas for investment of the iBCF and express a view, in particular, on whether the proposed priority areas for investment achieve an appropriate balance between recognising immediate pressures on the adult social care budget and more strategic additional investment in preventative services; and • Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission of the 2017/18-2018/19 Improved BCF Plan.
Rationale for recommendations	The Better Care Fund is a key enabler of the national and local vision of integrated health and care services. In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the BCF plan 2016-17 and the 2017-19 Improved Better Care Fund (iBCF) Plan and associated pooled budget will incorporate all of the care and health services procured under *your care your way*. The inclusion of the full range of *your care your way* services in the iBCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the iBCF. This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows: Theme One - Helping people to stay healthy: • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. Theme Two – Improving the quality of people's lives: • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. Theme Three – Creating fairer life chances: • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. A condition for the 2017-19 iBCF is that plans must be agreed by the Health and Wellbeing Board.

Resource implications	National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19. For B&NES the figures are as follows: • 2017/18 - £3.428m* • 2018/19 - £2.063m • 2019/20 - £1.028m * Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016. Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under *your care your way.* As a consequence, B&NES BCF pooled budget will increase from £13.4m in 2016/17 to £64.6m in 2017/18. The iBCF Plan for 2017/18-2018/19 will reflect this extension of services funding from the BCF pooled budget.
Statutory considerations and basis for proposal	This report responds to the national policy framework for the Better Care Fund published on 31st March 2017. The technical and planning guidance is yet to be released and this will inform the final version of the BCF plan. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.
Legal implications	The proposals set out in this report respond to the national policy framework and draft conditions of use. The report summarises both the policy framework and draft conditions and, in this context, sets out proposals for utilisation of the iBCF in 2017/18 -2018/19.
Consultation	The local vision for integrated care and support and associated plans have been developed under the banner *your care, your way* through engagement and consultation with our community and a broad range of partners, including representatives from: provider organisations; primary care; VCSE (Voluntary, Community and Social Enterprise) sector organisations; Healthwatch B&NES; the Health and Wellbeing Board; the CCG, and the Council. Homefirst service proposals (section 3.16) reflect the priorities of B&NES Accident & Emergency Delivery Board. These proposals have been considered and supported by B&NES Joint Commissioning Committee. The Council Section 151 Officer and Monitoring Officer have been consulted in the preparation of this report

Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. Any arising financial risks have been recorded by both CCG and Council in line with Schedule 3 of the Better Care Fund Section 75 Agreement.

THE REPORT

1 INTEGRATION AND THE WIDER POLICY CONTEXT

1.1 The Government is clear within the Better Care Fund Policy Framework for 2017-19 that people need health, social care, housing and other public services to work seamlessly together to delivery better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

1.2 In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the BCF plan 2016-17 and the 2017-19 Improved Better Care Fund (iBCF) Plan and associated pooled budget will incorporate all of the care and health services procured under *your care your way*. The inclusion of the full range of *your care your way* services in the iBCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the iBCF.

1.3 In terms of the wider strategic agenda, next steps on the NHS Five Year Forward View (5YFV) published March 2017 acknowledges that the way STPs (Sustainability and Transformation Partnerships) work will vary according to the needs of different parts of the country. The key point is that place-based health and care systems should be defined and assessed primarily by how they practically tackle their shared local health, quality and efficiency challenges. The government does *“not want to be overly prescriptive about organisational form”*. Increasingly Accountable Care Systems are being referenced as a more flexible way of bring together a wide range of partners, including not only public sector organisations but those from the Voluntary, Community, Social Enterprise and independent sectors. It is this approach, that most closely aligns with B&NES’ vision and the Health and Wellbeing Board’s draft Statement of Intent.

1.4 By rethinking the way we deliver health and care services across Bath and North East Somerset, we believe we can reengineer the system to secure better outcomes and a more sustainable system for the future (building on the *Your Care Your Way* precedent). This will include:

- An increased emphasis on prevention, early intervention and empowering individuals to be more independent;
- A further shift of investment from acute and specialist health services to support investment in community-focused provision; and
- Exploration by commissioners and providers of new approaches to sharing resources, including knowledge and expertise, where there are demonstrable benefits in doing so.

1.5 There is also a commitment by the Health and Wellbeing Board to move beyond the integration of health and social care to take a much broader view of the role of housing, education, regeneration and economic development and, perhaps most importantly, the assets of our people and communities.

2 THE 2017-19 INTEGRATION AND BETTER CARE FUND GRANT ALLOCATIONS POLICY FRAMEWORK

2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding and includes a new injection of grant funding for adult social care announced in the Spending Review 2015 and Spring Budget 2017 known as the Improved Better Care Fund (iBCF). The policy framework for the Fund covers two financial years.

2.2 National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19.

2.3 For B&NES the figures are as follows:

- 2017/18 - £3.428m*
- 2018/19 - £2.063m
- 2019/20 - £1.028m

*Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

2.4 Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under *your care your way.* As a consequence, B&NES BCF pooled budget will increase from £13.4m in 2016/17 to £64.6m in 2017/18. The iBCF Plan for 2017/18-2018/19 will reflect this extension of services funding from the BCF pooled budget.

2.5 **Conditions of Access to the Better Care Fund**

For 2017-19, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- Plans must be jointly agreed;
- The NHS contribution to adult social care is maintained in line with inflation;
- There is agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care; and
- There is a requirement to manage transfers of care between services and settings.

Section 3 outlines how the BCF Plan and the IBCF intend to support these national conditions.

NHS England will also set the following requirements, which local areas will need to meet to access the CCG (Clinical Commissioning Group) elements of the funding:

- A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 20016 (note this is in place for B&NES); and

- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and CCG.

2.6 **Measuring Success**

Beyond the four national conditions set out above, areas are given flexibility on how the Fund is spent over health, care and housing schemes or services. However, the spending needs to demonstrate how it will improve performance against the four national metrics which are:

- Delayed transfers of care
- Non-elective admissions to hospital
- Admissions to residential and nursing homes
- The effectiveness of reablement.

These metrics and how we have performed against them this year are explained more in section 2.6.

2.7 **The Improved Better Care Fund (iBCF)**

Guidance on the use of new iBCF adult social care grant funding was release along with draft conditions for use. Both the guidance and draft conditions are aligned with those for the BCF. Key requirements are:

- Grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

- A recipient local authority must:
  a) Pool the grant funding into the BCF; and
  b) Work with the relevant CCG and providers to meet the National Condition 4 (Managing Transfers of Care) in the Policy Framework and Planning Requirements for 2017-19); and
  c) Provide quarterly reports as required by the Secretary of State.

- The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed. Whilst it is not necessary to wait for the national assurance process to be concluded, local authorities would be committing to funding services with some associated risk that the local plan is not then assured as part of the national process resulting in the imposition of additional constraints or conditions that would need to be met in advance of further funding transfers.

BCF and iBCF Conditions both make explicit reference to the implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care. Narrative plans should set out how local partners will work together to fund and implement this. Areas should agree a joint approach to

funding, implementing and monitoring the impact of these changes, ensuring that all partners are involved, including relevant Accident and Emergency Delivery Boards.

The High Impact Change Model sets out eight high impact changes that can support local health and care systems reduce delayed transfers of care:

- Change 1: Early Discharge Planning.
- Change 2: Systems to Monitor Patient Flow.
- Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.
- Change 4: Home First/Discharge to Assess.
- Change 5: Seven-Day Service.
- Change 6: Trusted Assessors.
- Change 7: Focus on Choice.
- Change 8: Enhancing Health in Care Homes.

The implementation of the High Impact Change Model is considered in more detail in section 3 of this report, which summarises proposed priority areas for local investment of iBCF funding.

The funding is also intended to support councils to continue to focus on core services, including to help cover the costs of the National Living Wage. This includes maintaining adult social care services, which could not otherwise be maintained, as well as investing in new services, such as those which support best practice in managing transfers of care.

2.8 **National Performance Metrics**

As in 2015-16 and 2016-17, local areas are asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital;
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's Operational Plan);
- Admissions of older people (65+) to residential and care homes; and
- The effectiveness of reablement.

2016/17 saw positive improvements and consistent performance against the BCF performance metrics for all except Delayed Transfers of Care (DTOCs) which was adversely affected by better monitoring and also the inclusion of groups of patients previously not counted. Recently, it has also been discovered that DTOCs had been under-reported at the RUH so targets for 2017/18 will require further work to set a consistent baseline position. Unexpected home closures also significantly impacted on those waiting to be discharged from hospital into a care home.

Appendix 1 shows the BCF performance dashboard which shows the positive trends for:

- Non-elective admissions to hospital
- Permanent admissions to care homes for people over 65 years
- People still at home 91 days after receiving reablement upon discharge from hospital.

This good performance shows that the approach towards prevention, integrated services and a community focus is supporting people to remain at home for as long as possible.

The challenge for B&NES in 2017-19 will be supporting patient flow out of hospital thus reducing Delayed Transfers of Care (DTOCs) and the iBCF monies will be critical to helping B&NES to transform services to address these challenges. Section 3 summarises proposals for associated priority areas of investment of BCF/iBCF monies.

3 B&NES 2017/18-2018/19 PLAN SERVICE DEVELOPMENT UPDATES AND PROPOSALS

The 2016/17 BCF Plan set out our commitment to continue investing in out of hospital services. This section outlines updates from existing priority schemes and introduces new schemes for 2017-19.

3.1 Prevention and the role of reablement and care at home

The 2016/17 BCF Plan prioritised the increase of capacity within domiciliary care and this will continue into the 2017- 2019 plan. It is also a key element of the DTOC plan for 2017- 2019. In 2016-17, this was increased through the Care at Home transformation programme, increased funding for providers to enable them to pass on the National Living Wage increases and by short term investment into additional care from hospital which will be continued into 2017-18. However, whilst improvement has been made, concern remains within the system about capacity within domiciliary care and this will continue to be a priority area within the 2017-19 plan.

Another priority in 2016/17 was the review of the reablement service and this will now be taken forward with Virgin Care as the new provider. Further work will take place on a long term model which makes the best of our overall capacity, the expertise within our therapy professionals and the enabling approach of our reablement workers. As described in more detail in section 3.2 below, assistive technology will need to align with reablement in 2017/18 and this is expected to expand further in 2018/19.

The overlap between domiciliary care and reablement will be reviewed further during 2017/18 to ensure that current gaps identified, such as an urgent domiciliary care response are appropriately commissioned and a plan in place. This is within the scope of an overall review of domiciliary care provision and the development of a strategy for Care at Home which was flagged as a priority in 2016 and will be taken forward between the Council, CCG and Virgin Care who will sub-contract domiciliary care services from 2018 onwards.

3.2 New Technologies

The 2016-17 BCF also introduced two new schemes; Assistive Technology and a Falls Response Service. Both will continue to be a focus for the 2017-19 plan. Plans continue with Virgin Care to develop Assistive Technology and a key aim this year will be to develop options for people to go home from hospital with assistive technology such as falls sensors and alarms to help them stay independent. This will be in conjunction with the Home First service and it is aimed to be the default option for discharge.

During 2017-19, capital investment of up to £200k will be made into assistive technology to launch a new approach to delivery. The strategy for Assistive Technology is also expected in autumn 2017.

3.3 Falls Response in the Community – preventing hospital admission

The Falls Response Service has just begun in B&NES and will see up to 4 people per day offered a response service from a Paramedic and Occupational Therapist working together to prevent admissions to hospital. Again, this is a key priority to continue into 2017-19. This service will measure outcomes for people (for example whether they were admitted to hospital anyway at a later date and how mobile they were following their fall). It is hoped that once this scheme is established, plans may be explored with other support services who may be able to respond to people who have had a fall, following training and triage.

3.4 Joining up priorities with housing – community equipment, assistive technology and Disabled Facilities Grants

Alongside the two new schemes from last year, the 2017-19 plan will also introduce a new focus on community equipment and the links to assistive technology and the Disabled Facilities Grant[1], with a new local metric measuring the rate of spend on community equipment. This will support the BCF to take into account the wider cost of keeping people at home and ensure that equipment is issued appropriately and there is a co-ordinated plan for community equipment, assistive technology and Disabled Facilities Grants.

3.5 Focusing on Strengths and Independence

Another focus for the BCF plan in 2017-19 will be on strengths based approaches to supporting people. Coaching will be provided to teams to support them to develop assessments and support planning (for both health and care services) that build on people's strengths as an individual, and on what they are able to do, rather than only what they cannot do. This approach is not new, but is a growing priority, particularly within adult social care. It is an approach that can be applied across multi-disciplinary teams.

3.6 Continuing the development of relationships and improving flow between care homes and hospitals

Significant work is planned to take place this year with care home providers to review their contract and introduce formal expectations around weekend discharges and a better spread of activity across the week. This follows considerable work during 2016-17 to develop relationships and communication between care homes and local hospitals which will see the next care home forum hosted at the RUH in June. A project called the "Red Bag Project" will be launched in the summer of 2017 which will see the 10 care homes who admit the most patients to hospital, offered the opportunity to take part in a project where specially prepared red bags including medications, personal details, a change of clothes follow residents into hospital and upon discharge, will also include specific details about their discharge for the care home to benefit from.

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[1] Funding which enables local authorities to pay for major adaptations to properties that increase people's independence, such as walk in showers, stair lifts etc.

3.7 Social Prescribing

From April this service will be established within the core central function of the Wellness Service, working alongside the Healthy Lifestyle advisers (physical health and motivation), information and advice, and Wellbeing College (targeted interventions), and will make use of the ROVa app / Wellbeing Options Information Resource.

The Social Prescribing Service itself will operate on two levels – access through GP referral (holistic assessment), and open access for people with wellbeing needs in the community (signposting / triage). Priority will be given to people who are identified by GPs as frequent attendees, although the service will also be provided to other people where it is assessed that its involvement may reduce future GP / health service attendance. The holistic level will make use of volunteers in a befriending role, to help support people into interventions and help with motivation and engagement. The Open Access level will mostly be delivered by trained volunteers.

It is envisaged that social prescribing will be delivered and available to people within GP practices and within the proposed community hubs / one stop shops. ROVa will also enable people to access social prescribing online. Within the central function of the Wellness Service there will be 3 tiers of support available - holistic social prescribing for people with complex or high needs and who lack support mechanisms, targeted information for people who are looking for something specific, eg weight loss, and information and triage for people wanting more general information.

The Social Prescribing service and latterly its inclusion in the new Wellness Service shows the real potential of the Better Care Fund and *your care your way* vision to give individuals the strength and infrastructure to live independently and regain control of their health and wellbeing.

3.8 Proposed Priority Areas for Adult Social Care Support Grant/B&NES iBCF 2017/18-2018/19 Investment

The BCF Policy Framework and draft conditions of use for the iBCF Adult Social Care Grant relate to 2017/18-2018/19 funding. The additional non-recurring grant funding is "front loaded" with B&NES' allocations as follows:

2017/18 - £3.428m*
2018/19 - £2.063m
2019/20 - £1.028m

* Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

Proposals for priority areas for investment need, therefore, to both meet grant conditions and achieve a balance between off-setting immediate adult social care budget pressures and more strategic investment to achieve greater longer-term financial sustainability by "pump-priming" services that:

d) support the local social care provider market;
e) prevent or reduce the need for permanent care home placements/long-term, intensive packages of care; and/or
f) reduce pressures on NHS services by preventing unnecessary hospital admission and supporting local health and care systems to reduce delayed transfers of care/support more people to be discharged from hospital when they are ready.

3.9 Support to transition and transformation of community services

As part of final Due Diligence, both the Council and CCG recognised a year one (2017/18) funding risk arising from the transition of services to Virgin Care. In recognition of this risk and in support of partnership working and a shared commitment to deliver transformation, contractual provisions have been agreed. In the event that the funding risk does not fully materialise that available balance of resources will be ring fenced for investment in service transformation.

3.10 Transition to new Community Resource Centre and Extra Care Model

The three Community Resource Centres (CRCs) provided by Sirona Care & Health in Keynsham, Midsomer Norton and Bath are undergoing a significant transformation programme to deliver a range of new services aimed at supporting the changing needs of older people in the B&NES area and responding to the current gaps in the care home market. These changes were approved as part of a full business case in January 2017, together with approval to invest up to £700k of Social Care Capital Grant monies to support refurbishment and changes to each of the properties, allowing them to provide the new service models. The changes include a move to provide general nursing beds; dementia nursing beds; complex care dementia beds; and high dependency care beds for people who will need additional care staff to help them with day to day tasks.

Due to the timings of the transition to the new service models within each home, one-off transitional costs have been identified to ensure that the changes take place with minimum disruption and risk to existing residents. These costs allow the staffing changes to be made in order to meet minimum CQC requirements but recognise the Council’s commitment not to move existing residents, particularly those who do not have nursing needs within those homes that will be providing funded nursing care.

The Extra Care Service provided by Sirona Care & Health is closely aligned to the Community Resource Centres (CRCs). As part of *your care,your way* and in support of the transition of extra care services to a new contractual arrangement the Council recognises a funding pressure in this service for 2017/18. In recognition of the need to undertake a review of the service and evidence any recurrent cost pressure and, also, to enable Sirona to support the wider transformation of community services, it is proposed that transition costs be funded from iBCF grant funding in 2017/18. The service will be subject to review in 2017/18 to identify both efficiencies and changes in the service model as part of the wider development of extra care services in B&NES.

3.11 Fair Price of Care Exercise and Implementation

The Council has a statutory duty to pay a fair price for care services and to consider local providers' reasonable costs. Independent analysts, Valuing Care, were commissioned to survey the local market and create value for money (VFM) rates for care home fees as part of a Fair Price of Care exercise, which has included engagement with care home providers. One of the key findings of the Valuing Care survey and analysis was that the Council's published fee rates for care homes are too low for long term sustainability. On average the Council is currently paying fees above the recommended VFM rates, however, a number of providers are being paid below the VFM rate.

Commissioners have built on Valuing Care's work and are in the process of implementing associated proposals for 2017/18 and future market development. These prioritise market sustainability; ensuring a fair and consistent approach to care home fees; and, most importantly, seek to ensure that the Council's statutory responsibilities in relation to provision of adult social care can be met.

There is a financial impact in 2017/18 from increasing existing fee levels to the VFM rate. This in-year financial pressure meets the conditions to be funded from the iBCF grant funding both by supporting the local care market and, also, protecting the provision of adult social care.

3.12 National Living Wage/Sleep-in Cover

Many funded packages of care for adults with learning disabilities, in both registered care services and in a person's own home include sleeping in provision. Such packages of care or placements require a member of staff to be present on site overnight to ensure that the person remains safe and has their needs met. However, the member of staff is permitted to sleep and only attend to any needs if required. This is standard practice that has been in use for many years. Traditionally the member of staff has been paid a 'flat rate' of approximately £35-40 per night for the sleep-in hours, which are usually in addition to the substantive hours of their post.

Recent case law has established that "sleep-ins" are covered by the National Minimum Wage (NMW) regulations. So even if a worker is allowed to sleep at work, if they are required to stay at their workplace all their hours are covered by NMW regulations.

This means if any worker is paid - on average – less than the National Minimum Wage over their pay reference period they will be entitled to a pay rise. Staff who are paid significantly above the NMW and who do sleep-ins are unlikely to be affected, because their pay will not fall below the NMW on average over the pay reference period.

It is proposed that an additional % premium will be added to any inflationary uplift to cover off all NMW changes including the impact of changes to the case law regarding sleep in shifts. New placements will also be made against this premium rate. Whilst this is a recurring cost pressure, this in-year pressure does meet the conditions for iBCF funding and the grant could be used to offset this.

3.13 Support Planning and Brokerage Service

Transforming the approach and delivery structure of support planning and brokerage is a plank of the Council's Medium Term Financial Plan and associated savings targets for adult social care. This service is expected to have a financial and non-financial impact on market management, quality and resources as summarised below:

- Market management:
    - Stronger influence on the market with the ability to benefit from economies of scale and better control of costs via a centralised brokerage function.
    - Greater visibility of market capacity and costs to inform market development and commissioning activity
    - Increased identification of areas of the market that could be utilised more effectively to support needs or developed further to manage future demand.
- Financial:
    - Reduce spend on social care packages and deliver better value for money.
    - A more streamlined process that maximises efficiency and reduces operational and process costs.
- Quality:
    - A more outcomes focused model that is built on an asset based approach to maximise independence.
    - A consistent and equitable approach across client groups.
    - Potential to develop more innovative approaches to meeting an identified need.
- Resource:
    - Increase in practitioner capacity arising from the transfer of the support planning and brokerage function
    - Better, more targeted utilisation of staff capacity.
    - A centralised team that can develop an expert knowledge base of the local market and share good practice support planning across client groups.

It is anticipated that implementation costs will be required in 2017/18 – 2018/19 on an invest-to-save basis. It is not possible at this stage to confirm the level of investment required for implementation and this is subject to the development of a detailed business case. Utilisation of the iBCF grant is appropriate and in line with conditions of use.

3.14 Protection of Social Care

As set out in national policy documents such as the Five Year Forward View and 2017-19 Integration and Better Care Fund Policy Framework and in B&NES Better Care Fund Plan 2014/15-2018/19 people are living much longer, often with highly complex needs and multiple conditions.

In Bath and North East Somerset 2016/17 saw a continued increase in pressure on the adult social care budget. This has arisen as a direct result of implementation of the National Living Wage and the costs associated with purchased care packages.

In addition, there are pressures arising from support to people with complex and acute needs in their own homes, including those with a learning disability transitioning into adult services and living longer with high levels of care and support needs. There is also an increasing demand for high dependency residential care and nursing care home placements. An additional pressure occurred during the year as a direct result of the closure of four care homes early in 2016/17 resulting in a loss of 144 bed places and need, as a consequence, to pay a premium to secure alternative placements from a challenged market with a shortfall of capacity. Additional care home placements are now coming on stream, which will off-set the loss of capacity. However, a proportion of these are targeted at those funding their own care with fee levels reflecting the very high quality facilities offered. As a consequence such placements may not be available at the Council's Value for Money, published fee levels for 2017/18, which have been introduced as part of the implementation of the Fair Price of Care Exercise undertaken in 2016/17 (see section 3.13).

The availability of social care is a fundamental element of an effective, integrated health and care system and in the face of growing pressures on social care additional investment is required to ensure and protect access to packages of care and placements for those who need them.

It is proposed, therefore, to utilise £1m of the iBCF to ensure that those in need continue to receive social care support in the context of increasing volume, complexity and acuity.

3.15 Discharge to Assess/Home First pathway proposals

Home First (also known as discharge to assess) has been identified as a key priority by the B&NES A&E Delivery Board (a statutory Board, which requires Local Authority Director of Adult Social Care and health care provider representation) to improve patient flow and reduce delayed transfers of care within B&NES. Home First is based upon the principle that it is aimed, where safe, for all patients to be discharged home. Here health and social care assessments can be undertaken in the most appropriate environment for the patient to assess their long term needs. If patients are unable to return home then temporary options need to exist to allow assessments to be undertaken in an environment which will meet their current need. It is one of the High Impact changes specifically referenced in the iBCF Policy Framework and draft conditions of use.

The pathways for Home First/Discharge to Assess have been the subject of a review, which culminated in a Home First event on 23rd March 2017. The four proposals for priority investment of iBCF grant summarised in this section are based upon the gaps identified within B&NES' current Discharge to Assess/Home First Service provision and in accordance with the priority agreed by A&E Delivery Board. Costings are indicative only and are subject to further analysis and testing. Also, indicative costs have not yet been profiled to take account of implementation timescales. It is not, therefore, possible to confirm the maximum overall investment required in each financial year. In particular, if agreed Proposal 4 for the provision of temporary assessment beds is not expected until July/August 2017 at the earliest.

Home First Proposal 1

This would involve the expansion of the Home First service (based within Reablement) to deliver 7 day referrals and discharges. Currently the additional investment into the service in 2016 was only commissioned to deliver additional Home First capacity Monday-Friday, which reduces its ability to be responsive to patients discharge needs. It is recommended that the service is expanded to deliver 2 discharges per weekend day. Whilst it is recognised that this is less than the current commissioned provision of 4 discharges per weekday, it is anticipated that demand will be reduced on weekend days, with many comparator services delivering a reduced number of weekend discharges.

It is anticipated that additional investment of around £163,646 annually will be required to support this expansion.

Benefits associated with this option include:

- The service being more responsive to patients' discharge needs.
- Ensuring patients are discharged home as soon as appropriate, reducing the risks of functional decline, hospital acquired infections and other risks associated with prolonged hospital stays.
- Increasing the number of patients being supported via Reablement, which is associated with increased independence and reduced long term care needs.
- Reduced hospital Length of Stay, reduced delayed transfers of care and improved system flow.
- Ensuring commissioned services meet the recommendations of the implementation of 7 day community services which support discharge, as outlined in the 5YFV Next Steps, High Impact Change Model and 2017-2019 Integration and BCF Policy Framework.

Home First Proposal 2

This would involve commissioning the RUH's Active Recovery Team (ART) service within B&NES for an initial 6 month transition period to provide transportation, rehabilitation support and leadership to Home First whilst Virgin Care completes its 100 days transition.

Costs to support this proposal on an initial 6 month basis are £66,941. Elements of the costs would be shared with Wiltshire and, therefore, the total B&NES contribution to support this proposal would be £40,245.

Benefits associated with this option include:

- Increasing the capacity within Pathway 1 in regards to rehabilitation and care support during the YCYW transition period.
- Provides a 7 day service, which may facilitate and support the wider 7 day expansion.
- Provide 'protected' vehicles, ensuring patients are discharged and arrive home in a timely manner. (During the ART pilot 98% patients discharged prior to 10am)
- The ART lead will provide operational leadership to embed Home First principles and pathways.

Home First Proposal 3

Continuation of the Facilitating Hospital Discharge (FHD) service to support urgent domiciliary care delivery for Home First patients. It is recommended that this service is continued for a 12 month period to provide urgent domiciliary care support to the Reablement team and Strategic Partners. This would allow sufficient time for the rationalisation of current domiciliary care provision within the Reablement team and Reablement Strategic partners, to facilitate an urgent response.

Currently around 50% of discharges into the FHD service are for patients who require End of Life care. However it is anticipated this demand is likely to reduce following the implementation of the Dorothy House Hospice Care Enhanced Discharge Service (DH-EDS) within B&NES. Therefore it is anticipated that the capacity released within FHD could be protected to provide an urgent domiciliary care response service. This service will be for urgent responses only and will not be holding packages long term. The service is to be integrated into the Home First offer rather than sitting alongside it. This will maximise its efficiency and communication between partners. This service will then be reviewed as part of the overall review of the domiciliary care offer with Virgin Care during 2017-18.

Annual costs for the FHD service are £225,090 which is currently funded non-recurrently from the BCF 2016/17. It is proposed that this service continue to be funded on a non-recurring basis from the BCF rather than from the iBCF grant. This will require the identification of a corresponding reduction in investment of BCF in other initiatives as part of developing and finalising the 2017/18-2019/20 iBCF plan.

Home First Proposal 4

This involves the commissioning of temporary assessment beds within nursing homes. These beds would be commissioned on a block contract with providers, with patients utilising these beds for a maximum of 6 weeks whilst assessments are made around long term care needs in a more appropriate environment.

It is proposed that iBCF grant sufficient to commission 5 beds for a 12 month period be agreed in the first instance. This would total £338,000 of which a maximum of £253,500 would fall in 2017/18 due to implementation timelines. Both the number of beds commissioned and period for which those beds were commissioned would be reviewed after 6-months. This review would enable both evaluation of the outcomes achieved and, also the case for continued investment of iBCF or other available funding. For planning purposes only, it is assumed that at least 5 beds for the full 12 months would be funded from the iBCF in 2018/19.

Benefits associated with this option include:

- Patients having assessments regarding long term care needs undertaken in the most appropriate environment.
- Patients are given more time for recuperation and rehabilitation; ensuring decisions around long term care needs are made at a more appropriate time.
- Reduced hospital Length of Stay, reduced delayed transfers of care and improved system flow.

Based upon the recommendations of proposals 1, 2, & 4 being progressed in Year 1, maximum total costs are estimated to be £457,391, whilst costs in Year 2 and 3 would be £501,646 annually if proposals 1 & 4 were continued for an additional 24 months subject to evaluation.

It should be noted however that the additional funding into the iBCF is non-recurrent and is anticipated to end after 2019/20, therefore if the proposals outlined in Section 3.2vii are to be continued beyond this period, additional funding sources will be required or exit strategies will need to be put in place. However, if the national measures are delivered as set out in the BCF and Five Year Forward View next steps guidance then this should release efficiency to provide the necessary recurrent funding.

4 FINANCIAL IMPLICATIONS

4.1 Funding allocations

The funding allocations into the 2017/18 and 2018/19 BCF are summarised below with the previous year's allocation for reference

Funding Summary	2016/17 £000	2017/18 £000	2018/19 £000
CCG Minimum contribution*	11,008	11,205	11,418
CCG Health & Care Revenue	0	24,182	24,182
Disabled Facilities Grant Capital	991	1,084	1,084
Council Social Care Revenue	1,500	21,559	21,559
Adult Social Care Support Grant (Spending review 2015)	0	730	0
Adult Social Care Support Grant (Spring budget 2017)	0	2,698	2,063
Total	**13,499**	**61,458**	**60,306**

*Subject to NHSE BCF Guidance and Funding Allocations

This shows that there has been an increase of £24,379k in the CCG's contributions for 2017/18 and £24,592k for 2018/19 together with a small increase of £93k in the Disabled Facilities Grant.

The BCF has been enhanced overall by an additional £44,241k as a result of the inclusion of the Your Care, Your Way contract, the CCG's contribution for which is £24,182k. The Council's contribution is £20,059 and is shown in addition to the £1,500k reoccurring funding for meeting the implications of the Care Act under Social Care Revenue. The figures remain the same for both years as the contract is for flat cash.

In addition to this the CCG has inflated the existing contribution in 2017/18 and 2018/19 by £197k (1.79%) and £209k (1.9%) respectively to reflect NHS England growth assumptions.

The Adult Social Care Support Grant coming out of the spending review of 2015 and the 2017 spring budget has added an additional £3,428k for 2017/18 but this is a reducing allocation over three years with £2,063k allocated for 2018/19 and £1,028k for 2019/20. Schemes to utilise this additional funding are being worked up for inclusion in the IBCF for the first two years of funding.

5 NEXT STEPS AND SUBMISSION OF PLANS

5.1 In light of feedback from Health and Wellbeing Board and other forums, the detailed iBCF Plan 2017/18-18/19 will be worked up, including further assessment and testing of assumptions related to priority areas of investment and the development of business cases where required. This work will continue in anticipation of the publication of the detailed implementation guidance, final conditions and supporting submission documentation.

5.2 It is anticipated that publication of detailed guidance and grant conditions will include very tight timescales for finalisation of the detailed iBCFPlan submission. It is unlikely to be possible, therefore, to bring the more detailed proposals to Health and Wellbeing Board in advance of submission. Agreement is therefore sought to delegate, as in previous years, to the Co-Chairs of Health and Wellbeing Board to sign off the final detailed submission. A follow-up report will then be brought to the next available Health and Wellbeing Board meeting.

Please contact the report author if you need to access this report in an alternative format

Bath & North East Somerset Council

Appendix 1 Better Care Fund 2016/2017 Performance Dashboard

NHS Bath and North East Somerset Clinical Commissioning Group

Current Reporting Period: Feb 17

Non-Elective Admissions

Metric (as at Feb-16)		Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd
Total non-elective admissions in to hospital (specific acute), all-ages	2015/16 Actual	1,350	1,354	1,420	4,124	1,398	1,277	1,395	4,070	1,424	1,395	1,507	4,326	1,365	1,379	1,552	4,296	15,258
	2016/17 Target	1,363	1,373	1,437	4,173	1,406	1,273	1,406	4,085	1,423	1,386	1,502	4,311	1,333	1,306	1,446	4,085	15,208
	2016/17 Actual	1,356	1,386	1,346	4,088	1,340	1,369	1,395	4,104	1,465	1,476	1,521	4,462	1,424	1,245			15,323
	Difference to Target	-7	13	-91	-85	-66	96	-11	19	42	90	19	151	91	-61			115
	Against Target	▼	▲	▼	▼	▼	▲	▼	▲	▲	▲	▲	▲	▲	▼			▲
	% Variance Against Target	-0.5%	0.9%	-6.3%	-2.0%	-4.7%	7.5%	-0.8%	0.5%	3.0%	6.5%	1.3%	3.5%	6.8%	-4.7%			0.8%

Commentary

- Total non-elective admissions activity for February was 4.7% below the plan target (61 admissions).
- Year-to-date performance has improved to only 0.8% above the plan target, with February's improved performance following the impact of winter pressures across the system resulting in increased non-elective admissions through to January.

See data note 1 below.

Non-Elective Admissions 2016/17

Delayed Transfers of Care Days

Metric (as at Feb-16)		Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd
Delayed transfers of care (delayed days) from hospital (aged 18+)	2015/16 Actual: Total	486	302	329	1,117	471	545	512	1,528	494	461	363	1,318	352	578	747	1,677	4,893
	2015/16 Actual: Acute	255	199	148	602	175	221	198	594	174	154	123	451	112	353	312	777	2,112
	2016/17 Acute Target	339	339	339	1,017	319	319	319	956	271	271	271	812	326	326	326	979	3,438
	2016/17 Actual: Acute	221	189	265	675	453	593	429	1,475	273	297	398	968	349	445			3,912
	2016/17 Actual: Total Hospital	608	333	521	1,462	658	750	792	2,200	634	471	574	1,679	571	736			6,648
	Variance to Target Acute	-118	-150	-74	-342	134	274	110	519	2	26	127	156	23	119			474
	Against Target	▼	▼	▼	▼	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲			▲
	% Variance Against Target	-34.8%	-44.2%	-21.8%	-33.6%	42.2%	86.1%	34.6%	54.3%	0.9%	9.7%	47.0%	19.2%	6.9%	36.4%			13.8%

Commentary

- February's acute DTOC performance was 36.4% above plan (119 days) driven by a change in recording at the RUH to align with national guidance. Further information is provided in the detailed DTOC page. DToCs days at the RUH have been under-reported for approx.3 years which means the planning for 2016/17 is not comparable to the actuals now being reported.
- The Acute year-to-date DTOCs are above plan, driven by poor Q2 performance. Weekly escalation calls were introduced in Q2 to focus on patients delayed within community, acute and mental health beds to help to contribute to a drop in delays. Improvements in delayed days were reported through Q3 and into January.
- Total Hospital DTOCs increased n February, with increases in the community hospital and AWP as well as the RUH.
- In 2016/17, the DTOC action plan has increased visibility of reporting for DTOCs and reduced flexibility around the definition of a DTOC (in line with national guidance). This has led to an increase in reported DTOCs in 2016/17, so increases in DTOC days are not wholly indicative of a deterioration in performance. The latest issue with DTOC reporting at RUH will lead to further increases in delayed days but will allow for a more accurate calculation of our DTOC baseline position from which to measure our 2017/18 performance once enough data in the new format is available.

See Data Note 2 below.

Delayed Transfers of Care (2016/17)

Residential Admissions

Metric (as at Mar-16)		Baseline 13/14	Full year target	Ytd Target	Ytd Actual	Target
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	2015/16	914	768	768	714	▼ Below Target
	2016/17	-	696	696	613	
	YTD Variance to target				83	
	% YTD Variance to target				-12%	

* Aim: Ytd Actual to be **LOWER** than Ytd Target

Residential Admissions per 100,000 population 2016/17 Ytd

Residential Admissions ytd to March:

- Provisionally, there have been 613 permanent admissions per 100,000 population ytd against the plan of 696. This is 219 admissions ytd compared to the plan of 249 admissions.
- Performance has improved by 11% compared to 15/16

The data for March is an estimate based upon the average of M1-M11 performance, as agreed as part of the Sirona year-end reporting process.
The full year data is being validated prior to the SALT submission in light of the system changes for Social Care and the resulting complexity in reporting.

Reablement

Metric (as at Mar-16)		Baseline 13/14	Target	Ytd Actual	On Target?
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2015/16	86.3%	87.8%	86.5%	▼ Below Target
	2016/17	-	87.7%	87.3%	
	YTD Variance to target			-0.4%	
	YTD Change from 2015/16			0.8%	

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

Reablement 2016/17 Ytd

Reablement ytd March (including estimate for March):

- Only the Q4 data counts for the national ASCOF metric used by the BCF but we monitor the measure all year. The Q4 performance showed an improvement on previous quarters and provisionally is 91.8%, which will be a significant improvement on the 15/16 (86.6%) value.
- Of the 999 discharges into reablement in the full year, 870 were still at home after 91 days (87.1%). This is below the 87.7% target for the year though Q4 was significantly above target.
- The reablement service has been reviewed during the year and the home First serve commenced at the end of Q3 to support reduced DTOCs
- Sirona report that they cleansed Q4 data at year-end to remove any patients having needs met by the reablement team who were not actually receiving reablement therapies(e.g. end of life support) in line with the ASCOF definition i.e. a clear intent to reable.

Local Metric

Metric (as at Q4-16/17)		2015/16 baseline	Planned	Ytd Target	Ytd Actual	On Target?
Service users started on a Live in Care Package	2015/16	41	-	-	41	▼ Below Target
	2016/17	-	36	36	28	
	YTD Variance to target				-8	
	% YTD Variance to target				-22%	

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

Local Metric: Number of people started on a Live in Care Package 2016/17 Ytd (cumulative)

Local Metric Q4 - Live in Care Packages:

- It is very important that, as the proportion of residential placements goes down, the number of Live in Care Packages does not rise instead.
- Approximately 41 people started on a Live in Care Package in 2015/16 with the support of the reablement and assistive technology schemes, the aim is to reduce this number in 2016/17 by 5 to 36.
- There have been 28 commencements in 2016/17 against a target of 36, so performance demonstrates that the number of Live in Care Packages has been managed throughout the year. In Q4, the number of packages started was 56% below the quarterly target, which is the best quarterly performance in the year.

Service User Experience Metric

Metric (as at 2014/15)		2014/15 baseline	Planned	Ytd Actual	On Target?
How many users of care and support services said they were extremely or very satisfied with their care and support (ASCOF 3A). For respondents over 65.	2015/16	66.1%	68.0%	65.8%	TBC
	2016/17	-	69.2%	TBC	
	% YTD Variance to target			-	-
	% Annual Change in Experience Metric			-	

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

Service User Experience Metric

Service User experience - 2015/16
Please note: this indicator is only updated on an annual basis and was reported in June 2016.

- The 2015/16 (65.8%) results showed a small reduction on 2014/15 (66.1%).
- There is a tough target of 69.2% set for 2016/17 (set before we had the 2015/16 results) that will need to be supported by the ongoing work on the social care pathway and its processes and systems (e.g. Liquid Logic implementation) and the joint deliverable to review and improve the carers over 65's pathway.

Data note 1	Data change for 2016/17 reporting - In 2015/16 the non-elective admissions (NEA) plan assumed emergency admissions related to maternity would be included in maternity, but following the change of the maternity contract to the RUH a proportion have consistently been reported through non-elective codes. In 2015/16 the actuals were adjusted to be in line with the plan. For 2016/17, the targets have been set to include these spells and the actuals will therefore include the maternity spells, for comparison purposes the 2015/16 figures have also been restated to include these numbers.
Data note 2	From November 2015, the nationally reported figure for DTOCs is the Actual Acute. The 2016/17 target is therefore based on this figure. Total Hospital = acute hospital + community hospital. As part of the BCF DTOC action plan we are setting up whole system reporting including patients delayed in: acute hospital, community hospital and in the community. The data for delays in the community e.g. patients sat with a District nurse waiting to start a domiciliary care package is currently being transferred into the same format as the hospital data. From February 2017 the RUH revised their DTOC reporting to align with national standards, which has led to an increase in delayed days. Further, delayed days attributable to both NHS and Social Care reasons had been omitted from this report until February 2017; the dashboard has been retrospectively updated to included accurate data.

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B&NES Council and BaNES CCG Better Care Fund Delayed Transfers of Care Action Plan - DRAFT
2017-2019
"The Next Steps"

Introduction:

This plan has been developed using feedback from the 2016/17 DTOC Action Plan and DTOC Action Group members, alongside feedback from the High Impact Change Model feedback completed by the RUH and Sirona in December 2016. The High Impact Change Model was developed by the LGA, TDA, ADASS, Monitor, NHSE and Department of Health and sets out a number of high impact changes that can reduce the likelihood of Delayed Transfers of Care (eg 7 days a week services).

This plan is entitled "The Next Steps" due to fact that despite a number of key objectives being completed in 2016/17, it is recognised that further work is needed to maintain momentum against improvements in DTOC rates.

Whilst plans are in place against all aspects of the high impact change model, within B&NES there has been system wide agreement that 17/18 priority areas will be developing a Home First/D2A ethos, building capacity and support for care homes and reducing community hospital delays. 18/19 priority areas will be developed once progress has been reviewed against 17/18 actions, with specific actions being developed.

2017/2018 -Draft Action Plan - Updated April 2017

Reference	High Imact Change (Change Lead)	Actions to take	By when	Lead organisation (including Action Lead/s)	Outcomes expected	RAG status	Comments
1	**1. Early Discharge Planning (Nikki Woodland)**	Embed examples of best practice (including the SAFER bundle and Red/Green days) within community hospitals.	Jul-17	Virgin Nikki Woodland	Utilisation of the SAFER bundle and Red/Green days within community hospitals to improve flow.	G	
2		Implement the findings from the Nov 2016 MADE (Multi Agency Discharge Event)	Jul-17	Virgin and RUH Nikki Woodland and Lee Warner Holt	Effective and responsive discharge processes, with a reduction in both external and internal delays.	G	
3		Develop the complex patients list, which will identify patients who on admission, are believed to potentially require complex discharge planning.	May-17	RUH Lee Warner Holt	Will allow early mobilisation of teams to support complex discharges, reducing the potential of the patient becoming a DTOC.	G	
4	**2. Monitoring Patient Flow. (Gareth Jones)**	Ensure a 16/17 baseline measure is establised and ratified against national guidence for all providers.	Apr-17	RUH, Virgin, AWP, B&NES CCG Gareth Jones	A clear baseline is set to allow accurate measurement of performacne and progress.	G	Work is being undertaken to allign recording against national guidence, following a review of recording within the RUH
5		Establish a 17/18 reduction target for acute, mental health and community providers.	May-17	RUH, Virgin, AWP, B&NES CCG Gareth Jones	There is a clear DTOC reduction target set for all providers in B&NES.	G	
6		Establish a reduction target for the green to go and stranded patient list.	Jun-17	RUH and B&NES CCG Gareth Jones and Lee Warner Holt	Ensure a reduction in delays, including those not classified as a DTOC.	G	21/04/17 added following DTOC action group
7		Develop specific metrics to record delays within reablement and community teams. (Including length, type and reason for delay)	Jul-17	Virgin and B&NES CCG Gareth Jones	There is clarity on the scale of delays and the reasons for delay, allowing actions to be taken to mitigate these.	A	To move away from the Bridging the Gap measure, to include more specific measures. Discussions being undertaken as part of YCYW handover.
8		Complete a review of system blockages which reduce flow within the Reablement service.	Aug-17	Virgin and B&NES CCG Angela Smith	A clear understanding of where delays and blockages occur within the Reablement service, with clear actions to mitigate these. This in turn will lead to greater flow within Reablement ensuring early release of capacity.	G	Initial review highlighted internal process delays, however further work needed to quantify scale.
9		Ensure the Green to Go List, Stranded Patient List, Complex Patient List and Community Hospital Spreadsheet are available for discussion on weekly escalation calls, where appropriate, by ensuring all required information is available in a timely manner.	May-17	Virgin and RUH - June Thompson Lee Warner Holt	Delays or delay potentials can quickly be escalated and responded to by relevant partners.	G	
10		Complete a review into discharge processes and LOS within Community Hospitals.	Aug-17	Virgin, B&NES CCG Caroline Holmes	Delay points are identified, with follow on discussions of how processes can be streamlined, leading to improvements in LOS	G	
11		Ensure monthly care home capacity reporting, including home type, is embedded within the DTOC dashboard.	May-17	B&NES CCG Gareth Jones	The demand and capacity within care homes is clear and visible.	A	Brought over from 16/17 Action Plan. Work being led by CSU.
12		Review CSU modelling to ascertain if model can be used to determine demand and capacity modelling across the system.	Jul-17	B&NES CCG Dominic Morgan	Understanding of capacity and demand across the system, with clarity on current and predictive capacity shortfalls.	G	
14	**3. Multi Agency/Disciplinary Discharge Teams (Caroline Holmes)**	Develop CHC assessment process actions based upon the learning identified in the CHC QIPP workstream.	Aug-17	B&NES CCG, B&NES Council, Virgin Val Janson/Sarah Jeeves	Process becomes more streamlined and responsive to patient need, reducing assessment delays and ensuring patients are assessed in the most appropriate environment.	G	
15		Review IDS integration to develop shared workload and assessment practices.	Aug-17	RUH, Virgin, AWP, B&NES Council Lee Warner Holt and Annette White (IDS Project Lead)	Joint working between health and social care, leading to a reduction in assessment delays.	G	
15		Feasibility review of commissioning temporary assessment beds to support pathway options for those with complex needs e.g. CHC, FNC & complex social care.	May-17	B&NES Council and BaNES CCG Ryan Doherty	There is clarity about the role temporary assessment beds may play within Home First Pathway 2/3, with clarity on funding arrangements.	G	Work currently underway, initial discussions with providers being undertaken.
16		Ensure Third Sector services are utilised within all pathway options	Apr-17	B&NES CCG & Council Anne-Marie Stavert	Age UK home from hospital is an integral part of the pathway 0 + 1 offer, providing an additional support resource. Additionally support is provided for pathway 2 + 3 patients.	G	Age UK now part of Home First Steering Group

Reference	High Imact Change (Change Lead)	Actions to take	By when	Lead organisation (including Action Lead/s)	Outcomes expected	RAG status	Comments
17	**4. Home First/Discharge to Assess**	Undertake a review of B&NES pathway options against national guidance and examples of best practice. (D2A Quick Guide)	Jun-17	B&NES CCG & Council Ryan Doherty	B&NES offer against national guideance is clear, with a developed local response on furture commissioning strategy.	G	21/04/2017 -Gap analysis has been undertaken.
18	**(Gina Sargent)**	Develop a single point of access to facilitate ward led referals and discharges.	Jul-17	Virgin and RUH Nikki Woodland	Process is clear, with reduced steps ensuring effective and prompt referrals.	G	21/04/17 Work being undertaken as part of the systemwide Home First working group.
19		Undertake a review into the Reablement skill mix to ensure it can best meet the needs of pathway 1 patients.	Aug-17	Virgin and B&NES CCG Angela Smith	A clear understanding of the skill mix needed to support the Home First principal, including more medically complex patients.	G	
20		Continue to fund out of hospital domiciliary care offer to support Pathway 1 and integrate into Home First	May-17	B&NES Council Angela Smith	Block capacity will be in place to facilitate a rapid domiciliary care response to support prompt hospital discharges and avoid admission.	G	Work currently in progress to review.
21		Embed all partners within pathway 1 including CITT & Dorothy House	May-17	RUH, Virgin, AWP Gina Sargeant	Pathway 1 is able support patients with complex needs including mental health and Eol care needs	G	CITT and Dorothy House part of the Home First Steering Group
22		Develop metrics to show the benefits and performance of Home First (to include patients discharged on a weekly basis, delays, readmission rates and discharge destination of patients)	Apr-17	B&NES CCG & Virgin Gina Sargeant	The impact of the Home First scheme will be demonstrated through regular reporting. Blocks in the pathway will be reduced.	G	21/04/17 Work being undertaken as part of the systemwide Home First working group. Additionally wider Reablement metrics being review as part of YCYW transition.
23		Draft an assisted technology strategy (including the option of telecare as an assessment and support tool within pathway 1).	Sep-17	B&NES Council Wendy Sharman	Technology will become a common feature of assessment, tested during this pathway so that ongoing needs can be accurately assessed and met.	A	Brought over from 16/17 Action Plan - Strategy currently being written.
24		Review the community equipment contract to ensure a repsonsive offer for pathway 1 patients.	Jun-17	B&NES Council and Virgin Vince Edwards	Teams have timely access to equipment needed to support discharges into Home First pathway 1	G	To be reviewed as part of community equipment contract.
25		Develop a clear communication strategy for all pathway options.	Jun-17	RUH, Virgin & B&NES Council Gina Sargeant and Emma Mooney	Patients, carers and staff are clear on the pathway options and the associated timelines.	G	Being led by RUH in wider system wide Home First meetings.
26		Ensure there is sign up to B&NES wide operational standards for all Home First pathways.	Jul-17	RUH, Virgin, AWP, B&NES CCG & Council Caroline Holmes	There is clarity around the expected timelines and standards for Pathways 1,2&3.	G	To review the S.Glos standards to ascertain if appropriate for B&NES.
27		Review Extra Care Housing options, to understand the role such options can play within Pathway 2	May-17	B&NES Council Anne-Marie Stavert	There is clarity about the role Extra Care housing can play in supporting patients within Home First pathway 2.	G	
28		Establish reasonable time frames for care home assessment (within 48 hours).	Aug-17	B&NES Council Vince Edwards	Care homes understand the need to assess promptly and this has been expressed formally by commissioners.	G	Could be embedded within the care home contract due Oct-17.
29	**5. Seven Day Services** **(Caroline Holmes)**	Work in partnership with care homes to identify those willing to admit across 7 days and respond to any potential barriers.	Aug-17	B&NES Council & CCG Ryan Doherty Karen Green	A greater number of care homes are confident and willing to admit at weekends.	G	Previous Hospital to Care Home Group completed a number of actions, however outstanding actions need oversight including a D/C checklist, follow up calls and 'what if' posters.
30		write business case for 7 day referrals to teams within Home First pathways (Including Reablement, Therapies, Social Services and IDS)	Jun-17	B&NES CCG, Virgin and RUH Lee Warner Holt	Understand what is required to support a 7 day service which is available for referrals, assessment and discharge into all pathway options.	G	
31		Review domicillary care offer and work in partnership with providers to support those willing to accept care restarts, planned packages and unplanned packages across 7 days.	Jun-17	B&NES Council Angela Smith	A greater number of providers are willing to accept both planned and unplanned packages across 7 days.	G	
32	**6. Trusted Assesor** **(Anita West)**	Review national guidence on trusted assessment (due soon) and develop specific actions around trusted assessment between health and social care providers.	Aug-17	B&NES CCG, B&NES Council, Virgin, RUH & AWP. Karen Green Ryan Doherty	Clarity on how trusted assessment can be effectively implemented across health and social care teams	G	
		Develop a trusted assessor model within RUH wards for identified care homes (Bridgemead and Pondsmead)	Aug-17	RUH Anita West	There is an understanding of how the trusted assessment model can work within B&NES, which will aid discussions around expansion to other providers.	G	
33		Test the St. Monica care home trusted assessor model.	Oct-17	B&NES Council and RUH Karen Green	There is an understanding of how the trusted assessment model can work within B&NES, which will aid discussions around expansion to other providers.	G	Chocolate quarter due to open Sept -17. Trusted assessment already in place within St Monica's and Bristol acute hospitals.
34		Develop a Care Home link role within providers.	Aug-17	RUH, Virgin, B&NES Council Anita West	Improved relationships and communication between providers and care homes.	G	
35	**7. Choice Policy** **(Lee Warner Holt)**	Develop information guides which are readily available to patients/representatives, outlining the discharge process.	May-17	RUH and Virgin Lee Warner Holt Nikki Woodland	Patients/Carers have a clear, honest and realistic understanding about the discharge plan and process (Inc. timescales). With patients/carers aware of their expected responsibilities within this process	A	Brought over from 16/17 Action Plan.
36		Develop proposals to support self-funders with timely information and advice.	Aug-17	B&NES Council and BaNES CCG Caroline Holmes	There is clarity about the offer for self funders and who will manage this process.	A	Copied from 16/17 DTOC Action Plan
37		Complete revision of choice policies to match the A&EDB agreed Wiltshire policy and ensure implementation.	Jun-17	RUH , Virgin, AWP & B&NES CCG Lee Warner Holt Nikki Woodland Chris Prangley - Griffiths	Policy is updated with a standardised model in use across B&NES and partner CCG's/Councils.	A	Brought over from 16/17 Action Plan.
38		Develop specific measures to ascertain choice policy implementation and effectiveness.	Jun-17	RUH , Virgin, AWP & B&NES CCG Ryan Doherty Gareth Jones	Implementation and policy effectiveness is apparent, with performance against implementation being measured.	G	

Reference	High Imact Change (Change Lead)	Actions to take	By when	Lead organisation (including Action Lead/s)	Outcomes expected	RAG status	Comments
39	**8. Support for Care Homes** **(Vince Edwards)**	Draft an assisted technology strategy to understant the role it could play in supporting care homes, with a focus on clinical support	Sep-17	B&NES Council and BaNES CCG Wendy Sharman	The is a clear understanding of the additional clinical support assisted technology could play in terms of reducing deterioration, avoiding admission or facilitating discharge.	G	Part of the Assisted Technology Strategy, additionally the 'Airedale Model' currently being scoped
40		Develop specific actions based on the learning from the fair price of care event to aid discussions around market shaping and sustainability.	Jun-17	B&NES Council. Vince Edwards	There is a clear plan to ensure market sustainability and plans to increase available capacity within the market.	G	Event held 05/04/17
41		Review how the home contract development process can potentially be utilised as an opportunity to shape improvements within the care home sector.	Sep-17	B&NES Council & B&NES CCG Vince Edwards	There is clarity on the requirements within the contract for homes in regards to quality improvement and service responsiveness.	G	Contract due Oct 17.
42		Review Reablement criteria to ensure care homes can access support to reduce physical deterioration, facilitate discharge or avoid admission.	Jul-17	Virgin, B&NES CCG and B&NES Council Angela Smith	Ensure patients independence is maximised for as long as possible by ensuring appropriate support to those being admitted to care homes on either a interim or long term basis.	G	
43		Undertake a pilot of the 'Red Bag Scheme' with 10 care homes within B&NES.	Aug-17	B&NES CCG, B&NES Council, Virgin and RUH Ryan Doherty	Effectiveness of the scheme is clear, with follow on discussions around expanding or continuation of the scheme. Additionally there is an improved handover of care between hospital and care homes meeting NICE guidance.	G	Production delays for manufacturer, additionally need to work up the standardised paperwork.
44		Review current options within the care home market to support patients with a range of needs including higher residential, NWB, EOL fast track and specialised provision.	Aug-17	B&NES Council & B&NES CCG Caroline Holmes	The is clarity about the ability of homes to manage a range of residents conditions, resulting in quicker identification of appropriate homes. Additionally gaps in the market will be visible.	G	See NHS Quick Guide: Identifying Local Care Home Placements for framework
45		Review the learning from vanguard sites which have provided greater clinical support for care homes and benchmark our current position	Jul-17	B&NES CCG Ryan Doherty	There is a clear position for the clinical support available to care homes, with plans to enhance this to esnure care homes are confident in taking discharges across 7 days alongside the support needed to avoid admission.	G	

2018/2019 -Draft Plan - Updated April 2017

Reference	High Imact Change	Actions to take	By when	Lead organisation	Outcomes expected	RAG status	Comments
1	1. Early Discharge Planning	Ensure national examples of best practice are embedded within all providers.	Jul-18	RUH, Virgin, AWP, B&NES CCG	Utilisation of best practice ensures discharge planning is done at the earliest and most appropriate stage, including prior to admission for elective admissions.	G	
2	2. Monitoring Patient Flow.	Ensure a 17/18 baseline measure is establised and ratified against national guidence for all providers.	Apr-18	RUH, Virgin, AWP, B&NES CCG	A clear baseline is set to allow accurate measurement of performacne and progress.	G	Work is being undertaken to allign recording against national guidence.
3		Establish a 18/19 reduction target for acute, mental health and community providers.	May-18	RUH, Virgin, AWP, B&NES CCG	There is a clear DTOC reduction target set for all providers in B&NES.	G	
4		Develop a 'live' system wide demand and capacity model.	Jun-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	All partners can clearly see demand and capacity across the system, allowing capacity to be promptly increased at times of high demand.	G	? Expand on the CSU capacity model?
5		Embed national examples of best practice around patient flow within all providers	Apr-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Bottlenecks or flow issues rarely occur, with actions to mitigate when they do.	G	
6	3. Multi Agency/Disciplinary Discharge Teams	IDS team expanded to include third sector, strategic partners and care home partners where appropriate	Apr-18	RUH, Virgin, AWP, B&NES Council	Joint working between all partners, leading to a reduction in assessment delays.	G	
7		Integrate health and social care assessments.	May-18	RUH, Virgin, AWP, B&NES Council	A single, trusted assessment process exists for integrated health and social care teams, reducing assessment delays.	G	
8		Embed a streamlined CHC assessment process.	May-18	B&NES CCG, B&NES Council, Virgin	Reduced assessment delays and ensuring patients are assessed in the most appropriate environment.	G	
9	4. Home First/Discharge to Assess	Expand on 17/18 progress within Home First across all pathway options.	Sep-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	All patients return home and have assessments undertaken where safe, with patients unable to return home being cared for and assessed within non-acute settings.	G	
10		Develop provider skill mix to best meet the needs of Home First patients.	May-18	Virgin and B&NES CCG	Skill mix within providers meets Home First principals	G	
11		Work with care homes to establish reasonable time frames for assessment (within 24 hours).	Jul-18	B&NES Council	Care homes understand the need to assess promptly and this has been expressed formally by commissioners.	G	
12	5. Seven Day Services	Expand on 17/18 progress on 7 day working across health and social care teams including domicilary care and care home partners.	Sep-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Delays are reduced and patients are promptly care for in the most appropriate environment.	G	
13	6. Trusted Assesor	Utilise 17/18 learning to agree a single trusted assessment format across health and social care.	Jul-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Assessments are undertaken promptly by any system partner and such assessments are trusted by all partners.	G	
14		Work towards greater integration and pooling of health and social care funding streams	Sep-18	B&NES CCG and B&NES Council	Pooled funding streams result in increased collaboration and decreased delays related to funding.	G	
15	7. Choice Policy	Ensure 17/18 progress is expanded against choice policy.	Aug-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Plans are in place to expand on 17/18 progress, further developing choice policy effectiveness.	G	
16		Set implementation target measures.	Aug-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Clear performance targets for providers to ensure choice policy implementation.	G	
17	8. Support for Care Homes	Ensure 17/18 progress is expanded against care home support.	Aug-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Plans are in place to expand on 17/18 progress, further developing support to care homes and care home residents.	G	
18		Work towards implementing the nursing	Sep-18	RUH, Virgin, AWP,	Utilise national learning to esnure support for	G	

Rag Status Indicaticator

R	Action off track or significant blockers
A	Action Slippage/off track but recoverable in timeframe
G	Action On track

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	17 May 2017
TYPE	An open public item

Report summary table	
Report title	Bath and North East Somerset Sugar Smart Campaign
Report author	Sophie Kirk / Jameelah Ingram Sophie_Kirk@BATHNES.GOV.UK / Jameelah_Ingram@BATHNES.GOV.UK 01225 477932
List of attachments	
Background papers	Bath and North East Somerset Healthy Weight Strategy Bath and North East Somerset Local Food Strategy
Summary	Update and brief the Health and Wellbeing Board on the imminent public launch of the Bath and North East Somerset Sugar Smart Campaign
Recommendations	The Board is asked to agree that it will: • Provide strategic support for the Sugar Smart Campaign • Support key public sector and health promoting organisations across Bath and North East Somerset to sign up to the Sugar Smart Campaign and make pledges to support a reduction in sugar intake.
Rationale for recommendations	The Sugar Smart Campaign will help to meet outcomes set out in the Joint Health and Wellbeing Strategy by supporting the local population to reduce their sugar consumption and support an overall community wide campaign to tackle obesity. Specifically the Sugar Smart Campaign will contribute to the delivery of the following Health and Wellbeing Strategy outcomes: • Create Healthy and Sustainable Places • Help children to be a healthy weight Strategic support for the Sugar Smart Campaign by the Health and Wellbeing Board is important to facilitate the delivery of the campaign. Individual organisations will be able to sign up as supporters to make pledges to raise the awareness of sugar consumption in

	both a workplace setting with staff but also with customers/public facing services.
Resource implications	The campaign has received £15,000 non-recurring funding which has been part funded by Sustainable Food Cities. A business plan has been developed to allocate resources that will be required to make this campaign successful over an initial two year period. There are no further resource implications.
Statutory considerations and basis for proposal	The Sugar Smart Campaign is co-ordinated by a Sugar Smart Steering Group that reports to the Healthy Weight Strategy Group and Local Food Partnership. The Campaign will deliver key objectives outlined in the B&NES Health and Wellbeing Strategy as well as key priorities in the Local Authority's Children and Young People's Plan, B&NES Healthy Weight Strategy, Local Food Strategy and Oral Health Strategy. The need for the Sugar Smart Campaign arose from objectives from the Local Food Partnership and Healthy Weight Strategy Group to reduce diet –related ill – health and inequality and unhealthy weight.
Consultation	The Sugar Smart Campaign has been developed in consultation with key health representatives and community groups where levels of obesity are highest. The first stage of campaign is to run a Sugar Smart Survey to further inform the strategic direction of the campaign.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1. Introduction

- Dietary health and wellbeing and healthy weight are key local priorities as outlined in the B&NES Health and Wellbeing Strategy, Healthy Weight Strategy and Local Food Strategy.

- Bath and North East Somerset Council has received £15,000 funding to co-ordinate a 2 year Sugar Smart campaign for the district in partnership with Sugar Smart UK, the Jamie Oliver Food Foundation and Sustainable Food Cities.

- The aim of the B&NES Sugar Smart campaign is to reduce excessive sugar consumption in Bath and North East Somerset and to raise awareness of the issue of excess sugar consumption. This will be achieved by:

  - Raising awareness of sugar in food and drinks and the health impacts of sugar
  - Improving the availability of healthier/ lower sugar foods and drinks in targeted settings

- The campaign will launch in June 2017 and run for 2 years. B&NES will be the first national community wide campaign reaching both rural and urban areas

2. Context: The evidence and case for change

- Many of us are consuming too much sugar and this can lead to excessive weight gain, type 2 diabetes and tooth decay. The Joint Strategy Needs Assessment indicates that in Bath and North East Somerset:

  - Children and young people are consuming 3 times more sugar than national recommendations on average (SACN 2015)
  - Adults in B&NES are consuming twice the maximum recommendations of sugar (SACN, 2015)
  - Over half of adults are estimated to be overweight or obese with rates increasing
  - 22.6% of reception aged children are an unhealthy weight
  - 27.9% of year 6 aged children are an unhealthy weight and 7.4% are obese.
  - Radstock (target area) has the highest levels of obesity amongst children aged 10 – 11 years **(37.4%)** – higher than the national average.

- In 2015 the Scientific Advisory Committee on Nutrition (SACN) concluded that the recommended average population maximum intake of sugar should be halved; it should not exceed 5% of total dietary energy. It also recommends that the consumption of sugar sweetened drinks should be minimised both by adults and children.

- Sugar-sweetened drinks and fruit juices are the biggest source of sugar in the diet of school- age children. It is predicted that reducing the amount of sugar in sweetened drinks by 40% over five years could prevent 300,000 cases of type 2 diabetes and one million less people who are obese nationally over a decade.

- The government announced a soft drinks industry levy in the March 2016 budget which will come into effect in 2018.

- Jamie Oliver and the Jamie Oliver Food Foundation have championed the need to reduce the amount of sugar in our diets. The Channel 4 programme – Jamie's Sugar Rush in 2015 provided viewers with compelling evidence of the harm of consuming too much sugar.

- Takeaways and eating out are becoming a social norm. A fifth of adults and children eat takeaway meals at home once a week or more and 75% of people report eating out or buying takeaway food in 2014 (compared to 68% in 2010).

3. <u>Progress to date: Sugar Smart achievements</u>

- Bath and North East Somerset Council has established a Sugar Smart steering group to co-ordinate local action on sugar reduction. This group is accountable to the Healthy Weight Strategy Group and Local Food Partnership. To date we have achieved the following:

    - Oral health assemblies delivered in 10 schools focusing on sugar reduction.

    - Support from B&NES school catering to reduce high sugar desserts in 2017/18.

    - Over 17 educational settings (pre-school, primary and secondary) have signed up to deliver the campaign in the next year.

    - Change4Life Be Food Smart packs delivered to all pre-school and school aged children, encouraging families to download the Be Food Smart App and make healthier food choices.

    - Support for schools to implement the school food standards, develop packed lunch policies and limit sugary foods and drinks via our Director of Public Health Award.

    - Engaged with over 60 public – sector organisations on Sugar Smart campaign as part of our West of England Food Procurement Network and Event (1st Feb 2017)

    - Appointed a dedicated Sugar Smart Comms Intern to coordinate the campaign

4. Campaign Focus 2017/18

The campaign will include district wide PR and social media activities and a series of events. The campaign will take a needs based approach and will target the following settings for 2017/18:

- **Neighbourhoods** – The campaign will have a strong community focus targeting key community organisations ideally placed to reach large numbers of targeted communities. The campaign aims to create a flagship "Sugar Smart neighbourhood" in Westfield and Radstock – an obesity hotspot. The campaign will be led by community organisation 'Radstock and Westfield Big Local' who will allocate a proportion of the grant funding for community groups and local residents.

- **Educational Settings –** (Early Years, Schools and Colleges) - Our local Food Forum will work with the Director of Public Health Award to co-ordinate Sugar smart pledges and assemblies, develop pupil and family challenges, educate families about the sugar content within packed lunches and work with caterers to reduce the sugar content of meals.

- **Leisure Settings (Sports and Leisure)** - The campaign will target key sports and leisure providers including Writhlington and Greenwich Leisure Limited (GLL) with a commitment from both providers to implement healthy catering and vending offers. A high profile event will be organised with key sport settings to maximise campaign profile.

- **Public Services** – The campaign is embedded into the Virgin Care Community Services Contract from both an organisational and customer facing perspective. The campaign will target key public sector organisations including Bath and North East Somerset Council, Hope House GP Surgery and other health organisations to improve healthy food provision and to promote the campaign to staff and visitors.

5. Planned Activities (2017/18)

The following activities are planned for 2017/18

- Sugar Smart Survey launch (Mid-June 2016)
- One – year social media campaign (Develop in May 2017, Mid-June launch)
- Sugar Smart roll out in educational settings (End of June 2017)
- Sugar Smart roll out in Sports and Leisure Settings (Summer 2017)
- A series of community sugar smart events targeted at families. (First event is Radstock Roundabout 20th May 2017)
- Review council food procurement as part of food strategy refresh

6. Campaign Impact: Outputs and Outcomes

The campaign aims to deliver the following outputs:

- Bath and North East Somerset Council signs up to a Sugar Smart Charter, providing strong leadership for Sugar Smart initiative across B&NES.

- A minimum of 2 high profile events are held and a series of family events. Event with sports organisations to engage over 10,000 people.

- A new flagship “Sugar Smart Neighbourhood” is developed in Westfield and Radstock.

- B&NES council provides healthy and sustainable food in its catering outlets and concessions

- 60 organisations across Bath and North East Somerset sign up to the Sugar Smart initiative by April 2018 and make pledges to support a reduction in sugar intake including 2 biggest leisure providers and multiple educational settings (see question 2).

- 1000 people take Sugar Smart survey and/ or Sugar Smart Challenge. 5 Community challenges delivered and 5 community volunteers identified and trained.

- New commissioned Wellness Service (Virgin Care) to be Sugar Smart – pledges and sign ups made by subcontracted providers.

- Providing opportunities for job skills and training through internship and volunteer ambassadors

Timescale

- Plans are being developed for two years in the first instance (April 2017-March 2019).

Funding

- The campaign has received £15K non-recurring funding which has been part funded by Sustainable Food Cities and Public Health.

- A business plan has been developed to allocate resources that will be required to make this campaign successful over an initial two year period.

Recommendations

The Board is asked to agree that it will:

- Provide strategic support for the Sugar Smart Campaign

- Support key public sector and health promoting organisations across Bath and North East Somerset to sign up to the Sugar Smart Campaign and make pledges to support a reduction in sugar intake.

Please contact the report author if you need to access this report in an alternative format