

Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist (click to go to Checklist, included in the Cover sheet)

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

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the worksheet.

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments since 2017 and cover areas such as prevention.
2. i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
2. ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include any discretionary use of the DFG.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding your local approach.

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM ([click to go to sheet](#))

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToc. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further details.

8. Metrics ([click to go to sheet](#))

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToc) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements ([click to go to sheet](#))

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping ([click to go to sheet](#))

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template

2. Cover



Version 1.2

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Wandsworth
Completed by:	Anna James
E-mail:	Anna.James@richmondandwandsworth.gov.uk
Contact number:	020 8891 7050
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Melanie Hampton
Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Councillor	Melanie	Hampton	cllr.m.hampton@wandsworth.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Sarah	Blow	sarah.blow@swlondon.nhs.uk
	Additional Clinical Commissioning Group(s) Accountable Officers		James	Blythe	james.blythe@swlondon.nhs.uk
	Local Authority Chief Executive		Paul	Martin	paul.martin@richmondandwandsworth.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Liz	Bruce	liz.bruce@richmondandwandsworth.gov.uk
	Better Care Fund Lead Official	NOTE: the BCF Lead Officials are Joint Chairs of the BCF Programme Board	Sydney Busayo	Hill Akinoyemi	sydney.hill@richmondandwandsworth.gov.uk busayo.akinoyemi@swlondon.nhs.uk
	LA Section 151 Officer		Mark	Maidment	mark.maidment@richmondandwandsworth.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>					

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

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

Complete

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

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

Checklist

2. Cover

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

4. Strategic Narrative

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

5. Income

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

6. Expenditure

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

7. HCIM

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

8. Metrics

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

9. Planning Requirements

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

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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Wandsworth

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,551,147	£1,551,147	£0
Minimum CCG Contribution	£21,869,611	£21,869,611	£0
iBCF	£15,188,334	£15,188,334	£0
Winter Pressures Grant	£1,297,456	£1,297,456	£0
Additional LA Contribution	£362,650	£362,650	£0
Additional CCG Contribution	£0	£0	£0
Total	£40,269,198	£40,269,198	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£6,214,723
Planned spend	£14,450,495

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£8,062,681
Planned spend	£8,097,640

Scheme Types

Assistive Technologies and Equipment	£50,000
Care Act Implementation Related Duties	£666,451
Carers Services	£610,849
Community Based Schemes	£8,376,334
DFG Related Schemes	£1,480,877
Enablers for Integration	£0
HICM for Managing Transfer of Care	£631,000
Home Care or Domiciliary Care	£4,725,989
Housing Related Schemes	£140,270
Integrated Care Planning and Navigation	£15,134,647
Intermediate Care Services	£628,524
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£2,336,570
Residential Placements	£5,252,276
Other	£235,411
Total	£40,269,198

[HICM >>](#)

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

[Metrics >>](#)

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

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	391.8790707

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.913461538

[Planning Requirements >>](#)

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

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

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

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

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

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

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

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

Remaining Word Limit:

In Wandsworth, our vision is that we want people to remain as healthy as they can for as long as they can. We are focused on prevention, joining up care where it is appropriate to deliver a better service, and supporting and developing resilience in individuals and local communities.

During 2018/19, Wandsworth has been in consultation with local people and key stakeholders on what their priorities are for the local health and care system. Reflecting on evidence from the Joint Strategic Needs Assessment (JSNA) and informed by wide consultation with residents, staff and stakeholders, the priorities of the Wandsworth Health and Care Plan (HCP) have been developed. The HCP has been developed across the whole life course of "Start Well, Live Well and Age Well" and the BCF will predominately support 'Age Well' priorities.

From our engagement, with residents' have told us:

- People with long term conditions want more guidance and support with managing their conditions
- Better identification and support for carers
- People want better support after discharge from a hospital setting
- Services are currently disjointed and need to work better together

Through the BCF schemes and delivery of the HCP, we aim to join up health and social care services to provide a better service to residents in line with the "Age Well" priorities of Joined Up Health and Social Care, Dementia and Isolation. Supporting unpaid Carers across the whole life course is also a priority.

Through 2017-19 BCF schemes, there have been developments on integrating services around the person, which have now become embedded and are areas of strength in Wandsworth including the Enhanced Care Pathway (ECP), Reablement Services, Falls Services, and Carer Services.

Enhanced Care Pathway/Complex Case Management

A key focus of the of the 2017/19 Plan was the ECP which is the proactive integrated health and social care planning for people with the most complex needs. The ECP cohort is identified through a risk stratification model. People are reviewed by their GP and the ECP plan is developed, with input from the multi-disciplinary team (MDT) which includes health and social care representation.

The ECP has been effective in reducing the number of hospital admissions for the most vulnerable people in the borough. The investment and focus for ECP will remain integral to the BCF Plan this year. Developments include a review of the patient criteria and providing more guidance to GP practices the identification of patients. This includes people with a high clinical frailty index; frequent falls and/or A&E attendances; more than 4 unplanned visits for the same long-term condition by the GP in the last six months. The criteria have also incorporated social risk factors including people receiving an intense package of care; socially isolated; and where there are high carer support needs.

There have also been developments in relation to sharing the care plans between the GP and Multi-Disciplinary Teams (MDT) through EMIS. The care plan templates have also been updated to include a Comprehensive Geriatric Assessment (CGA) and there are plans to standardise care plans across different cohorts.

B) HWB level

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

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

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Remaining Word Limit:

As a vibrant and well-connected borough with many community assets Wandsworth is recognised as a great place to live and work. Wandsworth has a large number of working age adults and a population that is more affluent than the general national population. However, Wandsworth also has pockets of deprivation throughout the borough and there are inequalities with small populations at either end of the age spectrum who are deprived and have significant health issues. Wandsworth has projected the number of over 65's to increase 44% by 2035 (from 2015) and a third of people over 65 in the borough current live alone.

Our joint commissioning initiatives are focussed on

- The enhanced care pathway providing multi agency proactive care for people living in their own home and successfully reducing unnecessary admission into hospital over the last 3 years.
- Improved falls prevention services; upscaling the falls expertise working more closely with the voluntary and community services and with emergency services to prevent unnecessary admissions.
- Increasing the number of carers identified through working more closely with GPs and hospitals and continuing to work with local groups.

Following the publication of the NHS Long Term Plan and the GP Contract Reforms, a new Primary Care Network Contract went live on 1st July 2019. In Wandsworth, practices formed themselves into 9 Primary Care Networks (PCNs). These are broadly geographically arranged across Wandsworth CCG. The PCNs will work with local community teams around a population of approximately 30,000 – 50,000 people, which are small enough to provide personal care and large enough to have an impact through deeper collaboration between practices and other health and social care partners. Primary Care Networks will be the foundation of Integrated Care Systems and enable the provision of proactive, accessible, coordinated and more integrated primary and community that will improve outcomes for patients.

The seven national network service specifications are set out below. The first five will start by April 2020 and the remaining two will start by 2021:

- (i) Structured Medications Review and optimisation
- (ii) Enhanced Health in Care Homes, to implement the vanguard model
- (iii) Anticipatory Care requirements for high need patients typically experiencing several long-term conditions, joint with community services
- (iv) Personalised Care, to implement the NHS Comprehensive Model
- (v) Supporting Early Cancer Diagnosis
- (vi) CVD Prevention and Diagnosis
- (vii) Tackling Neighbourhood Inequalities

Wandsworth has an active and well-developed voluntary sector with over 900 voluntary sector organisations offering a diverse range of services. Support for the voluntary sector is delivered through Wandsworth Care Alliance's (WCA) Voluntary Sector Co-ordination Project. Wandsworth recognised the potential within the voluntary sector to play an active part in addressing the health and wellbeing challenges that we face and the WCA represents the voluntary sector, in a partnership capacity, on the Wandsworth Transformation Group and the Health and Wellbeing Board.

In Wandsworth over 10,000 older people live alone and over 20% of older people are on low incomes. Isolation in older age often disproportionately affects people living in more deprived areas or who are on low incomes. Tackling Isolation for Older People is a key priority of the HCP. Isolation in older age is an important focus as it is a preventative cause of both physical and mental health problems, including depression, dementia and cardiovascular disease.

Through the HCP, Wandsworth has made a commitment to improve the preventative services offer provided by the voluntary sector with a focus on intergenerational activities. Improved coordination of services will be achieved through the commissioning of an enhanced Voluntary Sector Coordination Programme, supporting the provision of face to face social prescribing services and through the current digital social prescribing service called the Wandsworth Wellbeing Hub.

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

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

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Remaining Word Limit:

250

Under the provisions of the Housing Grants, Construction and Regeneration Act 1996, the Council provides mandatory means tested Disabled Facilities Grants to assist residents with the cost of providing adaptations to dwellings or common parts of buildings containing flats where the adaptation is considered 'necessary and appropriate' and 'reasonable and practical'. The Regulatory Reform Order (RRO) 2002 provides local authorities a broader freedom and opportunity to address living conditions in their area including to provide, directly or indirectly, assistance to adapt or improve living accommodation and repair living accommodation.

The RRO (2002) allows local authorities to create assistance schemes using the DFG funding which help people to meet their needs without going through the full DFG process. Additional funding under the BCF has expanded the scope of help available to include discretionary DFG schemes. This widening of funding enables more people to remain independent and prevents the need for care and support for longer.

The Better Care Fund has created new opportunities for the Council to develop and fund joint commissioning plans with Clinical Commissioning Groups to meet the needs of residents across care groups. The Discretionary Disabled Facility Grants and Housing Assistance Policy supports the development of these plans by providing the policy context for how commissioning partners will use the funding available to develop a range of Disabled facilities Grant funded services. The broad priorities of the policy are to improve outcomes for disabled and older people, reduce admissions or re-admissions through prevention, help people remain independent for as long as possible, reduce care costs where possible and help facilitate more efficient discharge from hospital.

More specifically, the funding for discretionary DFGs sits within the BCF and funding for services is prioritised and targeted at initiatives which:

- Reduce or eliminating hospital admissions;
- Allow speedier discharge from hospital;
- Consider the long-term needs of individuals and reductions in associated treatment and social care costs; and
- Provide for works, adaptations or provision of equipment that is not provided by any other service.

Wandsworth Council implemented a Discretionary Disabled Facilities Grant and Housing Assistance Policy in 2018. The Policy sets out how the discretionary funding can be used, and it includes the local agreed approach for funding in the following areas:

- Speeding up the delivery of adaptations: additional staff and/or training
- Funding adaptations over the maximum mandatory DFG limit
- Relocation funding
- Hospital Discharge Grants
- Fast Track non-means tested assistance
- Preventative Outreach and independence assistance
- Telecare and telehealth services
- Adaptation of temporary accommodation
- Provision of interim placements (for people awaiting adaptations)

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

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

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

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Wandsworth has a good partnership across Wandsworth Borough Council (WBC) and Wandsworth CCG (WCCG) to work together to deliver improved health and care to our local people. WCCG and WBC work in partnership across health and social care, with our local population, to prevent ill health, reduce inequalities and support people to start well, live well and age well, both physically and mentally.

The BCF will build on the existing plan and will align with "Age Well" priorities of the Wandsworth Health and Care Plan 2019-2021. Whilst focusing on older people, the BCF also supports younger adults with complex needs, including those with physical disabilities and mental ill health. The BCF will continue to support and facilitate the strategic direction in Wandsworth, to meet the requirements of the NHS Long Term Plan and set out in the vision of the SWL Health and Care Partnership to deliver integrated services to give people the care they have told us they want.

The Wandsworth Health and Care Plan 2019-2021 has been developed alongside local health and care plans of the other boroughs in the South West London Health and Care Partnership. It describes the vision, priorities and actions to meet the health and care needs of local people in the borough, in themes of Start Well, Live Well and Age Well. The plan is one element of work being undertaken by health and social care partners in Wandsworth to improve health and wellbeing. The priorities within the Wandsworth Health and Care Plan are focused on areas where, over the next two years, we can have the greatest impact by working collectively to prevent ill health, keep people well and support them to stay independent.

In response to the South West London Sustainability and Transformation Plans (2016) there was a recognition that a local approach works best for planning and it was agreed that local health and care plans would be developed across the six boroughs in SWL Health and Care Partnership. Wandsworth's Health and Care Plan has been developed in partnership with the Local Authority, Wandsworth CCG, NHS Providers, Healthwatch and representatives from the voluntary and community sector with consultation and engagement from local people in the borough.

Wandsworth Health and Care Plan is informed by the borough's Joint Strategic Needs Assessment (JSNA) outlining the key challenges and pressures across health and social care for the whole population of the borough. The plan reflects the whole life cycle and sets out priorities for Start Well, Live Well and Age Well acknowledging that there is transition between these stages. Wandsworth Health and Care Plan reflects the key priorities for improving health and wellbeing for the local population, and where we can have the biggest impact by working differently across health, social care and the voluntary sector. The six borough plans will form an overall SWL Health and Care Partnerships Plan and will form part of the SWL response to NHS England in relation to achieving priorities set in the NHS Long Term Plan. Wandsworth is part of a complex system with the Council and CCG working across different geographies. Wandsworth Council has been part of a Shared Staffing Arrangement (SSA) with Richmond Council since 2016 and Wandsworth CCG have shared Local Delivery Unit with Merton CCG. NHS Community Services are largely provided by Central London Community Healthcare, which also provide community services in Merton. Wandsworth has a large acute hospital in the borough, St George's NHS Trust with 65% of the boroughs acute admissions, but has a significant flow of people into acute Trusts outside of the borough, including Chelsea and Westminster Hospital (12%) and Kingston Hospital (8%) and all other hospitals (15%). Working across CCG and Local Authority geographies offers benefits to how we engage with acute Trusts in and outside the borough, for example working across Wandsworth and Merton on aligned discharge pathways from St George's Hospital, and developing closer relationship and improving pathways from Kingston Hospital. There will be further opportunities through SWL on how we engage with acute hospitals across the system.

The BCF Plan and Health and Care Plan need to be set in the context of the wider strategic landscape for health and care integration for adults in the borough. This is supported by other joint plans, including:

- Wandsworth Joint Health and Wellbeing Strategy 2015-2020
- SWL Primary Care Strategy for 2019 and beyond
- St George's Hospital Strategy 2019-2024
- Carers and Young Carers Strategy 2017-2020

Programme Governance:

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Wandsworth

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Wandsworth	£1,551,147
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£1,551,147

iBCF Contribution	Contribution
Wandsworth	£15,188,334
Total iBCF Contribution	£15,188,334

Winter Pressures Grant	Contribution
Wandsworth	£1,297,456
Total Winter Pressures Grant Contribution	£1,297,456

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Wandsworth	£362,650	Integrated Falls Service
Total Additional Local Authority Contribution	£362,650	

CCG Minimum Contribution	Contribution
NHS Wandsworth CCG	£21,869,611
Total Minimum CCG Contribution	£21,869,611

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£21,869,611	

	2019/20
Total BCF Pooled Budget	£40,269,198

Funding Contributions Comments
Optional for any useful detail e.g. Carry over
Not Applicable

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Wandsworth

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,551,147	£1,551,147	£0
Minimum CCG Contribution	£21,869,611	£21,869,611	£0
iBCF	£15,188,334	£15,188,334	£0
Winter Pressures Grant	£1,297,456	£1,297,456	£0
Additional LA Contribution	£362,650	£362,650	£0
Additional CCG Contribution	£0	£0	£0
Total	£40,269,198	£40,269,198	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£6,214,723	£14,450,495	£0
Adult Social Care services spend from the minimum CCG allocations	£8,062,681	£8,097,640	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure								
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Integrated Falls	Primary and secondary prevention of falls	Integrated Care Planning and Navigation	Care Coordination				High	High	High	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£558,422	Existing
2	Quick Start	Personal care rapid response	Intermediate Care Services	Rapid / Crisis Response				High	High	Medium	High	Social Care		CCG			Private Sector	Minimum CCG Contribution	£628,524	Existing
3	Enhanced Care Pathway	Integrated health and wellbeing packages of care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Not applicable	Medium	High	Community Health		CCG			Private Sector	Minimum CCG Contribution	£12,620,997	Existing
4	Management costs	BCF management cost	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£104,552	Existing
5	Integrated home care	To support the continued provision of home care	Home Care or Domiciliary Care			Hours of Care	52,939.6	Low	High	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£847,034	Existing
6	Enhanced Care Pathway - community health and social care	Integrated health and wellbeing packages of care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Not applicable	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£23,026	Existing
7	Integrated Carers Service	Carer Services, including Carers Centre	Carers Services	Carer Advice and Support				High	High	High	High	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£610,849	Existing
8	Meeting the entitlements of carers under the Care Act	Carer Support Services, including Respite	Care Act Implementation Related Duties	Other	Multiple services			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£221,451	Existing
9	Social care staffing	Social Care staffing, including hospital social work teams; review teams; and integrated locality teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Low	High	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£865,000	Existing
10	Social care purchased services including respite	Social Care purchased services, providing accommodation and personal nursing care for vulnerable elderly adults needing extra support.	Residential Placements	Care Home		Placements	2,040.9	Medium	Medium	Medium	low	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,544,276	Existing
11	Mental health community services	Providing innovative and person centred support enabling people with Mental Illness to live independently as possible within their own homes and in the local community	Residential Placements	Supported Living		Placements	464.7	Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£500,000	Existing
12	Occupational therapy equipment	Community Equipment	DFG Related Schemes	Other	Equipment			Low	Low	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£70,000	Existing
13	Telehealth	Telehealth for HF patient and in care homes	Assistive Technologies and Equipment	Digital Participation Services				High	Medium	Not applicable	Medium	Social Care		CCG			Private Sector	Minimum CCG Contribution	£50,000	Existing
14	Preventative and support services for older people	Preventative and support services for older people	Prevention / Early Intervention	Other	Health and wellbeing			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£738,570	Existing
15	Preventative community services	Funding to support voluntary organisations in their service provision. Continuation of day services, preventative services and targeted independence schemes	Prevention / Early Intervention	Other	Multiple services			Medium	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£500,000	Existing
16	Management costs	BCF Management costs	Other		Supporting a range of services			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£235,411	Existing

17	Major adaptations	Major Adaptations under the DFG	DFG Related Schemes	Adaptations				Low	Low	High	Not applicable	Social Care		LA			Local Authority	DFG	£1,087,177	Existing
18	Equipment and minor adaptations	Equipment and minor adaptations under DFG	DFG Related Schemes	Adaptations				Low	Medium	Medium	Medium	Social Care		LA			Local Authority	DFG	£323,700	Existing
19	Better at home improvement scheme	Voluntary sector Handy-person under DFG discretionary fund	Housing Related Schemes					Low	Medium	Medium	Medium	Social Care		LA			Local Authority	DFG	£97,110	Existing
20	Hospital discharge grant	Hospital Discharge Grant under DFG discretionary fund	Housing Related Schemes					Not applicable	Medium	Not applicable	Not applicable	Social Care		LA			Local Authority	DFG	£43,160	Existing
21	Integrated falls	Primary and secondary prevention of falls	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	High	High	Social Care		CCG			NHS Community Provider	Additional LA Contribution	£362,650	Existing
22	Strengthening statutory social care functions	Spending on the increase demands for assessments, reviews, support for carers as well as increase demand in services as a result of the Care Act 2014	Care Act Implementation Related Duties	Other	All service groups			Low	High	High	High	Social Care		LA			Local Authority	IBCF	£445,000	Existing
23	Housing with preventative support (Mental Health)	Providing appropriate housing for Mental Health service users	Prevention / Early Intervention	Other	Mental health and wellbeing			Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	IBCF	£150,000	Existing
24	Support transition arrangements (child to adult)	Meeting the need for new vulnerable service users as they become adults	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Low	Low	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£500,000	Existing
25	Protection of adult social care	Investing to protect core statutory services, including domiciliary care and care homes.	Community Based Schemes					Medium	Medium	Medium	Not applicable	Social Care		LA			Local Authority	IBCF	£7,588,334	Existing
26	Increased demand for adult social services	Continuing to support mental health services as it increases in demand. Providing accommodation & personal nursing care for service users who need extra support in their daily lives.	Residential Placements	Care Home		Placements	2,677.5	Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	IBCF	£2,881,000	Existing
27	Preventative services offer (Voluntary sector support)	Spending on a range of voluntary sector services helping to prevent admissions to hospital	Prevention / Early Intervention	Other	range of voluntary sector services			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	IBCF	£948,000	Existing
28	Whole system improvement with health service partners	Investment to ensure smooth transition of care for people from hospital	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Medium	Medium	Social Care		LA			Local Authority	IBCF	£211,000	Existing
29	Maintain investment in Intermediate Care	Spending on staffing in social care team integrated in community health services	Community Based Schemes					Medium	Medium	Medium	Low	Social Care		LA			Local Authority	IBCF	£300,000	Existing
30	Increase capacity in enablement services	Maintain investment in enablement services	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Medium	Medium	High	Social Care		LA			Local Authority	IBCF	£300,000	Existing
31	Maintain stability and capacity in social care provider market	Domiciliary care workforce development	Home Care or Domiciliary Care			Hours of Care	116,562.5	Low	High	High	Not applicable	Social Care		LA			Local Authority	IBCF	£1,865,000	Existing
32	Winter Pressures: Reablement	Investment in Enablement services to meet additional demand for Winter Pressures	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£120,000	Existing
33	Winter Pressures: Staffing	Maintain investment in additional staffing to support winter pressures	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Low	High	High	High	Social Care		LA			Local Authority	Winter Pressures Grant	£100,000	Existing
34	Winter Pressures: Home Care	Meet increased demand for home care for winter pressures	Home Care or Domiciliary Care			Hours of Care	46,903.5	Low	High	High	Not applicable	Social Care		LA			Local Authority	Winter Pressures Grant	£750,456	Existing
35	Winter Pressures: Residential and Nursing Care	Additional provision will allow continued high performance with regards to DToC from Hospital	Residential Placements	Care Home		Placements	310.5	Low	High	High	Not applicable	Social Care		LA			Local Authority	Winter Pressures Grant	£327,000	Existing
36	Care Homes	Enhanced Care in Care Homes	Community Based Schemes					Low	High	High	Not applicable	Primary Care		CCG			Private Sector	Minimum CCG Contribution	£488,000	New
37	Social care purchased services including respite	Social Care purchased services, providing Care and support to service users in the comfort of their homes.	Home Care or Domiciliary Care			Hours of Care	76,948.8	Low	High	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,263,499	Existing

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Wandsworth

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

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

The SWL STP are developing a strategy for long term conditions which includes a focus on digital technologies, prevention and EOL care. More locally, three broad areas will enable the HICM to be embedded and matured.

Complex Patients and non standard pathways

Non-standard pathway patients – health and social care are working together to identify cohorts where the current commissioned pathways don't meet all the patient's needs. E.g. non weight bearing with delirium. So far, a process has been agreed for these exceptional patients. This was tested through case reviews

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Established	Established	
Chg 8	Enhancing health in care homes	Established	Mature	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Wandsworth

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	NEA admissions have increased by 1600 admissions between 17-18 and 18-19. There has been a shift in activity from 2 + LOS to 0-1 which is promising but the number of admissions continues to grow year on year. Please see the table on page 18 of the Wandsworth BCF Summary Plan 2019-20 (attached) with the breakdown by hospital and over 3 years. Continued work with St George's to improve the RTT trajectory through capacity modelling and better data validation. This provides patients with more timely access to

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

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

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	13.0	Wandsworth has been set a Delay Transfer of Care (DTOC) target for 2019-2020 of 13 delayed transfers of care per day (daily delays) from hospital. This includes people who are delayed for reasons attributable to the NHS, social care or both. Whilst a daily target has been set, performance will be monitored on a monthly basis. Wandsworth has consistently remained in top Quartile performance of London benchmarking for Delayed Transfers of Care for more than three years. The BCF has contributed to Wandsworth maintaining performance both in acute and non-acute (including mental health) settings. Over the two-year period of the 2017-2019 BCF Plan, DTOC's across health and social care improved by 27.4%.

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

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

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	432	392	Wandsworth Adult Social Services has a strong focus on Promoting Independence, which is supported by a shift to strength-based assessments and support planning with individuals. This practice sees a focus on the individual's assets, as well as family and personal networks and connection with the wider community. The overall
	Numerator	134	122	
	Denominator	31,004	31,132	

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

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

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

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	93.3%	91.3%	There has been a change in data used for this measure since the 2017 plan, and this accounts for the appeared reduction in number of people who will receive Reablement this year. This measure previously included data from NHS Intermediate Care services and following a change in the provider and provision of NHS community
	Numerator	277	95	
	Denominator	297	104	

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

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

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Wandsworth

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

<p>Agreed expenditure plan for all elements of the BCF</p>	<p>PR7</p>	<p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? Has funding for the following from the CCG contribution been identified for the area? - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?</p>	<p>Yes</p>			
	<p>PR8</p>	<p>Indication of outputs for specified scheme types</p>	<p>Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)</p>	<p>Yes</p>			
<p>Metrics</p>	<p>PR9</p>	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? Have stretching metrics been agreed locally for: - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement</p>	<p>Yes</p>			