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

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
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
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.

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

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
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
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

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
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
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.
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
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
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
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-
- 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 furthe

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

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

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS

Version 0.1

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:	Essex
Completed by:	Emma Richardson
E-mail:	emma.richardson@essex.gov.uk
Contact number:	03330-136032
Who signed off the report on behalf of the Health and Wellbeing Board:	Peter Fairley
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	Cllr	John	Spence	cllr.john.spence@essex.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Accountable Officer	Andrew Caroline	Geldard Rassell	andrew.geldard@nhs.net crassell@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	Accountable Officer	Lisa Terry	Allen Huff	lisa.allen@nhs.net terry.huff@nhs.net
	Local Authority Chief Executive	Chief Executive	Gavin	Jones	gavin.jones@essex.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	DAS	Nick	Presmeg	nick.presmeg@essex.gov.uk
	Better Care Fund Lead Official	Director of Integration	Peter	Fairley	peter.fairley@essex.gov.uk
	LA Section 151 Officer	Director of Finance	Nicole	Wood	nicole.wood@essex.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->					

**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'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	No
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	No

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	No
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	No

7. HICM

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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: Essex

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£10,474,956	£10,474,954	£2
Minimum CCG Contribution	£97,601,352	£97,605,730	-£4,378
iBCF	£39,097,453	£39,097,453	£0
Winter Pressures Grant	£5,919,494	£5,561,494	£358,000
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£821,922	-£821,922
Total	£153,093,255	£153,561,553	-£468,298

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£27,735,536
Planned spend	£58,659,750

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£38,846,564
Planned spend	£38,846,565

Scheme Types

Assistive Technologies and Equipment	£0
Care Act Implementation Related Duties	£0
Carers Services	£4,345,011
Community Based Schemes	£66,000
DFG Related Schemes	£10,474,954
Enablers for Integration	£2,836,881
HICM for Managing Transfer of Care	£1,088,974
Home Care or Domiciliary Care	£24,102,396
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£7,767,714
Intermediate Care Services	£11,469,582
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£51,398,297
Prevention / Early Intervention	£862,117
Residential Placements	£0
Other	£39,149,628
Total	£153,561,554

HICM >>

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Mature
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Mature
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Mature
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	505.7336261

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 (%)	0.822304833

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: Essex

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: 682

In Essex we want people to live healthier lifestyles to help prevent the impact of ageing, reduce health inequalities, especially in deprived communities; and develop initiatives that improve mental health and wellbeing. Health and social care integration is progressing well in Essex in line with the NHS Long Term Plan, although the pace and extent will vary throughout the County as Integrated Care Systems develop. In the longer term all parts of the system know that we must transform to be sustainable and we are seeking to empower individuals and communities to support themselves, manage their own conditions and direct their health and care support in line with their goals; this will be reflected in the STP long terms plans currently being developed.

In the shorter term we want to see a transformational shift from a focus on long term care and support for people in crisis towards a stronger focus on prevention and early intervention; to prevent needs from escalating and reduce demands on acute health and care services. We want to enable more people to live independently in the community for as long as possible by making the best and most sustainable use of all available resources. Our approach is based upon increasing multi-disciplinary support in the community to meet people's needs outside hospital or formal care services. We are also seeking to improve understanding of causes of ill health and demand on services to inform approaches to prevention and early intervention. And we are seeking to increase the impact of services through developing evidence-based interventions that can help to reduce avoidable demand on statutory health and care services. Prevention has been identified as a key priority area for Essex's preparations for Winter 2019/20. All schemes funded by the Winter Pressures grant will be assessed as to how they contribute to the prevention agenda across Essex and how they support winter planning.

Key activities include:
· Prepare for ageing: promoting healthier lifestyles and behaviours and supporting people to connect to each other and their community.
· Reduce health inequalities: Building social capital in deprived communities; improving our understanding of the link between poor living standards and health outcomes. This includes exploring approaches to population health management.
· Prevent, reduce and or delay impact of changing needs: We are developing early intervention and support for those at higher risk of poor health and wellbeing; including an enablement offer for those with a long-term condition. We are embedding an enablement ethos across the health and care market. We are also developing an integrated crisis offer.

Person-centre care is a guiding focus of integration activity across Essex. All parts of the system are engaged in seeking a shift from service-led provision to one that is person-led and that emphasises place-based commissioning and delivery. In seeking to give people real Choice and Control the main areas of focus are:

· Commissioning and Market shaping: Development of a more flexible, personalised market that gives adults choice and control. People will have the option of personal budgets throughout the system and have the support to manage direct payments and to employ their own assistants. The Making it Real framework will be guide person-centred practice.
· Practice and culture: People will be clear about what to expect from the health and care system and will be offered support that respects the goals that they want to achieve.
· Infrastructure that supports integrated approaches to choose and control including Personal Budgets and Personal Health Budgets. This includes clear communication, roles and responsibilities so that people know what support is available and how to navigate the system.
· Exploration of integration of personal budgets and wheelchair budgets.
· Integrated support between Personal Budgets and Personal Health Budgets

Specific areas of progress include:
· Multidisciplinary, neighbourhood teams are established across Essex to enable a more holistic community-based response to individuals.

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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Essex is super-aged: 20% of our population is over 65 and ageing faster than England as a whole and by 2025 the proportion will be 25%. Essex also faces significant health inequalities. Essex is a two tier authority and the health and social care landscape is complex. There are five Clinical Commissioning Groups, five acute trusts, one mental health trust and multiple community providers that also serve residents of our neighbours, Thurrock, Southend, Suffolk and Hertfordshire. On top of this the Essex Health and Wellbeing Board area is covered by three Sustainability & Transformation Partnerships that overlap Essex borders.

The North East Essex Health & Wellbeing Alliance formed in early 2018 and is one of three Alliances within the Suffolk and North East Essex STP. As the STP moves towards a functioning Integrated Care System, the Alliance brings together organisations dedicated to improving the health and wellbeing of the population as an integrated system. The Alliance's priorities for 2019/20 are:
· Implement the Urgent Treatment Service;
· Develop and implement a new community model based around integrated neighbourhood teams;
· Agree a collective approach to population health management that will enable a greater focus on addressing inequity in health outcomes;
· Increase system resilience.
A fundamental building block of the Alliance approach is the Community Model which consists of a commitment to the Live Well Essex framework; the development of functioning integrated teams based around neighbourhoods and to a population health management approach.

In Mid Essex there is currently a joint programme of work looking to integrate social care and local community health services where this makes sense. This programme of change is overseen by a Health and Social care integration board including representation from Essex County Council, Provide (local Community Provider), EPUT (mental Health provider) and Mid Essex CCG. As part of the remit of this board is looking at how services can align to the 9 primary care networks that are in place and are currently exploring alliance structures.

The South East Essex Partnership has developed a Locality Strategy, "Living Well in Thriving Communities" that describes the principles underpinning the system; the problems the partnership wishes to solve and their strategy. The system is working to develop several outcomes-based indicators for community services and several joint strategies including intermediate care and work across the Primary Care Networks (PCN) to deliver care around individuals and populations. As PCN's become more mature, the opportunity to use the Better Care Fund (BCF) to enable community, primary and acute integration will be a priority for the South-East Essex and across the STP. There is a clear opportunity to develop innovative models of care outside of hospital to prevent admission and re-admission; this will include supporting those at the end of their lives and improving outcomes for people who need hospice care.

Partners in South West Essex have agreed a Vision to create a healthier, resilient and sustainable future for people in Basildon & Brentwood, which will be achieved through good commissioning and the provision of high-quality care and support in the right place at the right time. This programme is being progressed through the recently established Alliance Group In coming months, their priorities include:
· Moving multi-disciplinary teams to a Primary Care Network footprint focussed on proactive preventative care underpinned by integrated working, risk stratification and care planning.
· Increased use of care navigation;
· Further development, expansion and integration of mental health offer;

In West Essex the ICP Board have supported the ambition for a partially integrated model in 19 /20 under which GP Practices would continue with existing contracts for core services and in which the key provider partners would be PAH and EPUT. This would in effect lay the foundation for the

(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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The Disabled Facilities Grant (DFG) is transferred directly from ECC to the twelve District, Borough and City councils[HTSSA1] to allow them to discharge their statutory duty with regard to DFGs. The main area of focus is to improve the quality of life and promote independence within home settings. The DFG is used by each of the twelve District, Borough and City councils in Essex to discharge their statutory housing responsibilities.

ECC and the Districts, Boroughs and City councils have a joint MOU and Action Plan in place to build on the previously agreed high level delivery principles and ensure that there are actions that better support health and social care.

The full amount of DFG money will been transferred to the twelve District, Borough and City Councils. Apart from the DFG being used for its traditional use, the councils have continued to explore with ECC wider uses that more closely align the DFG to health and social care and have also sought advice and support from Foundations in order to do so. Current proposals being developed and implemented are as follows:

- Councils are working with ECC to find ways to make better use of the DFG to support hospital discharge and admission avoidance and to strengthen integration between health, housing and social care. An example of this is a new pilot scheme to locate Occupational Therapists within Housing Departments alongside Environmental Health Officers and DFG grants teams to support fast and early discharge from hospital; residential / nursing placements and hospices. They will also work closely with hospital teams. The primary purpose will be to support those with life-limiting conditions and life-altering injuries to prevent more costly ongoing support being required by making sure home environments meet their needs in a timely way.
- A jointly commissioned pilot for handyman services is being explored with the option of local areas contributing toward the costs and having access to this for smaller works. The aim would be to improve access and have a more consistent offer in areas where joint commissioning has been achieved.
- ECC have also been working closely with Foundations to provide advice to District, Borough and City Councils in relation to flexible use of DFG and the use of Regulatory Reform Orders. A guidance paper with links to relevant policy was developed in order to provide strategic direction and ensure all Councils had a consistent set of information when developing their local policies. This has already seen some positive change in the application of national guidance and more flexibility.
- We are discussing how underspends could be redistributed locally to support pressures in other areas of the system. The current formula for allocations doesn't match likely demand and we are encouraging joint working and flexibility between authorities.
- To develop a local evidence base that shows the contribution that DFG funding makes to individuals and services. We are developing an outcomes framework and simple tool to gain feedback as to how people feel the grants have contributed to their outcomes and independence. This will also help to evidence how integrated care initiatives can enable communities to live safely and well and wider system benefits through avoidance of more costly interventions.
- To raise awareness of DFG potential through regular sharing of good practice and promotion. Facilitating quicker and more sustainable discharge from hospital and other temporary care.
- Facilitating moves to more sustainable accommodation which may require adaptation to make them more suitable for personal requirements. Making better use of existing resources beyond DFG, e.g. housing options, requiring greater changes and better integration of working between local housing authorities, social care and primary care.

Outcomes for the DFG are set out in the draft Action Plan and cover the following areas:

- Timely discharge is supported.
- DFG spend is fully utilised.
- There is evidence of local innovation.
- Improved Health, Housing and Social Care integration.
- Raised awareness of activity and sharing of good practice.
- There is an improved local evidence base to inform future commissioning and delivery activities.

C) System level alignment, for example this may include (but is not limited to):	
- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans - A brief description of joint governance arrangements for the BCF plan	
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The BCF plan aligns to the wider integration landscape across Essex and supports local delivery of STP Long Term aspirations. It forms the foundations for integrated working. Each of the five CCGs have a local allocation which is managed through Management and partnership boards:

The North East Essex health and care system agreed that any proposal for use of the BCF must meet some, or all, of the following outcomes:
Reduction in delayed transfers of care within the acute, community and mental health services
Reduction in the number of attendances and admissions through A&E
Reduction in the demand for adult social care, in particular, the use of residential care which will help to stabilise the care market.

The programme includes schemes that:
Strengthen community capacity and resilience and support self-care
Strengthen the community response to dementia
Improve hospital discharge processes through implementation of the home to assess model
Improve quality of life for people in residential settings, particularly at end of life
Improve patient flow across the acute and community beds.

At a strategic level, all partners across Mid Essex including the voluntary sector, district councils, local provider organisations and wider public sector bodies have supported the recent development of a Mid Essex Partnership board. This partnership defines and oversees the joint priorities for further integration and delivery around the wider determinants of health. Mid Essex have recently completed a challenge lab where partners worked together to identify ways to maximise the use of this money to work “upstream” to prevent demand on services over the winter period and high-pressure periods and to support system resilience.

Health and Social Care organisations in South East Essex (SEE) share an ambition to improve the wellbeing and lives of the people they serve. They work with each other and with the local populations to organise services and mobilise resources within the communities. The approach will be based around the needs and locations of people, rather than boundaries of organisations and will focus on prevention and supporting the strengths of communities and individuals. The local system is under intense pressure as a result of a multitude of issues including but not limited to a growing population, an increase in individuals experiencing problems with their mental health, multiple long-term conditions, social circumstances and an increase and variable ask of statutory services. It is the ambition for the system to move from a reactive model of care and enable an improved focus on prevention, self-care, personal responsibility, empowerment and wider community resilience. BCF schemes are identified which will support these aims, contribute to a reduction in hospital admissions, re-admission and help support individuals to live independent & fulfilling lives. There is also a strong desire to develop a consistent offer to residents across Castle Point & Rochford and Southend as part of a place strategy. This has led to investing in the locality model to develop single-client focused neighbourhood teams which identifies growing needs within communities, a single offer for dementia support and a bridging service for those discharges from hospital.

The vision in South West Essex is to create a healthier, resilient and sustainable future for people in Basildon and Brentwood. This will be achieved through good commissioning and the provision of high-quality care and support in the most appropriate place at the optimal time. Through creating genuine partnerships across health, social care and voluntary sector agencies working together in a truly collaborative way, an individual’s experience of care and support will be based on their ambitions, wants and needs rather than service boundaries and criteria.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board: Essex

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Essex	£10,474,956
DFG breakerdown for two-tier areas only (where applicable)	
Basildon	£1,267,929
Braintree	£931,069
Brentwood	£370,282
Castle Point	£732,741
Chelmsford	£970,881
Colchester	£1,279,778
Epping Forest	£855,956
Harlow	£798,153
Maldon	£539,488
Rochford	£475,968
Tendring	£2,045,092
Uttlesford	£207,619
Total Minimum LA Contribution (exc iBCF)	**£10,474,956**

iBCF Contribution	Contribution
Essex	£39,097,453
Total iBCF Contribution	**£39,097,453**

Winter Pressures Grant	Contribution
Essex	£5,919,494
Total Winter Pressures Grant Contribution	**£5,919,494**

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

CCG Minimum Contribution	Contribution
NHS Mid Essex CCG	£24,332,287
NHS North East Essex CCG	£23,498,040
NHS West Essex CCG	£20,209,782
NHS Basildon and Brentwood CCG	£17,710,351
NHS Castle Point and Rochford CCG	£11,850,892
Total Minimum CCG Contribution	**£97,601,352**

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No

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	**£97,601,352**	

	2019/20
Total BCF Pooled Budget	**£153,093,255**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
None

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: Essex

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£10,474,956	£10,474,954	£2
Minimum CCG Contribution	£97,601,352	£97,605,730	-£4,378
iBCF	£39,097,453	£39,097,453	£0
Winter Pressures Grant	£5,919,494	£5,561,494	£358,000
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£821,922	-£821,922
Total	£153,093,255	£153,561,553	**-£468,298**

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£27,735,536	£58,659,750	£0
Adult Social Care services spend from the minimum CCG allocations	£38,846,564	£38,846,565	£0

Link to Scheme Type description

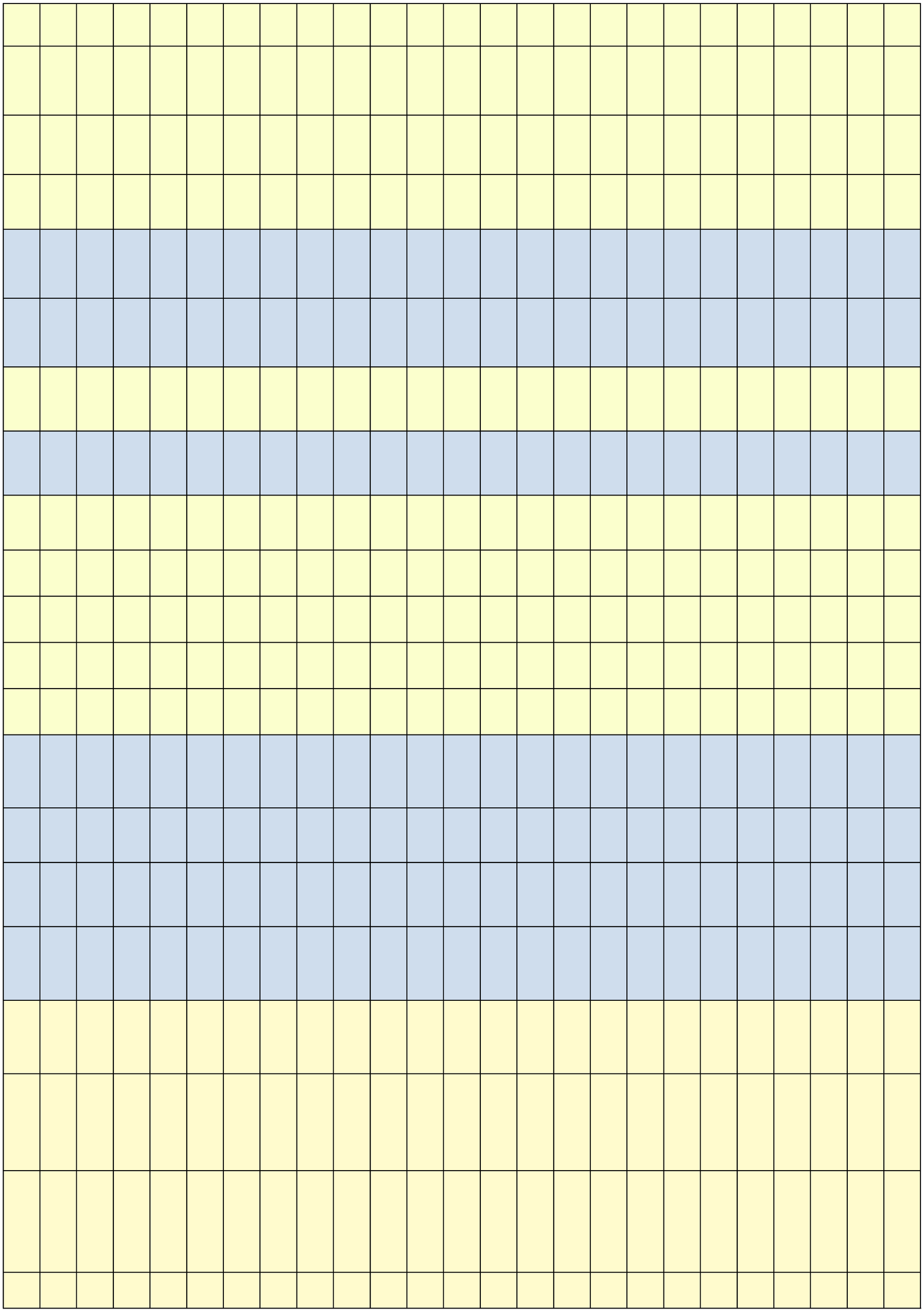
						Planned Outputs		Metric Impact				Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	BBCCG POSC Integrated Stroke Pathway Social Worker	Dedicated and integrated Social Worker for Stroke	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£97,443	Existing
2	CPRCCG POSC Integrated Stroke Pathway Social Worker	Dedicated and integrated Social Worker for Stroke	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£96,907	Existing
3	MECCG POSC Integrated Stroke Pathway Social Worker	Dedicated and integrated Social Worker for Stroke	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£97,474	Existing
4	NEECCG POSC Integrated Stroke Pathway Social Worker	Dedicated and integrated Social Worker for Stroke	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£99,937	Existing
5	WECCG POSC Integrated Stroke Pathway Social Worker	Dedicated and integrated Social Worker for Stroke	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£97,891	Existing
6	BBCCG Programme & Administration Costs (ECC 50%)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£13,570	Existing
7	CPRCCG Programme & Administration Costs (ECC 50%)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£13,495	Existing
8	MECCG Programme & Administration Costs (ECC 50%)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£13,574	Existing
9	NEECCG Programme & Administration Costs (ECC 50%)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£13,917	Existing
10	WECCG Programme & Administration Costs (ECC 50%)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£13,632	Existing
11	BBCCG Integrated Dementia Commissioner (ECC Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£5,678	Existing
12	CPRCCG Integrated Dementia Commissioner (ECC Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£3,850	Existing
13	MECCG Integrated Dementia Commissioner (ECC Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£7,814	Existing
14	NEECCG Integrated Dementia Commissioner (ECC Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£7,626	Existing
15	WECCG Integrated Dementia Commissioner (ECC Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£6,445	Existing
16	BBCCG POSC Domiciliary Reablement/Domiciliary in Lieu of Reablement	Reablement contract	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	Medium	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,036,255	Existing

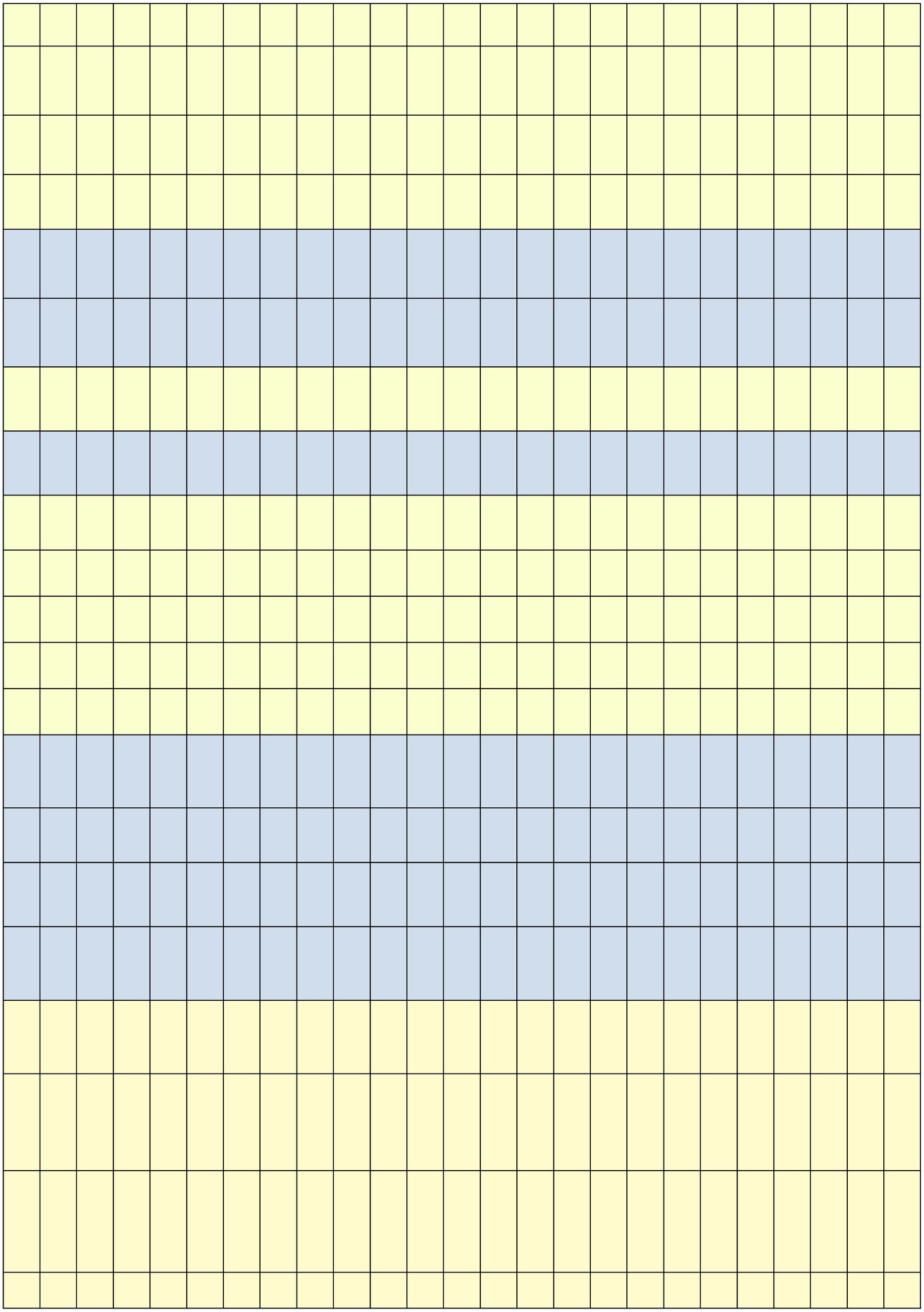
17	CPRCCG POSC Domiciliary Reablement/Domiciliary in Lieu of Reablement	Reablement contract	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	Medium	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£698,863	Existing
18	MECCG POSC Domiciliary Reablement/Domiciliary in Lieu of Reablement	Reablement contract	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	Medium	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,555,619	Existing
19	NEECCG POSC Domiciliary Reablement/Domiciliary in Lieu of Reablement	Reablement contract	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	Medium	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,329,061	Existing
20	WECCG POSC Domiciliary Reablement/Domiciliary in Lieu of Reablement	Reablement contract	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	Medium	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,208,654	Existing
21	BBCCG POSC Live at Home Service	supporting alternatives to residential care	Home Care or Domiciliary Care			Hours of Care	35,000.0	Medium	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,207,034	Existing
22	CPRCCG POSC Live at Home Service	supporting alternatives to residential care	Home Care or Domiciliary Care			Hours of Care	20,000.0	Medium	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,801,001	Existing
23	MECCG POSC Live at Home Service	supporting alternatives to residential care	Home Care or Domiciliary Care			Hours of Care	**20,000**	Medium	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£6,370,927	Existing
24	NEECCG POSC Live at Home Service	supporting alternatives to residential care	Home Care or Domiciliary Care			Hours of Care	35,000.0	Medium	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£5,423,658	Existing
25	WECCG POSC Live at Home Service	supporting alternatives to residential care	Home Care or Domiciliary Care			Hours of Care	40,000.0	Medium	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,924,388	Existing
26	CPRCCG Carers Breaks	Respite service for carers to reduce crisis	Carers Services	Respite Services				High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£53,043	Existing
27	MECCG Carers Breaks	Respite service for carers to reduce crisis	Carers Services	Respite Services				High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£163,865	Existing
28	NEECCG Carers Breaks	Respite service for carers to reduce crisis	Carers Services	Respite Services				High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£221,960	Existing
29	WECCG Carers Breaks	Respite service for carers to reduce crisis	Carers Services	Respite Services				High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£153,874	Existing
30	BBCCG Care Act	Ensuring Care Act compliance for carers	Carers Services	Other	Implementation of Care Act			High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£678,433	Existing
31	CPRCCG Care Act Funding	Ensuring Care Act compliance for carers	Carers Services	Other	Implementation of Care Act			High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£452,458	Existing
32	MECCG Care Act	Ensuring Care Act compliance for carers	Carers Services	Other	Implementation of Care Act			High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£894,681	Existing
33	NEECCG Care Act	Ensuring Care Act compliance for carers	Carers Services	Other	Implementation of Care Act			High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£959,867	Existing
34	WECCG Care Act	Ensuring Care Act compliance for carers	Carers Services	Other	Implementation of Care Act			High	Medium	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£766,830	Existing
35	BBCCG Reablement Main Contract	Contribution to improve patient flow through hospital by improving	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£840,755	Existing
36	CPRCCG Reablement Main Contract	Contribution to improve patient flow through hospital by improving	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£729,555	Existing
37	MECCG Reablement Main Contract	Contribution to improve patient flow through hospital by improving	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£962,572	Existing
38	NEECCG Reablement Main Contract	Contribution to improve patient flow through hospital by improving	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,030,527	Existing
39	WECCG Reablement Main Contract	Contribution to improve patient flow through hospital by improving	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care		Low	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£793,434	Existing
40	BBCCG Community Services	Community provision	Personalised Care at Home			Hours of Care		Medium	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£10,811,855	Existing
41	BBCCG Integrated Dementia Commissioner (CCG Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Mental Health		LA			Local Authority	Minimum CCG Contribution	£5,702	Existing

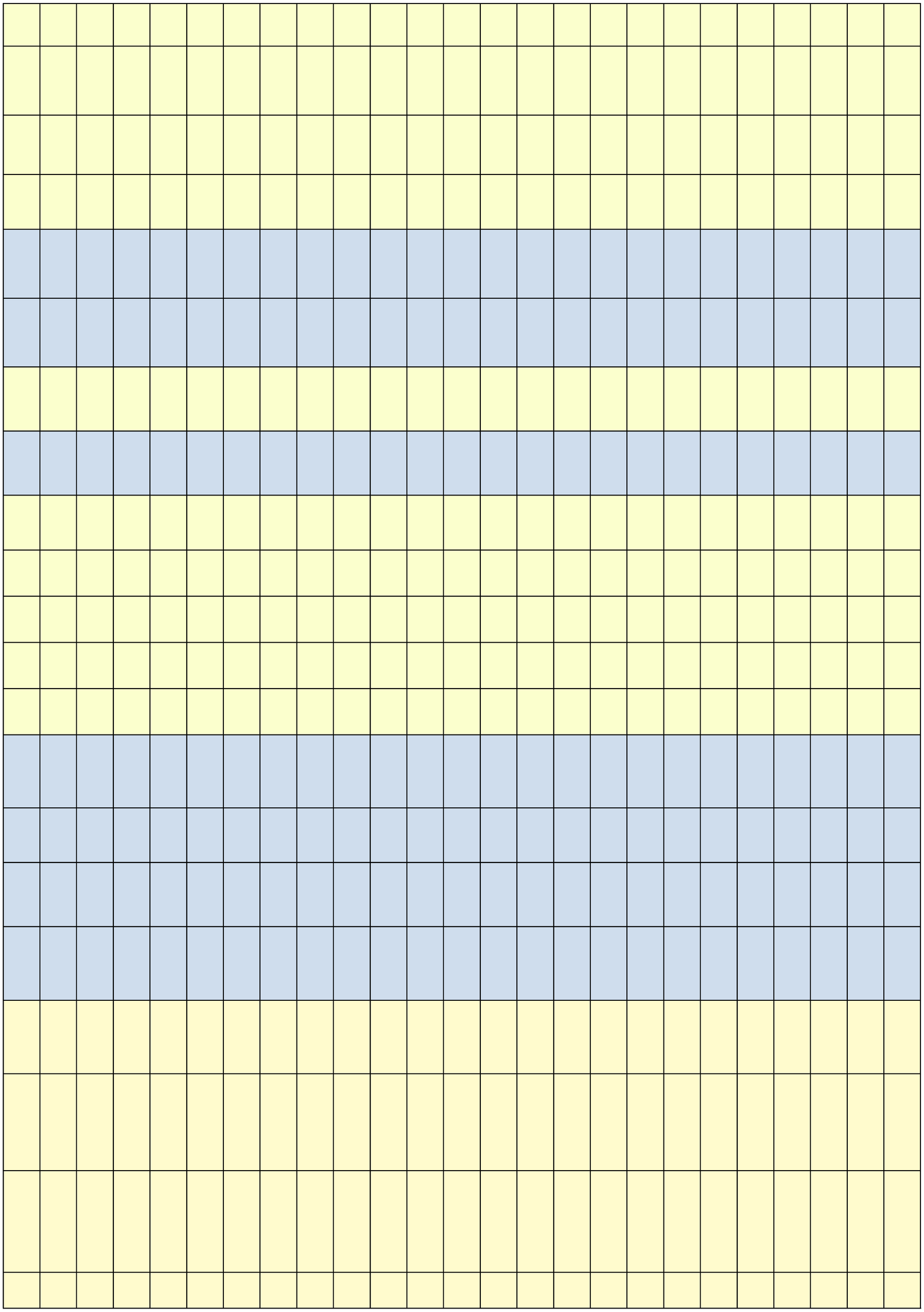
42	BBCCG Programme & Administration Costs (CCG Contribution)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Other	Programme admin	LA			Local Authority	Minimum CCG Contribution	£13,628	Existing
43	CPRCCG Integrated Community Teams	To empower and enable people to self-manage effectively at home	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Low	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£5,374,867	Existing
44	CPRCCG Integrated Dementia Commissioner (CCG Contribution)	Contribution to integration resource managing pan Essex dementia programme	Enablers for Integration	Integrated workforce				High	Low	Medium	Low	Mental Health		LA			Local Authority	Minimum CCG Contribution	£3,792	Existing
45	CPRCCG Older People Community Mental Health Teams (inc.	MH Community Provision	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Low	Medium	Low	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£1,064,096	Existing
46	CPRCCG Programme & Administration Costs (CCG Contribution)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Other	Programme admin	LA			Local Authority	Minimum CCG Contribution	£13,294	Existing
47	CPRCCG J Hospice	End of life community and inpatient services	Other		End of life care			Low	Low	Medium	Not applicable	Other	End of Life Care	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£20,896	Existing
48	CPRCCG CAVS Befriending Service	Face to face befriending service to patients that are frequently attending	Prevention / Early Intervention	Other	End of life care			Low	Not applicable	Not applicable	Not applicable	Other	Befriending	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£19,329	Existing
49	CPRCCG Havens Hospice	End of life community and inpatient services	Other		End of life care			Low	Low	Medium	Not applicable	Other	End of Life Care	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£429,091	Existing
50	CPRCCG Rosedale Rehab Beds	Residential reablement service	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds		Medium	Medium	High	High	Community Health		CCG			Local Authority	Minimum CCG Contribution	£76,353	Existing
51	MECCG Community Services	Community provision	Personalised Care at Home			Hours of Care		Medium	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£13,209,756	Existing
52	MECCG Stroke Psychology	Integrated capacity to support Stroke pathways	Integrated Care Planning and Navigation	Care Coordination				Low	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£190,385	Existing
53	MECCG Integrated Dementia Commissioner (CCG Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated workforce				High	Low	Medium	Low	Mental Health		LA			Local Authority	Minimum CCG Contribution	£7,825	Existing
54	MECCG Mental Health Community Services	MH Community Provision	Prevention / Early Intervention	Other	Mental health/wellbeing			Medium	Medium	Medium	Low	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£103,604	Existing
55	MECCG Programme & Administration Costs (CCG Contribution)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Other	Programme admin	LA			Local Authority	Minimum CCG Contribution	£13,593	Existing
56	MECCG CHC Admin	Enabling integration of CHC processes	Enablers for Integration	Integrated workforce				Medium	Low	Medium	Low	Community Health		CCG			CCG	Minimum CCG Contribution	£744,975	Existing
57	NEECCG Community Services	Community provision	Personalised Care at Home			Hours of Care		Medium	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£14,390,226	Existing
58	NEECCG Integrated Dementia Commissioner (CCG Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Mental Health		LA			Local Authority	Minimum CCG Contribution	£7,526	Existing
59	NEECCG Programme & Administration Costs (CCG Contribution)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Other	Programme admin	LA			Local Authority	Minimum CCG Contribution	£13,736	Existing
60	WECCG Community Services	Community provision	Personalised Care at Home			Hours of Care		Medium	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£12,224,317	Existing
61	WECCG Integrated Dementia Commissioner (CCG Contribution)	Contribution to integration resource managing pan Essex	Enablers for Integration	Integrated commissioning models				High	Low	Medium	Low	Mental Health		LA			Local Authority	Minimum CCG Contribution	£6,522	Existing
62	WECCG Programme & Administration Costs (CCG Contribution)	Administrative support to management of BCF	Other		Programme Admin			Not applicable	Not applicable	Not applicable	Not applicable	Other	Programme admin	LA			Local Authority	Minimum CCG Contribution	£13,797	Existing
63	DFG	DFG	DFG Related Schemes	Adaptations				Medium	Medium	High	Medium	Social Care		LA			Local Authority	DFG	£10,474,954	Existing
64	IBCF funding social care needs/packages",	Support for additional pressure in ASC system	Other		Covering cost pressures - demographic			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£36,230,786	Existing
65	IBCF Countywide Care Market Quality Initiatives	To support dedicated training for care market to improve quality	Other		Training provided to providers			High	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£640,000	Existing

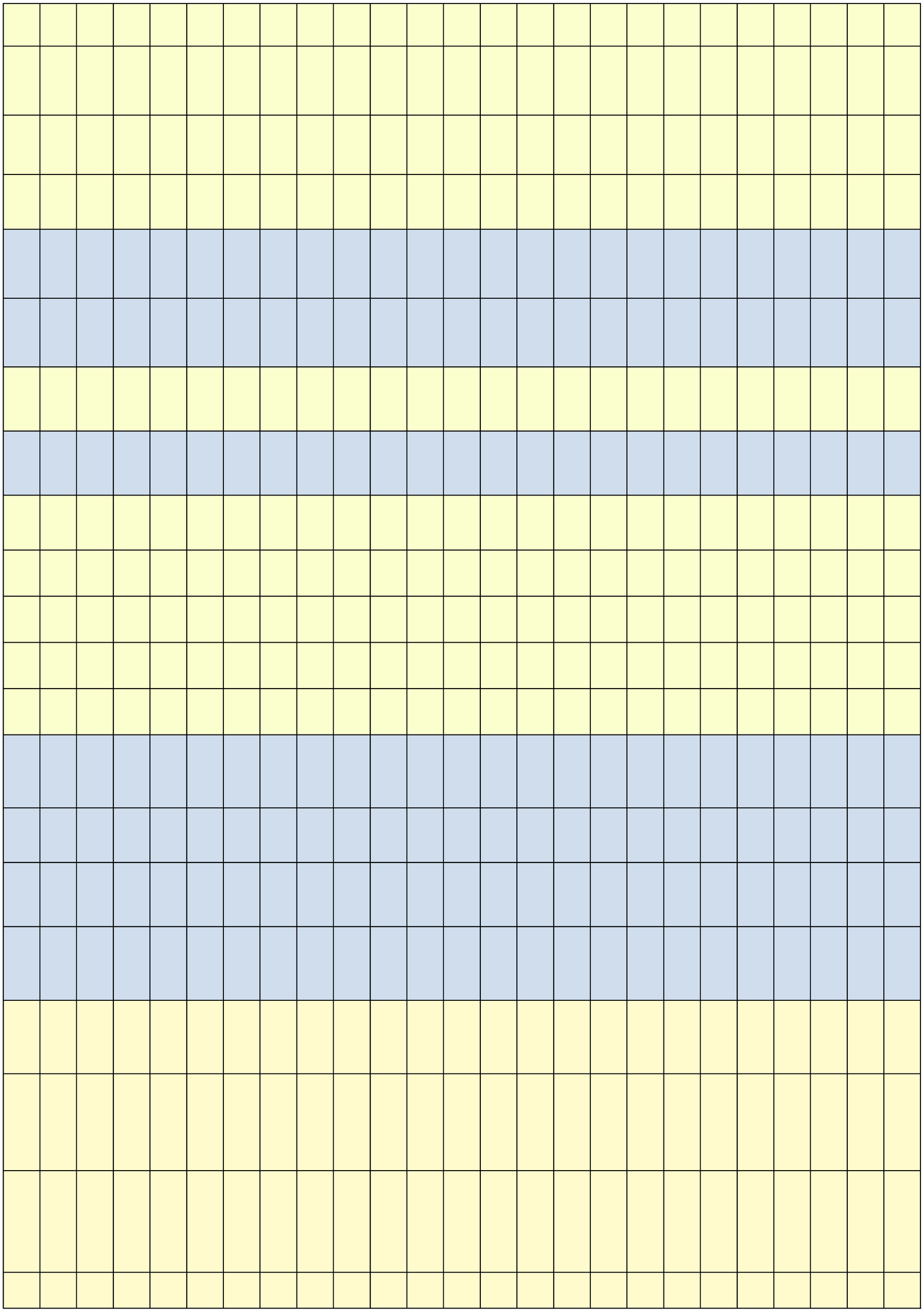
66	IBCF Countywide falls prevention	Dedicated falls prevention provision	Prevention / Early Intervention	Other	Physical health/wellbeing			High	High	Medium	High	Social Care		LA			Charity / Voluntary Sector	iBCF	£600,000	Existing
67	IBCF BB Neighbourhood Teams	Expedite the implementation of the aligned neighbourhood	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Low	High	Medium	High	Social Care		LA			NHS Community Provider	iBCF	£132,500	Existing
68	IBCF BB Discharge to Assess	The proposal is to implement a seven day home from hospital	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				High	High	High	High	Social Care		LA			Local Authority	iBCF	£75,000	Existing
69	IBCF BB Transformation Fund	Allocation of the fund will be determined by the local partnership	Other		Local Innovation			High	Low	Medium	Low	Social Care		LA			Local Authority	iBCF	£78,832	Existing
70	IBCF CPR Neighbourhood Teams	The purpose of Neighbourhood Co-ordinators in CP&R	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	High	High	Social Care		LA			Local Authority	iBCF	£96,356	Existing
71	IBCF CPR Transformation Fund	Allocation of the fund will be determined by the local partnership	Other		Local Innovation			High	High	Low	High	Social Care		LA			Local Authority	iBCF	£70,962	Existing
72	IBCF ME Dementia Crisis Support	Integrated dementia provision in place in the Mid Essex CCG area.	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services				Low	High	Low	Medium	Social Care		CCG			NHS Mental Health Provider	iBCF	£211,085	Existing
73	IBCF ME Dedicated CHC Social Work and MH worker	The ability to have dedicated CHC time spent on a day by day	Enablers for Integration	Integrated workforce				High	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£52,000	Existing
74	IBCF ME End of Life	Establish a care co-ordination service to cover Single point of	Integrated Care Planning and Navigation	Care Coordination				High	Medium	Medium	Low	Social Care		CCG			Charity / Voluntary Sector	iBCF	£211,085	Existing
75	IBCF NE Neighbouthood teams	To empower and enable people to self-manage effectively at home	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Low	Medium	Low	Social Care		LA			Local Authority	iBCF	£107,867	Existing
76	IBCF NE Dementia Support	To lead and strengthen the system response to dementia to increase	Prevention / Early Intervention	Other	Mental health/wellbeing			Low	Medium	High	Medium	Social Care		LA			Charity / Voluntary Sector	iBCF	£139,184	Existing
77	IBCF NE Discharge to Assess	To implement Discharge to assess (D2A), a whole system	Integrated Care Planning and Navigation	Care Coordination				High	Low	Low	Low	Social Care		CCG			NHS Community Provider	iBCF	£83,510	Existing
78	IBCF NE Frailty and Care Home Palliative	Delivery of an integrated end of life model, nurse	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Medium	Medium	Medium	Social Care		CCG			NHS Community Provider	iBCF	£17,398	Existing
79	IBCF WE Intensive(urgent) Health and Social Care Model	This is a multi-faceted element that support various parts of the	HICM for Managing Transfer of Care	Other approaches				High	Low	High	Low	Social Care		CCG			NHS Community Provider	iBCF	£350,889	Existing
80	WP BB	Locality Winter Pressure Allocation	Enablers for Integration	Integrated models of provision				High	Low	High	Low	Community Health		LA			NHS Community Provider	Winter Pressures Grant	£688,832	New
81	WP CPR	Locality Winter Pressure Allocation	Enablers for Integration	Integrated models of provision				Low	Medium	Medium	Medium	Community Health		LA			NHS Community Provider	Winter Pressures Grant	£456,768	New
82	WP ME	Locality Winter Pressure Allocation	Enablers for Integration	Integrated models of provision				Low	High	Low	Medium	Community Health		LA			NHS Community Provider	Winter Pressures Grant	£435,669	New
83	WP ME Bridging Services	Extension of service from winter 18/19 - bridging	Home Care or Domiciliary Care			Packages	500.0	Low	Medium	Low	Medium	Social Care		LA			Local Authority	Winter Pressures Grant	£214,500	New
84	WP ME Night Sitting	Night service	Home Care or Domiciliary Care			Packages	200.0	Medium	Medium	Medium	Low	Social Care		LA			Private Sector	Winter Pressures Grant	£160,888	New
85	WP ME IDT 8a	Additional support to IDT team	Enablers for Integration	Integrated workforce				Medium	Medium	Medium	Medium	Social Care		LA			NHS Community Provider	Winter Pressures Grant	£63,138	New
86	WP ME Brester House/Madelayne Court	Block IP Beds	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	6.0	Low	Medium	Medium	Medium	Community Health		LA			NHS Community Provider	Winter Pressures Grant	£151,320	New
87	WP NE	Block IP Beds	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	15.0	Low	Medium	Medium	Medium	Community Health		LA			NHS Community Provider	Winter Pressures Grant	£864,837	New
88	WP WE Admission Avoidance	to pilot an integrated health and social care community approach to	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Low	Medium	Low	High	Social Care		CCG			NHS Community Provider	Winter Pressures Grant	£240,000	New
89	WP WE NWB Support at Home - Hilton	To provide advice and support to patients, family and carers for	HICM for Managing Transfer of Care	Chg 7. Focus on Choice				Low	High	Medium	Low	Social Care		CCG			Private Sector	Winter Pressures Grant	£112,000	New

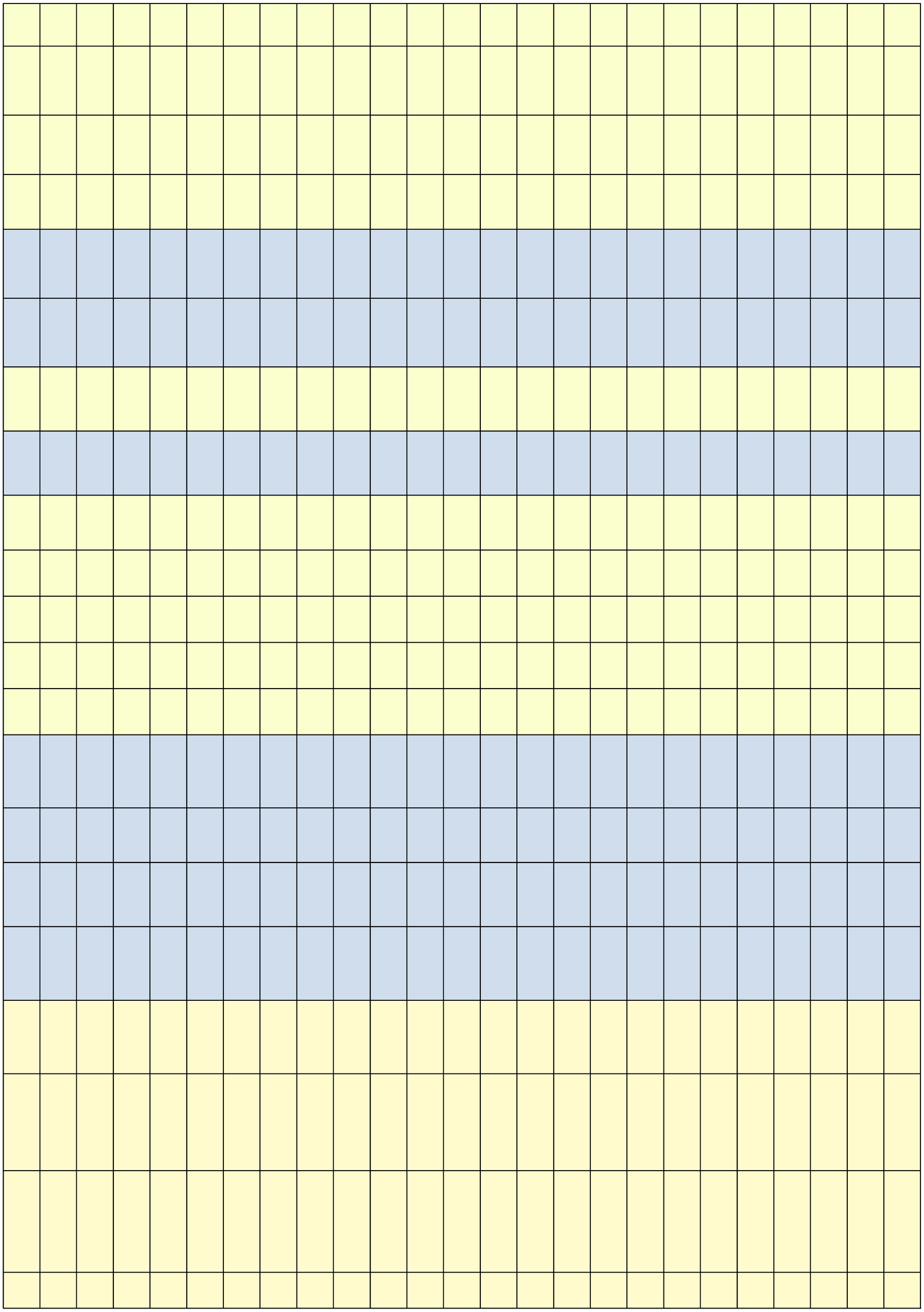
90	WP WE Discharge to assess Beds	To bring NVQ students into a health setting that supports A&E and	Intermediate Care Services	Rapid / Crisis Response				Low	Low	Low	Medium	Social Care		LA			Local Authority	Winter Pressures Grant	£132,000	New
91	WP WE Intermediate Bedded Care	To enable system subject matter experts to have the time to take	Enablers for Integration	Integrated workforce				High	Low	Low	High	Other	health and social care	CCG			NHS Community Provider	Winter Pressures Grant	£227,719	New
92	WP WE Social Worker UTC & Frailty	to develop a business case for patient tracker to enable patient	HICM for Managing Transfer of Care	Chg 2. Systems to Monitor Patient Flow				Medium	Medium	Medium	Medium	Other	health and social care	CCG			Local Authority	Winter Pressures Grant	£100,000	New
93	WP CTYWI	Delivery of winter schemes to support pressures in the system	Other		Medium			Medium	Medium	Medium	Medium	Other	health and social care	LA			Local Authority	Winter Pressures Grant	£1,542,823	New
94	WP ECC additional contribution to Mid	Discharge to Assess	Community Based Schemes					Low	High	Medium	High	Social Care		LA			NHS Community Provider	Winter Pressures Grant	£66,000	New
95	CPRCCG Rosedale Rehab Beds	Rehabilitation beds	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds		Low	High	Medium	High	Community Health		CCG			Local Authority	Additional CCG Contribution	£59,779	Existing
96	WECCG Community Services	Community Provision	Personalised Care at Home			Hours of Care		Medium	Low	Medium	Low	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£762,144	Existing
97	WP WE	Locality Winter Pressure Allocation	Enablers for Integration	Integrated models of provision				Medium	Medium	Medium	Medium	Community Health		LA			NHS Community Provider	Winter Pressures Grant	£105,000	New











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

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

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

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

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Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board: Essex

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
Currently all schemes across Essex have been assessed as Established. Given the complexity of Essex this assessment is made of x5 return from across the Health and Wellbeing geography. In Mid Essex great progress has been made in Early discharge planning in particular where they have implemented the SAFER bundle in acute and community settings, with ECIP oversight and look at EDD on admission, implemented a home to decide model via Hilton and additional patient flow

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

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board: Essex

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.	The BCF Plans from 2018/19 for NEA have been carried forward into this new BCF plan. A focus of ECC social care and NHS out of hospital community services included within the Essex Better Care Fund is to support people to remain independent, to self-care and thereby reduce A&E attendances and non-elective admissions. Multi-disciplinary teams in most localities aim to identify people at risk of admission and support them within the community. Likewise proposals to increase support to care homes through primary care, specific training or targeted advice and guidance aim to prevent issues that lead to A&E attendance and give care homes the skills to support people within	**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+)	97.1	DTOC continue to be a significant driver for both Health and Social Care in Essex. A focus on the following is continuing to drive improvements in their area significantly: •Integrated discharge teams and management •Improving patient flow in the reablement service •Admissions avoidance through development of neighbourhood teams Ongoing investment into discharge through the BCF, iBCF and winter money includes: •Commissioning of Early Intervention Vehicles to provide an immediate response via triaged 999 calls or inter-crew referrals to residents in NE Essex to enable them to be safely cared for within their own home, where an emergency admission to hospital	**Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.**

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

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	363	506	There is a large amount of 'Market Shaping' work ongoing to create an environment in which there are viable alternatives to residential care admission, this is particularly true when looking to community care models, alignment to PCNs and utilisation of Alliance relationships to raise the profile of alternatives to
	Numerator	1,100	1570	
	Denominator	303,300	310,440	

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 (%)	82.2%	82.2%	Improvements in the past 2 years has put Essex's reablement performance above the England average, and compared to its statistical neighbours, Essex had one of the most significant performance improvements over the year. The percentage of people who are self-caring after receiving reablement is 87%, an increase of 8% in the
	Numerator	1,106	1106	
	Denominator	1,345	1345	

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: Essex

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**	**Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?** Has the HWB approved the plan/delegated approval pending its next meeting? 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? Do the governance arrangements described support collaboration and integrated care? 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?	Yes			
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:** - 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/ICSs 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. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes			
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - 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?**	**Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?** Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? 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?	Yes			

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	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?	Yes			
	PR8	**Indication of outputs for specified scheme types**	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	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	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG

E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%