

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 26th February 2016.

The BCF Q3 Data Collection

This Excel data collection template for Q3 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell

Pre-populated cells

Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 9 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.

- 1) Cover Sheet** - this includes basic details and tracks question completion.
- 2) Budget arrangements** - this tracks whether Section 75 agreements are in place for pooling funds.
- 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
- 4) Non-Elective and Payment for Performance** - this tracks performance against NEL ambitions and associated P4P payments.
- 5) Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year. metric in BCF plans.
- 7) Understanding support needs** - this asks what the key barrier to integration is locally and what support might be required.
- 8) New Integration metrics** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

template have been completed the cell will turn green. Only when all 9 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 and Q2 2015-16 submissions and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

they have?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31st March. Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4 - Q2. Two figures are required and one question needs to be answered:

Input actual Q3 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell O8

Input actual value of P4P payment agreed locally - Cell F19

If the actual payment locally agreed is different from the quarterly payment suggested by the automatic calculation in cell AR8 (which is based on your input to cell O8 as above) please explain in the comments box

Please confirm what any unreleased funds were used for in Q3 (if any) - Cell F34

5) Income and Expenditure

following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual income into the pooled fund in Q1 to Q3

Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure from the pooled fund in Q1 to Q3

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

6) Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the four metrics for Q3 2015-16

Commentary on progress against the metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Understanding support needs

This tab re-asks the questions on support needs that were first set out in the BCF Readiness Survey in March 2015. These questions were then asked again during the Q1 2015-16 data collection in August. We are keen to collect this data every six months to chart changes in support needs. This is why the questions are included again in this Q3 2015-16 collection. The information collected will be used to inform plans for ongoing national and regional support in 2016-17.

The tab asks what the key barrier to integration is locally and what support might be required in putting in meeting the six key areas of integration set out previously. . HWBs are asked to:

Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.

For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q3 2015/16

Data collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	email:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

5.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivered?	4) Is the NHS Number being used as the primary identifier for health and care services?	5) Are you pursuing open APIs (i.e. systems that speak to each other)?	6) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	7) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	8) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - in Progress) If the answer is "No" or "No - in Progress" - estimated date if not already in place (DD/MM/YYYY) Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non Elective and P4P

Actual Q3 15/16	Actual payment locally agreed	Cumulative quarterly Actual Payments vs Cumulative suggested quarterly payments	If the actual payment locally agreed is <= suggested quarterly payment	Any unreleased funds were used for: Q3 15/16
Yes	Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes	Yes
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes	Yes
	Commentary	Yes	Yes	Yes	Yes	Yes

6. Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care	Yes	Yes	Yes
Reablement	Yes	Yes	Yes
Local performance metric	Yes	Yes	Yes
Patience experience metric	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Yes	Yes	Yes	Yes

7. Understanding support needs

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan	Yes
Interested in support?	Preferred support medium
1. Leading and Managing successful better care implementation	Yes
2. Delivering excellent on the ground care centred around the individual	Yes
3. Developing underpinning integrated datasets and information systems	Yes
4. Aligning systems and sharing benefits and risks	Yes
5. Measuring success	Yes
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes

8. New Integration Metrics

NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes
	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes
Progress status	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Projected 'go live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes
Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes					
Total number of PHBs in place at the beginning of the quarter	Yes					
Number of new PHBs put in place during the quarter	Yes					
Number of existing PHBs stopped during the quarter	Yes					
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (NHS)	Yes					
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non acute setting?	Yes					
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes					

9. Narrative

Brief Narrative	Yes
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Cover

Q3 2015/16

Health and Well Being Board

Rotherham

completed by:

Karen Smith

E-Mail:

karen-nas.smith@rotherham.gov.uk

Contact Number:

01709 254870

Who has signed off the report on behalf of the Health and Well Being Board:

Sharon Kemp and Chris Edwards

Question Completion - when all questions have been answered and the validation

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	17
6. Metrics	9
7. Understanding support needs	13
8. New Integration Metrics	67
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Rotherham

Have the funds been pooled via a s.75 pooled budget?	Yes
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If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
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If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
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Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1/Q2 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Rotherham

The Spending Round established six national conditions for access to the Fund.
 Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
 Further details on the conditions are specified below.
 If 'No' or 'No - In Progress' is selected for any of the conditions please include a date and a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	No - In Progress	No - In Progress	Yes		
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	No - In Progress	No - In Progress	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are in place.

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
 - confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
 - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
- NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously filled in by the HWB.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Rotherham

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	£23,316,000
	Forecast	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	
	Actual*	£5,829,000	£5,829,000				

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	£23,316,000
	Forecast	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	
	Actual*	£5,829,000	£5,829,000	£5,829,000			

Please comment if there is a difference between either annual total and the pooled fund

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	£23,316,000
	Forecast	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	
	Actual*	£5,829,000	£5,829,000				

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	£23,316,000
	Forecast	£5,829,000	£5,829,000	£5,829,000	£5,829,000	£23,316,000	
	Actual*	£5,829,000	£5,829,000	£5,829,000			

Please comment if there is a difference between either annual total and the pooled fund

Commentary on progress against financial plan: Some of our budgets have changed against individual lines but the choreography between planning for 2015/16 and getting the original plan signed off was such that we took the judgement not to revisit the BCF budgets until 2016/17. This is intuitive to a piece of work currently being undertaken on the individual BCF objectives. It is likely that some of the schemes will change and budgets realigned.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Rotherham

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	admissions or rate of 809.3 by year en, representing an in year 15.6% reduction from 2014/15 of 958.5. We project that by year end the rate will be closer to target of 933.25 and represent a 2.6% reduction in change in rate, following estimated impact of seasonal adjustments ie expected higher rate of admissions over the winter period and year end quality assurance checks having been applied.
Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	during Oct to Dec 2015. Follow up actions to capture those who were still at home 91 days following discharge is completed during Q4 and finalised for submission during April/May. We will be able to provide an incremental cumulative estimate on progress from the data from analysis completed in the 3 sample months January to March 2016.
Local performance metric as described in your approved BCF plan / Q1 / Q2 return	Emergency readmissions < 30 days of hospital discharge (all ages) PHOF4.11NHSOF3b - NB. local variation to national measure, using patients registered with a Rotherham GP, not LA population.
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Readmissions for Q3 have reduced when comparing to Q1 and Q2. 11.9% for Q3 (Q1 13.4%, and Q2 13.36%).
Local defined patient experience metric as described in your approved BCF plan / Q1 / Q2 return If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	Inpatient Experience: The proportion of people reporting a poor patient experience of inpatient care. (Average number of negative responses per 100 patients)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Annual measure using the National Inpatient Survey Results - latest published information shows a reduction in the rate of negative responses - 115.9 from a baseline position of 123.08. No further update from Q2.

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:

Rotherham

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?

3. Developing underpinning integrated datasets and information systems

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	Yes	Central guidance or tools	
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	
3. Developing underpinning integrated datasets and information systems	Yes	Central guidance or tools	
4. Aligning systems and sharing benefits and risks	Yes	Central guidance or tools	
5. Measuring success	Yes	Central guidance or tools	
6. Developing organisations to enable effective collaborative health and social care working relationships	No		

New Integration Metrics

Selected Health and Well Being Board:

Rotherham

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	No	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally					
From Specialised Palliative	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	Unavailable	In development
Projected 'go-live' date (dd/mm/yy)	31/01/17	31/01/17	31/01/17	31/01/17	31/01/18	31/01/17

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the beginning of the quarter	97
Rate per 100,000 population	37
Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2015)	260,782

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
<http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

Narrative

Selected Health and Well Being Board:

Rotherham

Remaining Characters

29,571

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

Revised and strengthened governance is in place and working effectively for the BCF. BCF Governance continues to closely monitor specific BCF projects, to ensure full and accelerated implementation of the two remaining projects linked to the BCF national conditions within agreed timescales. These are:

National Condition 3 - 7 day services to support patients being discharged at weekends has now been established and fully operational since 1st December, 2015. Two assessing officers and a team manager or principal social worker work on shift over the weekend.

National Condition 4(i) - NHS Number being used as primary identifier for health and social care services - Work well underway to ensure better sharing between health and social care. There are 5,495 adults who are in the scope of the NHS number matching project. By the end of February 2016 all in-scope BCF records will have an NHS number assigned. Training materials have been issued which demonstrate to practitioners in adult social care on how to use the NHS number field. A weekly report is issued to managers detailing the number of NHS numbers updated each week. The practice of checking NHS numbers with clients as part of 'business as usual' during contacts is bedding-in and NHS numbers are being updated by adult social care staff at the point of contact with customers. Our new social care system goes "live" later in 2016 and this includes the facility to integrate with the NHS 'Patient Demographic Service' (PDS) – which will deliver the ability to quickly look up NHS numbers on the NHS spine. Will begin using the NHS number on our correspondence when the new Liquidlogic system is "live" (Liquidlogic includes the facility to add NHS numbers to correspondence with little extra work).

The newly formed BCF Strategic Group continues to take a lead in developing proposals for integration. The BCF service review has now been completed which examined all services that are currently funded through the local BCF programme. The report recommends a new structure for categorising BCF funded schemes into new themes e.g. mental health services, rehabilitation, reablement and intermediate care, social care purchasing, case management and integrated care planning, supporting carers and BCF infrastructure. Recommendations from the review included the creation of a BCF directory of services (work is now well underway) so that all clear stakeholders can see a clear map of provision. A series of individual service reviews will be carried out where there are funding or performance issues or where there are concerns regarding strategic relevance. Service reviews will take place between February and October 2016.

Delayed Transfers of Care (DTOC) - This measure continues to improve and there has been a marked reduction throughout the year in the number of days lost due to delayed transfers of care at both TRFT and RDaSH. This improvement is due, in part, to impact of changes made in relation to the 3 DTOC measures (BCF-whole year Total days, RMBC – ASCOF total people delays snapshots of effectiveness and offered) to operating practices with partners that were agreed during 2015/16.