

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 27th May 2016.

The BCF Q4 Data Collection

This Excel data collection template for Q4 2015-16 focuses on budget arrangements, the national conditions, non-elective admissions, 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) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

5) Non-Elective Admissions - this tracks performance against NEL ambitions.

6) Supporting Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.

7) Year End Feedback - a series of questions to gather feedback on impact of the BCF in 2015-16

8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care

9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key 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.

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 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 previous quarterly 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.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that 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 have been 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' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the 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 Q4

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 Q4

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 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.

5) Non-Elective Admissions

This section tracks performance against NEL ambitions. The latest figures for planned activity are provided. One figure is to be input and one narrative box is to be completed:

Input actual Q4 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell P8

Narrative on the full year NEA performance

6) Supporting 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 Q4 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) Year End Feedback

This tab provides an opportunity to provide give additional feedback on your progress in delivering the BCF in 2015-16 through a number of survey questions. The purpose of this survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country. There are a total of 12 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Disagree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. Our BCF schemes were implemented as planned in 2015-16
2. The delivery of our BCF plan in 2015-16 had a positive impact the integration of health and social care in our locality
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan

Part 2 - Successes and Challenges

There are a total of 2 questions in this section, for which up to three responses are possible. The questions are:

11. What have been your greatest successes in delivering your BCF plan for 2015-16?
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?

These are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

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 / Q3 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.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on year-end overall progress, reflecting on a first full year of the BCF, with reference to the information provided within this and previous quarterly returns.

Better Care Fund Template Q4 2015/16

Data collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	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

Funds pooled via a S.75 pooled budget, by Q4? if no, date provided?
Yes

3. National Conditions

			3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	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?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. 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	
	Actual	Yes	Yes	Yes	Yes	
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes	
	Actual	Yes	Yes	Yes	Yes	
	Commentary	Yes				
	Commentary					

5. Non-Elective Admissions

Actual Q4 15/16	Comments on the full year NEA performance
Yes	Yes

6. Supporting Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes

7. Year End Feedback

Statement:	Response:
1. Our BCF schemes were implemented as planned in 2015-16	Yes
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Yes
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Yes
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Yes
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Yes
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Yes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Yes
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Yes
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Yes
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Yes
11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response and category
Success 1	Yes
Success 2	Yes
Success 3	Yes
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response and category
Challenge 1	Yes
Challenge 2	Yes
Challenge 3	Yes

8. New Integration Metrics

	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	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
	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/vv)	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 end 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 (%)	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

Q4 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 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'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	16
4. I&E	19
5. Non-Elective Admissions	2
6. Supporting Metrics	9
7. Year End Feedback	16
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

If it had not been previously stated that the funds had been pooled can you now confirm that they have now?

If the answer to the above is 'No' please indicate when this will happen
(DD/MM/YYYY)

Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned 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 have been met, 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 an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	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	Yes	
4) In respect of data sharing - please confirm:						
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	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	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	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	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	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 Local areas should:

- 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 returned 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	£5,829,000			

Q4 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	£5,829,000	£23,316,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	
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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	£5,829,000			

Q4 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	£4,689,000	£22,176,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The risk pool is unutilised and there were underspends in a small number of areas due to services gaining traction throughout the year. The underspend has been reinvested in direct payment packages and non-elective activity.
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Commentary on progress against financial plan:	The financial plan is on track and we are proposing to make an additional investment of £1 million in 2016/17, subject to the approval of the Health and Wellbeing Board in June 2016.
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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.

Non-Elective Admissions

Selected Health and Well Being Board: Rotherham

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	7,447	7,570	7,438	7,728	7,638	7,514	7,382	7,670	7,579	7,491	7,745	7,503	6,378	7,776

Please provide comments around your full year NEA performance	Full year NEA actual is below plan. Q3 represents an under-reported position, due to data quality issues experienced by the CCGs lead provider. This was rectified for Q4. A review of the data indicates if the under-reporting was accounted for in Q3, the actual position would be just below plan for Q3.
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Footnotes:

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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:	If final out-turn confirms 1st cut year end data on completion of quality assurance checks, then this measure will have exceeded 2015/16 target. Admissions as at year end data (Q4), shows a total of 401 admissions, this equates to a rate per 100,000 of 804.2. This is 68 fewer admissions than reported in 2014/15 and represents an approximate 16% 'in year' rate reduction from the 2014/15 rate of 958.5. BCF initiatives we estimate will
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?	On track for improved performance, but not to meet full target
Commentary on progress:	We are currently showing an increased number of service users have benefited from service in 2015/16 compared to last year (121 v 117). This is evidenced from the initial 1st cut data following the end of year 91 day 'ring round' since discharge of the three month cohort sample of service users. This achieves an improvement from 83.5% in 2014/15 to 89.6% and is just below 2015/16 target of 90%. We also estimate that further
Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 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 to meet target
Commentary on progress:	Final SUS data not yet available to review year end performance.
Local defined patient experience metric as described in your approved BCF plan / Q1 / Q2 return	
Inpatient Experience: The proportion of people reporting a poor patient experience of inpatient care. (Average number of negative responses per 100 patients)	
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	2014 score published in late 2015 displayed an improvement beyond the 2015/16 plan, with a score of 115.9. Current plan is to sustain this level of achievement. Numerator and denominator not available until published nationally.

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.

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board:

Rotherham

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Strongly Agree	We have implemented 7 day working, matched all social care records with an NHS number, expanded the mental health liaison service, developed an integrated falls and bone health care pathway and recommissioned the social care prescribing service in 2015/16.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree	initiatives in 2015-16 to drive integration including; development of integrated MDT meetings through an established Transfer of Care Team underpinned by a Memorandum of Understanding. Also weekly multi-agency ward rounds (including VCS, MH, Social Care, Commissioning and Health colleagues) are in place to expedite discharges. This has supported the improvements in the DTOC targets for 2015/16.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	All BCF community schemes have had a positive impact on reducing hospital admissions, in particular Fast Response beds, care home support service, social prescribing service and the mental health liaison service. GP practices are now linked to care homes with case management of patients in place (LES in place) to support the reduction in admissions from this sector across the borough.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	The 7 day working programme has ensured that patients can now be discharged from hospital on Saturdays and Sundays. Domiciliary care providers also accept new referrals over the weekend to provide a package of care to support needs. Also see example in question 2.
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Strongly Agree	The intermediate care and enabling service has had a positive impact in increasing the % of older people living at home after 91 days from hospital discharge - the outturn has increased from 83.5% in 2014/15 to 89.6% in 2015/16. Changes to eligibility and the referral process for Intermediate Care, to ensure the provision is flexible and has the ability meet the needs of patients has seen an increase in utilisation over the last 4 months
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	The intermediate care and enabling service have a positive impact in reducing admissions to residential care with only 2% of service users requiring 24 hour upon discharge. See question 3 response for further detail on GP in care homes.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Agree	Service (RICC), Community Occupational Therapy Service and the Integrated Community Equipment Service. Various initiatives are in place that support more integrated working arrangements such as the agreement of the appointment of a quality officer (health) to work with the contract compliance team (council) supporting the contract quality/performance monitoring of care homes, the development of the MOU for hospital discharge process and the
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	The Section 75 agreement provides funds to local areas to support the integration of health and social care and assists us to achieve the national conditions and local objectives. It also allows us to transfer funding to other BCF schemes which are under financial pressure e.g. direct payments and domiciliary care.
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Agree	Risk against the BCF programme has been monitored in year through the governance arrangements, with a robust risk register in place to help mitigate risks. The risk sharing arrangements have supported this process with the risk pool being used appropriately in 2015-16 to support both the council and CCG.
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Agree	The service review process has ensured that all services are strategically relevant and are funded appropriately. This review highlighted several services for further deep dive reviews in 2016-17 but ensured that funding aligned appropriately to provision under a new system of categorisation. The governance arrangements in place which includes regular reporting on finance has enabled us to monitor spend throughout the year appropriately.

Part 2: Successes and Challenges

Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response - Please detail your greatest successes	Response category:
Success 1	We have established a 7 day community, social care and mental health pilot to support hospital discharge and reduce delays which has now been operational since December 2015. The Hospital Social Work Team now provide a joint approach to assessments and care planning on a 7 days a week basis. This new pathway also reduces length of stay in hospital medical wards. We will carry out a review of this pilot at the end of May 2016, with the intention of ensuring that this becomes a permanent arrangement to continue to support discharge and admission prevention.	2.Delivering excellent on the ground care centred around the individual
Success 2	We have successfully matched adult social care records with their NHS number, providing a single identifier that can be used across health and social care. We have already started to look at how we can match records to improve the quality of joint commissioning. We are also identifying the highest cost individuals across the health and social care economy with a view to providing a more integrated and cost-effective service.	3.Developing underpinning integrated datasets and information systems
Success 3	We have expanded the Mental Health Liaison Service. The service supports wards and care homes when delivering care to people who have mental health issues. It focuses on those parts of the health and social care economy that work with people who have a physical condition. One of the key aims of this service is to reduce admissions to hospital and to limit average length of stay.	2.Delivering excellent on the ground care centred around the individual

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response - Please detail your greatest challenges	Response category:
Challenge 1	Financial pressures on BCF funded schemes such as Community Occupational Therapy service, Integrated Community Equipment Service and intermediate care services due to increasing demand on service and increasing costs. This is having an effect on performance targets e.g. length of time for assessment, provision of equipment and adaptations and insufficient bed capacity during times of surge.	1.Leading and Managing successful better care implementation
Challenge 2	The number of non-elective hospital admissions have increased in Quarters 1 and 2 of 2015/16 which was having an impact on the delivery of the BCF plan. However, the NEA position at year end is slightly under plan. The position remains very challenging, however, and the CCGs NEA plan to meet the challenge is reflected in the 2016-17 operational plans submitted to UNIFY.	5.Measuring success
Challenge 3	The resources required for health and social care staff to devote to the BCF has increased significantly over the last 12 months. From March to May 2016, we have consulted with a wide range of key stakeholders to develop our BCF plan for 2016/17 and to also complete the planning template in order to meet requirements set by NHS England. This period which we had originally earmarked to carry out deep dive reviews of some of our BCF schemes. This work is also in addition to completing 4 quarterly reports per year. Therefore the process is both cumbersome and onerous if local areas are expected to continue to deliver this level of detail on a yearly basis.	5.Measuring success

Footnotes:

Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

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	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	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	Installed (not live)	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 end of the quarter	77
Rate per 100,000 population	29

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 2016)	261,739
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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>
Q4 15/16 population figure has been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Rotherham

Remaining Characters

29,165

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).

BCF Governance continues to closely monitor specific BCF projects, to ensure full and accelerated implementation of the two 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. A review will be carried out in 2016/17 to measure success and outcomes of this project.

National Condition 4(i) - NHS Number being used as primary identifier for health and social care services Work now completed 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 and all BCF records now have an NHS number assigned. 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. We 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). Whilst we are waiting for PDS to go "live" we will add new NHS numbers manually. Training materials have been issued which demonstrate to practitioners in adult social care how to use the NHS number field in the incumbent system. This includes mechanisms for maintaining the NHSN in the interest of ensuring that the field is always populated and that it should be captured as early as possible during the social care pathway.

The newly formed BCF Programme Board continues to take a lead in developing proposals for integration. The BCF Plan for 2016/17 has now been agreed by Health and Wellbeing Board members on 28th April, 2016, which details our key achievements, key priorities for 2016-2019, risk assessment, contingency planning and patient engagement. A new Section 75 agreement has been developed which will be approved at the Health and Wellbeing Board on 1st June, 2016.

All BCF schemes have now been recategorised into new themes e.g. mental health services, rehabilitation, reablement and intermediate care, supporting social care, case management and integrated care planning, supporting carers and BCF infrastructure. A BCF Directory of Services has now been completed so that all key stakeholders can see a clear map of provision. A series of individual "deep dive" 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 May and December 2016.

Delayed Transfers of Care (DTOC) - This measure is on track to meet the year-end target 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 PD&CU. This improvement is due in part to input of shared medical