Cover and Basic Details

Q1 2015/16

Health and Well Being Board	**Herefordshire, County of**
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Who has signed off the report on behalf of the Health and Well Being Board:	Helen Coombes

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'

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Budget Arrangements

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
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 the Q4 data collection previously filled in by the HWB.

National Conditions

Please sele
Yes
No
No - In Pro

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q1 2015/16

National Conditions

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	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)	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		At the same level as 14/15
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	01/12/2015	There are areas providing 7 day support across the system but not fully integrated yet. Care Co-ordination Centre to be implemented end of 2015. Additional Complex Discharge Co-ordinator at weekends from September 2015.
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	01/12/2015	Protocol has been developed but final sign-off required - Check Adrian Sowyer
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?	No - In Progress	01/12/2015	Yes in some areas; rest being worked up. Community Services redesign being implemented.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	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 demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
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.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Herefordshire, County of

	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 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	4,376	4,248	4,243	4,528	4,311	4,182	4,178	4,462	4,108	4,072		

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment			
				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	1.5%	262	£462,954	65	131	196	262	£114,855	£116,622	£114,855	£116,622

	Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16			
D. REVALIDATED: HWB version of plans to be used for future monitoring.	268	176			£114,855	£231,477			£462,954	£3,380,000	£114,855

Which data source are you using in section D? (MAR, SUS, Other)	SUS	If other please specify	

Cost per non-elective activity	£1,767

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£114,855	£231,477		
Actual payment locally agreed	£114,855	£231,477		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	-£114,855		
Actual amount of locally agreed unreleased funds	£0	-£114,855		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable		

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

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: Herefordshire, County of

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	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	£10,471,500	£10,095,500	£9,605,500	£9,605,500	£39,778,000	£47,590,000
	Forecast	£10,526,900	£10,235,500	£9,734,500	£10,208,300		
	Actual*	£10,526,900					

Please comment if there is a difference between the total yearly plan and the pooled fund	The original BCF plan included an estimate for the additional pooled fund as final budgets had not been confirmed by LA or CCG. The final agreed but was £39778k a difference of £7,812k from the submission. Income profile reflects revised plan and adjustment for DFG and social care grants which are received in single amountsin Q1 / Q2 respectively. All other income even profile across quarters.

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	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	£9,944,500	£9,944,500	£9,944,500	£9,944,500	£39,778,000	£47,590,000
	Forecast	£9,758,600	£10,170,200	£10,409,200	£10,367,200		
	Actual*	£9,758,600					

Please comment if there is a difference between the total yearly plan and the pooled fund	As for income. Expenditure profile for DFG and social care capital does not match lump sum grant income receipts. Currently forecasting expenditure pressure re CHC placements in additional pool. To be jointly funded through risk share arrangements.
Commentary on progress against financial plan:	Pool 2 reporting pressure due to additional CHC placements above revised plan - identified in July. Total risk estimated at £900k for the pool to be managed in accordance with risk share arrangements. Mitigating actions underway to address pressure

Footnote:

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 Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board: Herefordshire, County of

Local performance metric as described in your approved BCF plan	Virtual Ward
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	No
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	As in the approved Plan the local measure is Reduction in Fall Related Admissions

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local performance metric plan and actual	22	16	16	16	23	16		

Please provide commentary on progress / changes:	We started off with a local measure in our plan of '% of Ambulance attendances for falls that were admitted to hospital' but with no obvious cohort so this was subsequenyly changed into '% of Ambulance attendances for falls that were admitted to hospital, aged 85+' . However we have realised that this is a selkf-defeating measure as we are also targeting to reduce the number of ambulance attendances, so the measure is being changed to 'Number of ambulance attendances for falls that were admitted to hospital, aged 65+'.

Local defined patient experience metric as described in your approved BCF plan	Customer satisfaction / user experience annual survey.
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local defined patient experience metric plan and actual:	82	83	83	83	0	0		

Please provide commentary on progress / changes:	Our intention was to use the Friends & Family Test survey, suitably modified, and we were told DH were developing it to allow local changes to be made. We are now exploring using modified questions via the FFT.

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: Herefordshire, County of

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	Workshops or other face to face learning opportunities	Best practice internal and external communication
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	Peers to peer learning / challenge opportunities	Specific need is overcoming the financial hurdle faced by partners
4. Aligning systems and sharing benefits and risks	No		
5. Measuring success	Yes	Case studies or examples of good practice	Especially measuring Patient Experience across tye health & social care using the Friends and Family survey
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Peers to peer learning / challenge opportunities	With a focus on gaining buy in across system leaders and especially middle management

Narrative

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q1 2015/16

Narrative		Remaining Characters	32,407

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.
Both Scheme projects are making satisfactory progress but optimal implementation will be hampered by the lack of Shared Record due to financial pressures on partners affecting progress of the Information Sharing programme. Financial pressures across the system are severly hampering ongoing decision making, development and investment into our Better Care Plan