

Cover

Q4 2015/16

Health and Well Being Board

Herefordshire, County of

completed by:

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

Cabinet Member for Health and Wellbeing

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

Have the funds been pooled via a s.75 pooled budget?	Yes
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If it had not been previously stated that the funds had been pooled can you now confirm that they have now?	
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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 a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board:

Herefordshire, County of

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	No - In Progress	No	Although not all in place these are developing as per the recently submitted BCF plan 2016/17.
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	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?	No - In Progress	No - In Progress	No - In Progress	No - In Progress	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?	No - In Progress	No - In Progress	No - In Progress	No - In Progress	No	Although not all in place these are developing as per the recently submitted BCF plan 2016/17.
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:

Herefordshire, County of

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	£10,471,500	£10,095,500	£9,605,500	£9,605,500	£39,778,000	£47,590,000
	Forecast	£10,523,900	£11,507,000	£9,840,500	£9,444,200	£41,315,600	
	Actual*	£10,523,900	£11,507,000	£9,840,500			

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	£10,471,500	£10,095,500	£9,605,500	£9,605,500	£39,778,000	£47,590,000
	Forecast	£10,523,900	£11,507,000	£9,840,500	£9,508,900	£41,380,300	
	Actual*	£10,523,900	£11,507,000	£9,840,500	£9,808,900	£41,680,300	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Forecast has been updated to show year end outturn. Figures have been reported to the joint commissioning board
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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	£9,944,500	£9,944,500	£9,944,500	£9,944,500	£39,778,000	£47,590,000
	Forecast	£9,896,200	£10,248,100	£10,415,700	£10,755,600	£41,315,600	
	Actual*	£9,686,200	£10,248,100	£10,415,700			

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	£9,944,500	£9,944,500	£9,944,500	£9,944,500	£39,778,000	£47,590,000
	Forecast	£9,896,200	£10,248,100	£10,415,700	£10,755,600	£41,315,600	
	Actual*	£9,896,200	£10,248,100	£10,415,700	£10,820,300	£41,380,300	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Forecast has been updated to show year end outturn. Figures have been reported to the joint commissioning board
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Commentary on progress against financial plan:	All areas of the minimum fund were in line with budget. The additional pool included increased expenditure for both the council and CCG as was subject to a risk share arrangement. The actual expenditure is included above
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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:

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 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	4,376	4,248	4,243	4,528	4,311	4,182	4,178	4,462	4,527	4,108	4,072	4,204	4,473	4,437

Please provide comments around your full year NEA performance	Non-Elective admissions have remained below target for most of the year.
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Footnotes:

Source: For the Baselines and Plans 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 of 26th February 2016.

National and locally defined metrics

Selected Health and Well Being Board:

Herefordshire, County of

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	First draft SALT submission gives 186 perm residential/nursing admissions for over 65, down from 283 last year. The rate would equate to 419 (using 44,387 over 65 population)

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	First draft SALT submission gives the final ASCOF measure outcome of 84.7%, up from 77.0% last year

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	As in the approved Plan the local measure is Reduction in Fall Related Admissions
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Falls admissions have continued to rise during 2015/16 but at a lower rate than forecast.

Local defined patient experience metric as described in your approved BCF plan / Q1 / Q2 return	Customer satisfaction / user experience annual survey.
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:	ASCOF 4B used for 15/16, initial draft submission reported 88%, changing to ASCOF 3A next year, which was 70%. Both results represent improvement on last year

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:

Herefordshire, County of

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	Agree	<ul style="list-style-type: none"> * reprocurement of carer's service * the implementation of an information advice and guidance service * improvements in community equipment services * implementation of rapid access to discharge bed provider framework
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	Neither agree nor disagree	A number of achievements during 2015-16 have had a positive impact upon integrated ways of working, including the development of a unified contract currently in negotiation, however there is still substantial work to be completed within Herefordshire in order to achieve further integration.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Neither agree nor disagree	A number of key schemes, delivered by the BCF, have assisted in avoiding Non-Elective Admissions. Examples include the roll out of the Virtual Ward and Hospital at Home provision across the County, implementation of a highly effective falls rapid response service, an enhanced rapid response service and improvements in the community equipment service.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Neither agree nor disagree	completed in this area. Examples include the implementation of an information advice and guidance service, implementation of rapid access to discharge bed provider framework, improvements in the community equipment service and realignment of the care management teams, with additional focus on hospital discharge and the advice and referral team.
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	Agree	A proportion of the Protection of Social Care funding for 2015-16 was invested in a reablement service, which directly assisted in reducing the proportion of older people who were still at home 91 days after discharge.
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	provided a higher baseline figure for 2015/16. During the past year there has been a steady state of admissions and this is expected to continue in 2016/17. The implementation of a culture change through the care management team is in development to review the cases being referred into residential and nursing homes with a view to source alternative provisions of care.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Agree	The BCF has assisted in supporting the improvements made in joint working. Further developments will take place during 2016/17.
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	Neither agree nor disagree	The Section 75 agreement has provided a clear framework through which Partners have been able to pool funds and align budgets in order to deliver the schemes detailed within the BCF plan.
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	Disagree	The risk share agreement for 2015/16 clearly set out the financial risks associated with the delivery of the BCF plan and provided Partners with a clear agreement regarding how financial risks would be proportionate and retained by each partner. However, the implementation of this agreement has not assisted in achieving improvements in joint working.
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Disagree	The final budget for 2015/16 was £40.1m. The figure reported for BCF budget for 2015/16 is lower than the budget included in the approved 2015/16 plan because at the time of submission the exact criteria for the additional pool contributions had not been finalised, and final contributions were confirmed at a lower level as out of county placements were excluded. The actual spend for 2015/16 is confined at £41,38m

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	Development of unified contract and greater understanding of fee structure for residential based CHC placements.	4.Aligning systems and sharing benefits and risks
Success 2	Implementation of a highly effective falls rapid response service	2.Delivering excellent on the ground care centred around the individual
Success 3	The reprourement of the Carer's service and implementation of a whole population information, advice and guidance service.	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	Lack of capacity across statutory services against a backdrop of increasing demand	6.Developing organisations to enable effective collaborative health and social care working relationships
Challenge 2	Behavioural change within the system required to meet the increase in need and a high proportion of people presenting in crisis creating additional pressure and unsustainable demand	2.Delivering excellent on the ground care centred around the individual
Challenge 3	Workforce challenges - Herefordshire has specific challenges around recruitment and retention of staff.	1.Leading and Managing successful better care implementation

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

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 being scoped
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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	8
Rate per 100,000 population	4

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)	188,724
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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?	No - nowhere in the 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:

Herefordshire, County of

Remaining Characters

31,468

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).

Please see Section 4 of Herefordshire's 2016/17 BCF plan (as submitted) which provide a clear update on the changes delivered during 2015/16 and gives a high level perspective on the additional developments planned for 2016/17.

Key outcomes and progress achieved during 2015/16 including the following:

- * The reprocurement of carer's services
- * The implementation of an information advice and guidance service (to divert demand)
- * Improvements in community equipment service delivering savings for both the council and CCG
- * Implementation of rapid access to discharge bed provider framework
- * Realignment of the care management teams with additional focus on hospital discharge and the advice and referral team
- * City centre IAS service open
- * Pop up hubs implemented across the county
- * Roll out of virtual ward and hospital at home provision across the county
- * Implementation of a highly effective falls rapid response service
- * Review of short break provision for children and families
- * Rapid response service enhanced to provide additional support for community and hospital discharge
- * Delivery of the DFG
- * NHS identifier embedded in social care systems
- * Unified contract developed and in negotiation
- * Care home market strategy developed, encompassing both council and CCG information