Cover

Q4 2016/17	
Health and Well Being Board	**Herefordshire, County of**
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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
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: 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	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) Plans to be jointly agreed	Yes	Yes	Yes	Yes	
2) Maintain provision of social care services	Yes	Yes	Yes	Yes	
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	No - In Progress	No - In Progress	No - In Progress	No	Partners continue to deliver and develop 7 day service where demand requires and budget allows.
health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No - In Progress	No - In Progress	No - In Progress	No	7 day services form part of the Service Development and Improvement Plan (SDIP) in CCG contracts with main providers of Acute, Community and Mental Health Services- progress is assessed regularly through monthly contract monitoring meetings.
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes	Yes	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	No - In Progress	No - In Progress	No - In Progress	No	Further developments to be achieved during 2017/18
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes	Yes	
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes	Yes	
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	No - In Progress	Yes	Yes	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes	Yes	

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. 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. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2016-17.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also 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

prevent unnecessary non-elective (physical and mental health) admissions to acute

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf).
By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

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

The appropriate and lawful 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 consistent 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 consistent identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
• ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

where funding is used for integrated packages of care, there will be an accountable

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, 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 care coordinators, for example dementia advisors.

predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

• Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
• Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
• Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
• Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
• Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
• Demonstrate engagement with the independent and voluntary sector providers.

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 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£11,680,600	£10,122,300	£10,122,300	£10,121,968	£42,047,168	£42,047,168
	Forecast	£12,404,300	£10,561,500	£10,829,500	£10,110,000	£43,905,300	
	Actual*	£12,404,300	£10,389,800	£10,829,500			

Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£11,680,600	£10,122,300	£10,122,300	£10,121,968	£42,047,168	£42,047,168
	Forecast	£12,404,300	£10,561,500	£10,829,500	£10,110,000	£43,905,300	
	Actual*	£12,404,300	£10,389,800	£10,829,500	£9,858,000	£43,481,600	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The actuals reflect the final outturn which shows an increase of £1.3m in the cost of FNC placements which are included in the additional BCF pool. This has been largely offset by a reduction in fast track expenditure. Also reflected are the LA budget pressures seen in both residential and nursing, particularly within 'in-county' nursing placements which are included in the additional BCF pool.

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£10,511,800	£10,511,800	£10,511,800	£10,511,768	£42,047,168	£42,047,168
	Forecast	£10,605,700	£10,786,300	£11,449,000	£11,064,300	£43,905,300	
	Actual*	£10,605,700	£10,786,300	£11,449,000			

Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£10,511,800	£10,511,800	£10,511,800	£10,511,768	£42,047,168	£42,047,168
	Forecast	£10,605,700	£10,786,300	£11,449,000	£11,064,300	£43,905,300	
	Actual*	£10,605,700	£10,786,300	£11,449,000	£10,812,300	£43,653,300	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The actuals reflect the final outturn which shows an increase of £1.3m in the cost of FNC placements which are included in the additional BCF pool. This has been largely offset by a reduction in fast track expenditure. Also reflected are the LA budget pressures seen in both residential and nursing, particularly within 'in-county' nursing placements which are included in the additional BCF pool.

Commentary on progress against financial plan:	The Herefordshire BCF plan includes an additional pooled budget for residential, nursing, CHC and FNC costs. The late announcement of the increase in FNC fees by 40% was not reflected in the budget but has been updated in the forecast. I&E assumes an even profile with the exception of the DFG grant which is received in Q1.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:	Herefordshire, County of

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	A number of schemes have been set up to address the increased demand. These include rapid response, fallers first response, virtual wards and hopital at home.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Early results indicate that this has worsened since year end last year. These are awaiting final validation as part of our year end performance processes.

Local performance metric as described in your approved BCF plan	As in the approved Plan the local measure is Reduction in Fall Related Admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Local measure is reduction in spending on falls-related hospital attendances and admissions, and in falls-related ambulance conveyances. Performance continues to be better than target

Local defined patient experience metric as described in your approved BCF plan	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:	Overall satisfaction has improved by a fraction of a percentage, although this reflects maintenance of performance as one of the upper quartile performing authorities

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Early results indicate that this has worsened since year end last year. These are awaiting final validation as part of our year end performance processes.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Performance has improved on last year. Figures subject to change as part of year end statutory data collections

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.
For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

Year End Feedback on the Better Care Fund in 2016-17

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. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Herefordshire's Better Care Partnership Group (BCPG), which includes representatives from both the local authority and the CCG, have met on a monthly basis throughout 2016/17 to monitor the delivery of the schemes within the 2016/17 BCF plan. These regular meetings, as well as working more closely on the delivery of several projects throughout the year, have assisted in improving joint working. A number of schemes have been jointly commissioned, including the introduction of the IRS pilot. Joint integration plans are also being progressed.
2. Our BCF schemes were implemented as planned in 2016/17	Agree	Several key initiatives have been delivered during 2016/17 through the BCF. These include the introduction of the Intermediate Rehabilitation Service pilot (IRS) and the unified contract, in relation to adult residential and nursing placements. Also the introduction of the alignment of fees, from 1 April 2017.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Agree	Several cross agency integration workshops have taken place during 2016/17. Further developments will be achieved during 2017/18.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Agree	The BCF has funded a number of schemes to address the increased demand and reduce the levels of non-elective admissions. These include rapid response, fallers first response, virtual wards and hospital at home.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Both the local authority and CCG are actively working together to monitor and reduce the levels of DTOC. A number of reporting mechanisms have been introduced during 2016/17, including a daily update and review of DTOCs being carried out by Herefordshire Councils Operational teams.
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The reablement service, funded through the BCF, has continued to deliver its target throughout 2016/17 and performance has improved from 2015/16.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	There is an increased level of scrutiny of all placements following the introduction of a more rigorous process over 18 months ago, at the quality assurance panel, where the appropriateness of all residential placements is challenged. Partners are working together to establish a managing the care home market strategy, which will include the delivery of enhancing quality of care and reducing admissions into hospital. Partners are also working together to explore developments in assistive technology in care homes.

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

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest **successes**	Response category:
Success 1	IRS pilot - during 2016/17 the existing RAAC provision was reviewed and an Intermediate Rehabilitation Service (IRS) pilot was introduced. The aim of the scheme was to deliver rehabilitation to those who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care or long term residential care. The focus of the scheme was active therapeutic interventions, with the aim to maximise the independence of individuals. The service provided the opportunity for admission avoidance and also to facilitate earlier hospital discharge. A full pilot evaluation is currently taking place.	3. Collaborative working relationships
Success 2	Unified contract - A unified contract approach has been introduced by Herefordshire Council and Herefordshire CCG during 2016/17. The bringing together of terms and conditions from two organisations into one unified contract, in relation to all residential and nursing placements for adults, has resulted in a number of benefits. The move from net payments to gross has been introduced to achieve improvements in cash flow and reduce back office administration. Contract termination and payment on death clauses have now been aligned.	8. Joint contracts and payment mechanisms
Success 3	Regular scheme monitoring - throughout 2016/17 the Better Care Partnership Group have worked together to establish a clear monitoring template and have been meeting on a regular basis to monitor the delivery of schemes within the fund.	5. Evidencing impact and measuring success

9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	Financial pressures continue to present challenges to both organisations.	Other
Challenge 2	DTOC continues to present significant issues throughout the health and social care system in Herefordshire. A number of schemes are being delivered to help address the pressures, including earlier identification of potential discharges, RAAC capacity and brokerage, additional support to self-funders and care homes. Partners continue to work together, with providers, to ensure that further schemes are developed to assist and service redesigns are implemented, where appropriate. Further work to support and develop the care market is currently being scoped, in order to ensure that both non-elective admissions are reduced and hospital discharges are supported in a timely manner.	5. Evidencing impact and measuring success
Challenge 3	During 2016/17 the amount of 'new money' was extremely limited, which caused challenges in the ability to introduce or test new schemes and service delivery approaches. This resulted in having limited contingencies. The introduction of additional funding for 2017/18 has been welcomed, however the rapid increase in pace to deliver schemes with the additional funding has posed challenges.	Other

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. Shared vision and commitment
2. Shared leadership and governance
3. Collaborative working relationships
4. Integrated workforce planning
5. Evidencing impact and measuring success
6. Delivering services across interfaces
7. Digital interoperability and sharing data
8. Joint contracts and payment mechanisms
9. Sharing risks and benefits
10. Managing change

Other

Additional Measures

Selected Health and Well Being Board: Herefordshire, County of

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	Yes	Yes	Yes	No
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	No

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	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Hospital	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 Social Care	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 Community	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 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	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

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

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	Unavailable	In development	In development	Unavailable
Projected 'go-live' date (dd/mm/yy)	31/08/18	31/08/18	31/08/18	31/08/18	31/08/18	31/08/18

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?	No pilot underway

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	10
Rate per 100,000 population	5

Number of new PHBs put in place during the quarter	1
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 2017)	190,252

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 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures were updated to the mid-year 2017 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board: Herefordshire, County of

Remaining Characters	31,868

Please provide a brief narrative on overall progress, reflecting on performance in Q4 16/17 and the year as a whole. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

* Highlights and successes:

Key outcomes and progress achieved during 2016/17 include the following:

- Introduction of unified contract;
- Introduction of IRS pilot scheme;
- Delivery of DFG;
- Continued successful delivery of falls prevention service;
- Improvements in performance monitoring of schemes within the BCF;
- Agreement of funding split between organisation and continued delivery of an Integrated Community Equipment Service; and
- Developments in an integrated redesign of community services, to integrate health and social care provision throughout Herefordshire.

* Challenges and concerns

All partner organisations continue to experience financial pressures.

* Potential actions and support

Continued delays in the publication of the 2017/19 guidance has caused some delays in meeting local governace timescales. An update and estimated publication date would be useful.