

**SUPPLEMENT TO THE AGENDA FOR**

# **Health and Wellbeing Board**

**Thursday 26 November 2015**

**2.00 pm**

**The Board Room, Wye Valley NHS Trust Headquarters,  
Stonebow Rd, Hereford HR1 2ER**

|   | <b>Pages</b>  |
|---|---------------|
| <b>10. APPROVAL OF BETTER CARE DATA SUBMISSIONS</b>   | <b>3 - 24</b> |
| To approve the Better Care Fund quarter two national report as per the requirements of the programme. |               |





|                         |  |
|-------------------------|--|
| <b>Meeting:</b>         | <b>Health &amp; Wellbeing Board</b>                            |
| <b>Meeting date:</b>    | <b>26 November 2015</b>  |
| <b>Title of report:</b> | <b>Better Care Fund Quaterly Report</b>                        |
| <b>Report by:</b>       | <b>Amy Pitt – Joint Commissioning Better Care Fund Manager</b> |

## Classification

Open

## Key Decision

This is not a key decision.

## Wards Affected

Countywide

## Purpose

To approve the Better Care Fund quarter two national report as per the requirements of the programme.

## Recommendation(s)

**That the Health and Wellbeing Board approves the Better Care Fund (BCF) quarter two report in order to submit to NHS England.**

## Alternative options

- 1 There are no alternative options as the return is a statutory requirement.

## Reasons for recommendations

- 2 The recommendation has been made as this is a statutory requirement for the submission to be made and the report is predicated on statistical performance and financial information.

## Key considerations

- 3 On 16 October 2015, the Government confirmed that the Better Care Fund will

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Further information on the subject of this report is available from  
Amy Pitt – Joint Commissioning Better Care Fund Manager on Tel (01432) 383758

continue in 2016/17. The BCF Policy Framework (including detail of the minimum size of the Fund) will not be confirmed until after the Comprehensive Spending Review on 25 November. Notwithstanding this, preparations for BCF 2016/17 has begun with the review of the S75 agreement and some planning has commenced, and the return does provide an opportunity to request support for the future planning of the BCF.

- 4 The report provides an update and monitors key areas within the BCF plan. All metrics are on schedule to either meet the targets or demonstrate improved performance from last year.
- 5 The reduction in fall related admissions is on track and shows a 24% reduction on arrivals at A&E following a decrease due to the implementation of the falls responder team. Performance in respect of the reablement service indicator has improved from last year but is not meeting the full target in-year. This is a small, targeted service and a small variation of change within the service can have a large impact on the metric.
- 6 The report demonstrates that the NHS number is being used as a primary identifier for health and social care and work is in progress to pursue open APIs (i.e. systems that speak to each other) and ensuring appropriate information governance controls are in place.
- 7 New integration metrics are also included within the report on risk stratification and personal health budgets. The CCG have recently applied and been accepted onto the personal health budgets accelerator development programme commencing in November 2015.

## **Community impact**

- 8 The BCF plan is set within the context of the national programme of transformation integration of health and social care. Herefordshire Council and Herefordshire CCQ are working together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services.

## **Equality duty**

- 9 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
- 10 All equality considerations are considered as part of the development and implementation of the plan.

## **Financial implications**

- 11 For 2015/16 the care home market management pool is currently projecting a financial pressure of £1,463k. This has arisen following a significant increase in continuing health care residential packages costing an additional £1,315k (15% overspend). There is also a much smaller overspend (less than 1%) of £148k in council funded care packages. The CCG has put mitigating actions in place to reduce the pressure.
- 12 The Board should be aware that In order for Herefordshire Council to be able to set the Council budget in accordance with the Council's constitution and ensure that its

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statutory financial obligations are met, a number of key assumptions have been made in respect of key funding streams received by the Council through the BCF.

- 13 The Council's Medium Term Financial Strategy assumes that the local authority will continue to receive at least the same level of funding 2016/17 as it has received in 2015/16 in critical areas such as the protection of social care and the additional costs associated with implementing the Care Act (2014) requirements.

## **Legal implications**

- 14 There are no legal implications with the report

## **Risk management**

- 15 The risk of not approving the return will delay the response to NHS England and which will result in a late return. The report provides an update on the BCF plan and is based on statistical and financial information.

## **Consultees**

- 16 Public engagement is not required for this return however consultation with officers within the local authority and CCG have been undertaken to ensure an accurate response.

## **Appendices**

Appendix 1 - Better Care Fund Quarter two template.

## **Background papers**

- None identified



## 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 November 2015.

### The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preparations for the BCF in 16/17 and register an interest in planning support.

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 explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

### Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

### Cell Colour Key

Data needs inputting in the cell

Pre populated cells

Question not relevant to you

### Content

The data collection template consists of 9 sheets:

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

**1) Cover Sheet** - this includes basic details and tracks question completion.

**2) Budget arrangements** - this tracks whether Section 75 agreements are in place for pooling funds.

**3) National Conditions** - checklist against the national conditions as set out in the Spending Review.

**4) Non-Elective and Payment for Performance** - this tracks performance against NEL ambitions and associated P4P payments.

**5) Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year.

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

**7) Preparations for the BCF 16-17** - this assesses your current level of planning for next year

**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.

### Validations

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 8 cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

### 2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission 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 are still on track to be met through the delivery of your plan (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

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

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

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

#### 4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

**Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12**

**Input actual value of P4P payment agreed locally - Cell E23**

**If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box**

**Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46**



## 5) 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 and Q2**

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

**Confirmation of actual expenditure into the pooled fund in Q1 and Q2**

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

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

## 6) Metrics

This tab tracks performance against the two national, the locally set metric and 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 Q2 2015-16**

**Commentary on progress against the metric**

Should a local and/or 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) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

## 8) New Integration Metrics

This tab requests information as part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

### 1. The development and use of integrated care records.

There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

**Proposed metric: Integrated Digital Records.** To be assessed via the following questions:

- In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
- In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
- Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

### 2. Risk stratification

The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

**Proposed metric: Use of Risk Stratification.** To be assessed via the following questions:

- Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
- If yes: Please provide details of how risk stratification modelling is being used to allocate resources
- Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
- What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

### 3. Personal Health Budgets

Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

**Proposed metric: Personal Health Budgets.** To be assessed via the following questions:

- Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
- How many local residents have been identified as eligible for PHBs, per 100,000 population?
- How many local residents have been offered a PHB, per 100,000 population?
- How many local residents are currently using a PHB, per 100,000 population?
- What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

## 9) Narrative

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

## Better Care Fund Template Q1 2015/16

### Data collection Question Completion Validations

#### 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

|  |
|--|
| 5.75 pooled budget in the Q4 date collection? and all dates needed |
| Yes  |

#### 3. National Conditions

|   |  |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|
|   | 1) Are the plans still jointly agreed? | 2) Are Social Care Services (not spending) being protected? | 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and 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)   | Yes                                    | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   |
| If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY) | Yes                                    | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   |
| Comment   | Yes                                    | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   |

#### 4. Non-Elective and P4P

|                 |                               |   |                                       |
|-----------------|-------------------------------|---|---------------------------------------|
| Actual Q1 15/16 | Actual payment locally agreed | Any unrelieved funds were used for Q2 15/16 | Q4 2015-16 confirmed NEA plan figures |
| Yes             | Yes                           | Yes   | Yes                                   |

#### 5. I&E (2 parts)

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

#### 6. Metrics

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

#### 7. Preparations for BCF 16-17

|   |     |
|---|-----|
| Have you begun planning for 2016/17?            | Yes |
| Confidence in developing BCF plan?              | Yes |
| Pool more, less, or the same amount of funding? | Yes |
| Support in developing plan?                     | Yes |

|  |                        |                          |  |
|--|------------------------|--------------------------|--|
|  | Interested in support? | Preferred support medium | If preferred support medium is 'other', please elaborate |
| If yes, support area?                        | Yes                    | Yes                      | Yes  |
| Developing / reviewing your strategic vision | Yes                    | Yes                      | Yes  |
| Building partnership working                 | Yes                    | Yes                      | Yes  |
| Governance development                       | Yes                    | Yes                      | Yes  |
| Data interpretation and analytics            | Yes                    | Yes                      | Yes  |
| Evidence based planning                      | Yes                    | Yes                      | Yes  |
| Financial planning                           | Yes                    | Yes                      | Yes  |
| Benefits management                          | Yes                    | Yes                      | Yes  |
| Other  | Yes                    | Yes                      | Yes  |

#### 8. New Integration Metrics

|   |     |          |             |           |               |                        |
|---|-----|----------|-------------|-----------|---------------|------------------------|
|   | GP  | Hospital | Social Care | Community | Mental health | Specialised palliative |
| NHS number being used as the primary identifier?  | Yes | Yes      | Yes         | Yes       | Yes           | Yes                    |
| Open API in place?  | Yes | Yes      | Yes         | Yes       | Yes           | Yes                    |
| Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?                  | Yes |          |             |           |               |                        |
| Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?                   | Yes |          |             |           |               |                        |
| If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources                       | Yes |          |             |           |               |                        |
| How many local residents have been identified as in need of preventative care during the quarter?                               | Yes |          |             |           |               |                        |
| What proportion of local residents identified as in need of preventative care have been offered a care plan during the quarter? | Yes |          |             |           |               |                        |

|   |     |
|---|-----|
| Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? | Yes |
| How many local residents have been identified as eligible for PHBs during the quarter?  | Yes |
| How many local residents have been offered a PHB during the quarter?  | Yes |
| How many local residents are currently using a PHB during the quarter?  | Yes |
| What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter?   | Yes |

9. Narrative

|                 |
|-----------------|
| Brief Narrative |
| Yes             |

Cover and Basic Details

Q2 2015/16

Health and Well Being Board

Herefordshire, County of

completed by:

Amy Pitt

E-Mail:

apitt@herefordshire.gov.uk

Contact Number:

01432 383758

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

Martin Samuels

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](mailto: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        | 24                        |
| 4. Non-Elective and P4P       | 4                         |
| 5. I&E                        | 15                        |
| 6. Metrics                    | 10                        |
| 7. Preparations for BCF 16-17 | 28                        |
| 8. New Integration Metrics    | 25                        |
| 9. Narrative                  | 1                         |

## Budget Arrangements

**Selected Health and Well Being Board:**

Herefordshire, County of

**Data Submission Period:**

Q2 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)

14

**Footnotes:**

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

## National Conditions

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q2 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   | Q4 Submission Response | Q1 Submission Response | Please Select (Yes, No or No - In Progress) | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | Commentary on progress  |
|---|------------------------|------------------------|---|---|---|
| 1) Are the plans still jointly agreed?  | Yes                    | Yes                    | Yes   |   |   |
| 2) Are Social Care Services (not spending) being protected?   | 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                            | 01/03/2016  | 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, will move to 24/7 February 2016. 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                    | Yes                    | Yes   |   |   |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)?   | 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                            | 01/01/2016  | Protocol has been developed but final sign-off required   |
| 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                            | 01/03/2016  | Yes in some areas; rest being worked up. Community Services redesign being implemented, focus initially on health element. Integrated approach being developed in parallel. Some elements well established (eg "huddle" - joint review of people requiring complex or joint health and social care response). |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place?   | Yes                    | Yes                    | Yes   |   |   |

### 5 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](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.

#### Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

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

Selected Health and Well Being Board:

Herefordshire, County of

|   | Baseline |          |          |          | Plan     |          |          |          | Actual   |          |          |          | % change [negative values indicate the plan is larger than the baseline] | Absolute reduction in non elective performance | Total Performance Fund Available |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|----------------------------------|
|   | 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 |  |  |                                  |
| <b>D. REVALIDATED:</b> 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    | 4,204    |          | 1.5%   | 262  | £462,954                         |

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

Cost per non-elective activity

|   | Total Payment Made |          |          |          |
|---|--------------------|----------|----------|----------|
|   | Q4 14/15           | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Suggested quarterly payment (taken from above*) | £114,855           | £116,622 | £114,855 |          |
| Actual payment locally agreed                   | £114,855           | £116,622 | £114,855 |          |

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 Unreleased Funds |          |          |          |
|--|------------------------|----------|----------|----------|
|  | Q4 14/15               | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Suggested amount of unreleased funds**           | £0                     | £0       | £0       |          |
| Actual amount of locally agreed unreleased funds | £0                     | £0       | £0       |          |

|  | 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 | not applicable |          |

**Confirming Q4 2015-16 Non-Elective Admissions figures**

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

|  | Q4 15/16 figures previously provided | Q4 15/16 confirmed figure |
|--|--------------------------------------|---------------------------|
| Plan (taken from original HWB BCF plans)                       | 4,527                                | 4,527                     |
| Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015) | 4,108                                |                           |

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 19th August 2015. (Except cell C46 taken from original BCF plan database as at February 2015)

| Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline] |          |          |          | Maximum Quarterly Payment |          |          |          | Performance against baseline |          |          |          | Suggested Quarterly Payment |          |          |          | Total Performance fund | Total Performance and ringfenced funds | Q4 Payment locally agreed | Q1 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 | Q4 14/15                     | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15                    | Q1 15/16 | Q2 15/16 | Q3 15/16 |                        |  |                           |                           |
| 65  | 131      | 196      | 262      | £114,855                  | £116,622 | £114,855 | £116,622 | 268                          | 176      | 39       |          | £114,855                    | £116,622 | £114,855 |          | £462,954               | £3,380,000                             | £114,855                  | £116,622                  |



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 | £10,526,900 | £10,235,500 | £9,734,500 | £10,208,300 | £40,705,200  |             |
|   | Actual*  | £10,526,900 |             |            |             |              |             |

Q2 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 | £11,517,000 | £9,117,000 | £10,421,200 | £41,579,100  |             |
|  | Actual*  | £10,523,900 | £11,517,000 |            |             |              |             |

|   |   |
|---|---|
| Please comment if there is a difference between either annual total and the pooled fund | Additional income contribution required from both partners to meet additional cost pressures on additional pooled fund. |
|---|---|

**2** 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 | £9,758,600 | £10,170,200 | £10,409,200 | £10,367,200 | £40,705,200  |             |
|   | Actual*  | £9,758,600 |             |             |             |              |             |

Q2 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 | £9,880,700 | £10,084,400 | £10,638,200 | £10,975,900 | £41,579,200  |             |
|   | Actual*  | £9,880,700 | £10,084,400 |             |             |              |             |

|   |  |
|---|--|
| Please comment if there is a difference between either annual total 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 and residential placements in additional pool of £1.25m. To be jointly funded through risk share arrangements. |
|---|--|

|  |  |
|--|--|
| Commentary on progress against financial plan: | Please note original plan included estimated figures for additional pool. These were confirmed after the BCF plan was approved at a lower level than originally predicted. |
|--|--|

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 Q1 collection previously filled in by the HWB.

## National and locally defined metrics

Selected Health and Well Being Board:

Herefordshire, County of

|                                       |  |
|---------------------------------------|--|
| <b>Admissions to residential Care</b> | % 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:   | Last year end: 655.3<br>End of September 2014: 349.1<br>End of September 2015: 194.7<br>Currently a significant reduction compared to this time last year. Some of this will be due to a slight lag on the |

|                   |  |
|-------------------|--|
| <b>Reablement</b> | 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:   | Last year end: 77.0%<br>End of September 2015: 78.5%<br>This measure through the year is slightly up on last year, however, below the target of 85% The running measure is not quite calculated in the same way as the year end ascof measure (which is based only on a sample of cases |

|  |   |
|--|---|
| <b>Local performance metric as described in your approved BCF plan / Q1 return</b>                                     | As in the approved Plan the local measure is Reduction in Fall Related Admissions |
| If no local performance metric has been specified, please give details of the local performance metric now being used. |   |

|   |   |
|---|---|
| Please provide an update on indicative progress against the metric? | On track to meet target   |
| Commentary on progress:   | Savings are on target to achieve this metric. Year to date as of June 2015 there is a 24% reduction on arrivals at A&E following a fall due to the implementation of the falls responder team. The number of hospital admissions due to falls has reduced by approximately 14%. |

|  |  |
|--|--|
| <b>Local defined patient experience metric as described in your approved BCF plan / Q1 return</b>  | 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? | Data not available to assess progress  |
| Commentary on progress:   | 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. |

**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.

Preparations for the BCF 16-17

Selected Health and Well Being Board:

Herefordshire, County of

|  |                            |
|--|----------------------------|
| Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?  | Yes                        |
| How confident do you feel about developing your BCF plan for 2016-17?  | Moderate Confidence        |
| At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change? | The same amount of funding |

|  |     |
|--|-----|
| Would you welcome support in developing your BCF plan for 2016-17? | Yes |
|--|-----|

| If yes, which area(s) of planning would you like support with, and in what format?  | Interested in support? | Preferred support medium                               | If preferred support medium is 'other', please elaborate |
|---|------------------------|--|--|
| Developing / reviewing your strategic vision  | Yes                    | Case studies or examples of good practice              |  |
| Building partnership working  | Yes                    | Case studies or examples of good practice              |  |
| Governance development  | Yes                    | Workshops or other face to face learning opportunities |  |
| Data interpretation and analytics   | No                     |  |  |
| Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)                                       | Yes                    | Central guidance or tools                              |  |
| Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required) | No                     |  |  |

## New Integration Metrics

Selected Health and Well Being Board:

Herefordshire, County of

**1. Proposed Metric: Integrated Digital Records**

|   | GP  | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|-----|----------|-------------|-----------|---------------|------------------------|
| In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)                          | Yes | Yes      | Yes         | Yes       | Yes           | Yes                    |
| Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply) | Yes | No       | No          | No        | No            | No                     |

|  |     |
|--|-----|
| Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | Yes |
|--|-----|

|           |   |
|-----------|---|
| Comments: | Sharing information with specialised palliative providers is currently in progress and the information sharing between mental health to primary care is also in progress. |
|-----------|---|

## Narrative

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q2 2015/16

Narrative

Remaining Characters

32,414

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

Both Scheme projects are making satisfactory progress, focus needs to be on the strategic vision of BCF and the incorporation into Herefordshire's transformation programme to deliver on key projects within the plan.

Financial pressures across the system are severely hampering ongoing decision making, development and investment into our Better Care Plan