

## Quarterly Reporting Template - Guidance

### Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board 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](mailto:england.bettercaresupport@nhs.net)) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangements and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

### Content

The data collection template consists of 4 sheets:

- 1) Cover Sheet** - this includes basic details and question completion
  - 2) A&B** - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
  - 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
  - 4) Narrative** - please provide a written narrative
- To note - Yellow cells require input, blue cells do not.

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

#### 2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.

Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?

If the answer to the above is 'No' please indicate when this will happen.

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

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 for delivery (<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 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.

Cover and Basic Details

Q4 2014/15

Health and Well Being Board	Southwark
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completed by:	Adrian Ward, Programme Manager, Integration and Better Care
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e-mail:	adrian.ward@southwark.gov.uk
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contact number:	02075253345
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Who has signed off the report on behalf of the Health and Well Being Board:	Director of Adult Care (LA) and Director of Integrated Commissioning
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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](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

**Southwark**

Data Submission Period:

**Q4 2014/15**

**Allocation and budget arrangements**

Has the housing authority received its DFG allocation?	Yes
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If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
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Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
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If the answer to the above is 'No' please indicate when this will happen	
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## Appendix 2 BCF

Selected Health and Well Being Board:

Southwark

Data Submission Period:

Q4 2014/15

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 comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	£1.5m of Section 256 grant directly contributed to offset budget reductions.
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Weekend discharge service put in place during the winter in advance of BCF timetable using winter funding.
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	Full NHS number recording not yet achieved in social care. The social care IT system is in the process of being replaced and will meet the requirements for NHS number recording via live N3 link updating.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	New social care and community health systems being implemented.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Includes new data sharing agreements for hospital staff to view online read only social care records.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	More joined up approaches to assessment and care planning are being developed through our integration programme and good progress is being made e.g. holistic assessment, care co-ordination, CMDT working is in place for specific cohorts. Further whole system change is underway to achieve a more comprehensive integrated care model in line with our vision, linked to the development of Local Care Networks underway.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	

### National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

#### 1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

#### 2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf](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.

Selected Health and Well Being Board:

Appendix 2 BCF

Southwark

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

30,285

**Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.**

Overall progress on the BCF has been good during Quarter 4, and arrangements are in place to ensure that the BCF has maximum impact in 2015/16.

- Significant seed funding from winter pressures and other non-recurrent sources has been applied to accelerate a number of schemes. For example, a weekend discharge team has been fully established since December, the success of which is reflected in very low numbers of delayed transfers relating to social care.

- Our “Nightowl” overnight home care service for high needs users has been expanded and deemed very successful, contributing to strong care home admissions reductions and comparatively good performance on non-elective admissions.

- A number of self-management initiatives have been started, including well attended self-management courses.

- Mental health reablement services have been extended into the acute setting to reduce admissions and facilitate discharges.

- Our admissions avoidance “@ home” and Enhanced Rapid Response teams providing integrated community health support at home have significantly expanded their referrals.

- Preparatory joint work to expand the provision of telecare in 15/16 through BCF well underway.

- Market development work in preparation for the recommissioning of voluntary sector community support services including carers with a sharper focus on preventative outcomes.

The above areas will all be expanded from the BCF in 2015/16. Other key enablers are also developing well, for example;

- Holistic Assessment, integrated care management, care co-ordination and CMDT working are already well established and will be further developed through our Local Care Network model which is in the process of implementation.

- The Social Care data system is in the process of being replaced with the Core Logic Mosaic system which will have higher levels of functionality and enable full usage of NHS number in all care records and facilitate improved data sharing and interoperability.

- A Section 75 agreement is in place to underpin the governance arrangement for the pooled budget. This includes a risk sharing agreement which mitigates the risk of resources being lost through the performance related payment regime.

- Work undertaken through our integration programme (including Southwark and Lambeth Integrated Care) has developed our strategic thinking about the development of more integrated care pathways and outcomes focussed capitated budgets and alliance contracting.