

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 25th November 2016

The BCF Q1 Data Collection

This Excel data collection template for Q2 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

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 overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell

Pre-populated cells

Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - 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 BCF Policy Framework 16-17 and BCF planning guidance.
- 4) **Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year.
- 5) **Supporting Metrics** - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.
- 6) **Additional Measures** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.
- 7) **Narrative** - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

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 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

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

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, 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.

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

4) 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 2016-17 financial year
Actual income into the pooled fund in Q1 & Q2 2016-17
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 & Q2 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 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 or amendments to forecasts made since the previous quarter.

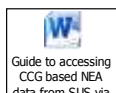
5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the 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 six metrics for Q2 2016-17
Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should 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.

Guidance on accessing CCG based NEA numerator data from SUS via the 'Activity and Planning Report' has been circulated in tandem with this report in order to enable areas to perform their own in year monitoring of NEA data. This guidance document can also be accessed via the embedded object below.



NEA denominator population (All ages) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here:

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Please note that the Non-Elective Admissions per 100,000 population (All ages) population projections are based on a calendar year.

Delayed Transfers Of Care numerator data for actual performance has been sourced from the monthly DTOC return found here:

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

DTOC denominator population (18+) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here:

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Please note that the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year.

Actual and baseline data on Re-ablement and Residential Admissions can be sourced from the annual ASCOF return found here:

<http://content.digital.nhs.uk/searchcatalogue?productId=22085&q=ascof>

Please note these are annual measures and the latest data for 2015/16 data was published 05/10/2016. Plan data for these metrics in 2016/17 were submitted by HWBs within Submission 4 planning returns and final figures are displayed within the 'Remaining Metrics Enquiry' tab of the Submission 4 report.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in last years BCF Quarterly Data Collection Template (Q2/Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.

For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q2 16/17.

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?

Cover

| | |
|--|----------------------|
| Q2 2016/17 | |
| Health and Well Being Board | Southwark |
| completed by: | Adrian Ward |
| E-Mail: | adrian.ward3@nhs.net |
| Contact Number: | 2075253345 |
| Who has signed off the report on behalf of the Health and Well Being Board: | Dick Frak |

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'

| | No. of questions answered |
|------------------------|---------------------------|
| 1. Cover | 5 |
| 2. Budget Arrangements | 1 |
| 3. National Conditions | 36 |
| 4. I&E | 15 |
| 5. Supporting Metrics | 13 |
| 6. Additional Measures | 67 |
| 7. Narrative | 1 |

| <u>Budget Arrangements</u> | |
|--|-----------|
| Selected Health and Well Being Board: | Southwark |
| 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 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: | | Southwark | | |
| 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 this quarter (in-line with signed off plan) and how this is being addressed? | | | | |
| Condition (please refer to the detailed definition below) | 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) | If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed: |
| 1) Plans to be jointly agreed | Yes | Yes | | |
| 2) Maintain provision of social care services | 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 | Yes | Yes | | |
| ii) Are support services, both in the hospital and in primary, community and mental 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)? | Yes | Yes | | |
| 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 | | |
| ii) Are you pursuing Open APIs (ie system that speak to each other)? | Yes | Yes | | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? | 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 | | |
| 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 | 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 | | |
| 7) Agreement to invest in NHS commissioned out-of-hospital services | Yes | Yes | | |
| 8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan | Yes | Yes | | |

| 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 | £5,457,110 | £5,457,110 | £5,457,110 | £5,457,110 | £21,828,441 | £21,828,441 |
| | Forecast | £5,457,110 | £5,457,110 | £5,457,110 | £5,457,110 | £21,828,441 | |
| | Actual* | £5,457,110 | | | | | |
| Q2 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 | £5,457,110 | £5,457,110 | £5,457,110 | £5,457,110 | £21,828,441 | £21,828,441 |
| | Forecast | £5,457,110 | £5,457,110 | £5,457,110 | £5,457,110 | £21,828,441 | |
| | Actual* | £5,457,110 | £5,457,110 | | | | |
| Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q2 actual differs from the Q2 plan and / or Q2 | | | | | | | |
| Commentary on progress against financial plan: | All financial plans have been agreed and signed off and expenditure is on plan. Where slippage occurs, processes are in place to reallocate funds in a timely manner. | | | | | | |
| 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. Pre-populated Plan, Forecast and Q1 Actual figures are sourced from the Q1 16/17 return previously submitted by the HWB. | | | | | | | |

| National and locally defined metrics | |
|---|---|
| Selected Health and Well Being Board: | Southwark |
| 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: | Note that there is not a specific non-elective admissions reduction target in the BCF plan for 2016/17. Performance is tracked against CCG operating plan trajectories which were based on growth being no more than 2.4%. This target is being met up to month 6. |
| 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? | On track for improved performance, but not to meet full target |
| Commentary on progress: | DTOC levels are top quartile for London and in line with, or below, figures for the same period last year, but higher than plan. Work is ongoing with SLaM to reduce DTOC levels as it is noted that the majority of DTOCs are attributable to the NHS, specifically mental health patients. |
| Local performance metric as described in your approved BCF plan | Proportion of people feeling supported to manage their long term conditions (GP survey) |
| 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 published data (July 16) shows an improvement to 59.7% (from the January figure of 57.2%) and is above the London average of 57.9%. However this remains below the target of 62%. |
| Local defined patient experience metric as described in your approved BCF plan | Do the people who treat and care for you work well together? (Taken from Adult Social Care 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: | A local question to the adult social care user survey "Do all the people treating and caring for you work well together to give you the best possible care and support?". Two years data are now available on this. In the 2016 survey 81% said yes. In 2015 the figure was 78%, hence a measurable improvement has been achieved. The next data will be available in Jan 2017. |
| 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? | On track to meet target |
| Commentary on progress: | Admissions have remained low and target has been met every month in 2016/17 to date, with 51 admissions out a target well below the target of 78 |
| 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: | Latest data shows target on track at 91.6%. Specific BCF target relates to Q3 discharges |
| 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. | |

| Additional Measures | | | | | | |
|---|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Selected Health and Well Being Board: | Southwark | | | | | |
| Improving Data Sharing: (Measures 1-3) | | | | | | |
| 1. Proposed Measure: 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 | Yes |
| 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 | Yes |
| 2. Proposed Measure: Availability of Open APIs across care settings | | | | | | |
| <i>Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)</i> | | | | | | |
| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
| From GP | Shared via Open API | Shared via Open API | Not currently shared digitally | Shared via Open API | Shared via Open API | Not currently shared digitally |
| From Hospital | Shared via Open API | Shared via Open API | Not currently shared digitally | Shared via Open API | Shared via Open API | 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 | Shared via Open API | Shared via Open API | Not currently shared digitally | Shared via Open API | Shared via Open API | Not currently shared digitally |
| From Mental Health | Shared via Open API | Shared via Open API | Not currently shared digitally | Shared via Open API | Shared via Open API | 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 |
| <i>In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations</i> | | | | | | |
| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
| Progress status | Live | Live | In development | Live | Live | In development |
| Projected 'go-live' date (dd/mm/yy) | | | 01/04/17 | | | 01/04/17 |
| 3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway? | | | | | | |
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Pilot currently underway | | | | | |
| Other Measures: Measures (4-5) | | | | | | |
| 4. Proposed Measure: Number of Personal Health Budgets per 100,000 population | | | | | | |
| Total number of PHBs in place at the end of the quarter | 13 | | | | | |
| Rate per 100,000 population | 4.1 | | | | | |
| 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 (%) | 61% | | | | | |
| Population (Mid 2016) | 314,575 | | | | | |
| 5. Proposed Measure: 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? | Yes - throughout 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 - throughout the 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 2016 estimates as we moved into the new calendar year. | | | | | | |

| <u>Narrative</u> | |
|---|-----------|
| Selected Health and Well Being Board: | Southwark |
| Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative | |
| <p>Care home admissions continue to be below target levels in Q2 and this reflects well on the range of BCF funded health and social care community based support, particularly around supporting discharge to the patient's home. Delayed transfers of care remain low and firmly top quartile for London, although slightly below challenging BCF improvement targets. Work is underway with our mental health provider to reduce delays further as these are proportionally high compared to acute delays . Weekly conference calls on non-acute delays are helping making in-roads into numbers. A number of schemes are being implemented with local acute providers to reduce demand on A&E services, and reduce emergency admissions and length of stay.</p> <p>KPIs have been agreed with all schemeholders to ensure that we can track performance and see where schemes are adding value and making a difference to people's lives. Reporting has highlighted good outcomes in a number of areas, including weekend discharge services, Nightowls overnight home care service and telecare.</p> <p>Challenges going forward include planning for the winter period in the context of already high levels of pressure on the acute system, and ensuring the BCF schemes are as effective as possible at supporting people in the community.</p> <p>The Council and CCG are in the process of implementing a joint commissioning team structure which will take forward the BCF agenda as plans for 2017/18 are made. A key challenge in the 2017/18 BCF planning round will be responding to high levels of social care financial pressures, and the need to protect social care services of benefit to health. Acute pressures and the delivery of the Sustainability and Transformation Plan will also influence the BCF going forward. This will be discussed by the joint Adults Commissioning Development Group and the Joint Commissioning Strategy Committee.</p> | |