

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

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

These new metrics will measure progress towards the goal of better care for people, by working together to deliver 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 data 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
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

	Actual payment locally agreed	Any unreleased funds were used for: Q2 15/16	Q4 2015-16 confirmed NEA plan figures
Actual Q1 15/16	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
		Please provide an update on indicative progress against the metric?	Commentary on progress
	Reablement	Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	If no metric, please specify	Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	If no metric, please specify	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

If yes, support area?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
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					
How many 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	Swindon
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completed by:	Sue Wald
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E-Mail:	swald@swindon.gov.uk
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Contact Number:	7824550407
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Who has signed off the report on behalf of the Health and Well Being Board:	Lead Member Adults
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Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	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:

Swindon

Data Submission Period:

Q2 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
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If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
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If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
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Footnotes:

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

National Conditions

Selected Health and Well Being Board:

Swindon

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?	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	No - In Progress	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes		

National conditions - Guidance

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

1) Plans to be jointly agreed

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

2) Protection for social care services (not spending)

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

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

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

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right 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

Switzerland

[illegible]

Which data source are you using in section D? (MARS, SLIS, Other)

93.75

If other please specify:

Cost was more selective, with the

63,400

Total Payment Made			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0	£0	

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	Q4 15/16	Q4 15/16	Q4 15/16
Sustained amount of unreleased funds**	£0	£0	£105,790	
Actual amount of locally raised unreleased funds	£0	£0	£105,790	

	Q1 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unexplained funds were used for balance can drop down to sub-tab	community com	community com	community com	

Confirming Q4 2015-16 Non-Electing Admissions Source

During the exercise to allow HNBs 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 HNBs 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 BCP 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 avoided	Q4 15/16 confirmed figure
Plan (taken from original MWR RCF plans)	4,738	6,007
Baseline (Q4 16/15 actual, as confirmed by MWRs in July 2015)	5,816	

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 Payback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWBs. This includes all data received from HWBs as at 10am on 19th August 2025. (Excerpt cell C46 taken from original BCF plan database as at February 2015)

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:

Swindon

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	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000					

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	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000	£3,611,000				

Please comment if there is a difference between either annual total and the pooled fund

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	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000					

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	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000	£3,611,000				

Please comment if there is a difference between either annual total and the pooled fund

Commentary on progress against financial plan:

Largely block spending arrangements, spend and income is thus expected to be evenly spread.

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:

Swindon

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Performance for Q2 is 356 per 100,000. Increase in August and September 2015 particularly in patients over the age of 90, further increase to 456 per 100k population and 22 above target as at the end of October 2015. This has been driven by hospital discharges and has been raised with provider of social work assessments. Alongside residential care, domiciliary care has increased from 7,000 hours per week in 2014/15 to 8,120 per week in
Reablement	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?	No improvement in performance
Commentary on progress:	Out turn for 2014/15 was already very high at 93.2. Therefore it is not anticipated that performance will improve significantly above 2014/15 out turn. Data for this is only collected annually due to definition of indicator
Local performance metric as described in your approved BCF plan / Q1 return	Learning Disability clients receiving a review to establish potential to move out of residential care
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:	New admissions to residential care for young people have reduced with no admissions in Q1 and Q2. 90% of reviews were completed with 3 people moving to other placements in the cohort 18 - 40 year olds in residential care for less than 6 years. The cohort has now reduced to 29 service users and completion of reviews above target. In addition reviews will be completed on all transition cases and those living in supported living and shared
Local defined patient experience metric as described in your approved BCF plan / Q1 return	ASCOF 1A Quality of Life
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:	annual measure as it is based on a survey with results not due until July 2016

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:

Swindon

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?	High 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
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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	No		
Building partnership working	No		
Governance development	No		
Data interpretation and analytics	No		
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Workshops or other face to face learning opportunities	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Workshops or other face to face learning opportunities	

New Integration Metrics

Selected Health and Well Being Board: Swindon

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)	No	No	No	No	No	No
Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes					
Comments:	Data sharing agreement and consent to be revised. Privacy notice to be in place in SEQOL. Community services and some GP systems are sharing clinical records through System One. The digital road map focusses on developing the Summary Care Record as the initial tool for sharing records across organisational boundaries					

Narrative

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q2 2015/16

Narrative

Remaining Characters

30,651

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).
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Activity for Quarter 2 non elective admissions is 6187 against a plan of 6169 (baseline 6386), which is 0.3% behind plan (18).

The initiatives outlined in Q1 have continued with

SUCCESS: 576 home visits; 3944 appointments seen in Q2

Rapid Assessment Unit :342 activity in Q2, new pathways are operational from October 2015 which will increase flows of patients

Community navigator supporting 139 patients with individual care plans identified through risk stratification at the end of Q2

Newton Europe completed diagnostic in Q2 and shared financial model which identified opportunities for reduction in non elective admissions. An action plan is devised to take those initiatives forward. Key focus on 'falls service', telehealth technology and looking at discharge process related to time taken for assessment and the level of support offered to individuals at discharge.

Enhanced single point of access service becomes operational November 2015 onwards.

Front door model for ED has been reviewed and patients attending with a minor illness will be streamed to the neighbouring UCC from December 15 onwards.

Communications strategy developed and commences December 15 which supports prevention messages and public understanding of alternative services

Delayed discharge of care have continued to be high with a rate of 402 at the end of september 2015 with completion of assessment, access to domiciliary care and nursing homes the main reason for delay. 2/3rd of delays are due to social care and detailed analysis has now identified the high of bed days delayed from intermediate care. A streamlined process to assess patients outside of hospital has been agreed. Additional block contracts for domiciliary care and discharge to assess beds have been purchased by social care. Work with care homes has resulted in agreed actions on training to reduce non elective admissions and improve the discharge process. This has required an additional investment of £900k by social care over and above the BCF. Days lost due to DTOC reduced in September 2015 to 377 per 100k population.