

Notes for Completion

The template requires the HWB to track through the high level metrics from the HWB plan.

The template will require completion on a quarterly basis and submitted to bettercarefund@dh.gsi.gov.uk

The deadline for submitting the returns are as follows:

Q4 14/15 - 29/05/2015

Q1 15/16 - 28/08/2015

Q2 15/16 - 27/11/2015

Q3 15/16 - 26/02/2016

Q4 15/16 - 27/05/2016

The template return will require sign off by the HWB.

The template is based on the BCF plan template (part 2). Therefore the guidance for the part 2 template may help in completing this form.

To accompany the quarterly report we will require the HWB to submit a written narrative to explain any changes to plan and any material variances against the plan.

The template should be completed in line with relevant accounting standards. The guidance published by CIPFA and HFMA will give further details.

The template consists of four sheets:

- 1) Cover Sheet
- 2) I&E - this tracks through the funding and spend for the HWB and the expected level of benefits
- 3) P4P - this details the Payment for Performance calculation
- 4) Non Elective - tracks through the changes to non-elective activity
- 5) Support Metrics - details the other metrics included within the HWB plan.
- 6) National Conditions - checklist against the national conditions as set out in the Spending Review.

Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:

Health and Well Being Board

The Quarter to which this report relates to

Who has completed the report, email and contact number in case any queries arise

The cover sheet will also indicate whether the quality checks have been met and provide details of which areas need reviewing

Please detail who has signed off the report on behalf of the Health and Well Being Report.

2) I&E

The format of this sheet is combines sheets (1) and (2) from the BCF plan template.

The sheet is split into two main sections - summary of total BCF funding and summary of total BCF expenditure.

The summary of total BCF funding is split into:

Local Authority services;

CCG minimum contribution; and

additional CCG contribution.

Please select the relevant organisations from the drop down menu.

The sheet requires both the plan information and forecast information (year to date columns B and C and total columns F and G).

The total plan values should be the same as the figures submitted on the BCF template unless there has been a change agreed at the HWB.

The summary of total BCF expenditure requires details of plan and actual expenditure both year to date and forecast outturn.

Completion of both these sections will calculate the contribution less expenditure (row 52).

Four other boxes then need completing with plan and forecast information. These are:
CCG share of £1.1bn contribution to Social Care;
CCG share of £2.4m minimum contribution;
summary of NHS commissioned out of hospital services spend from minimum BCF pool
Summary of Benefits

At the end of the section the form requires 2 questions to be answered;
Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?
Have the funds been pooled via a s.76 pooled budget arrangement?

3) P4P

The majority of information feeds through from the non-elective sheet.

Input is required for the combined total of performance and ring-fenced funds. *(Note: we will see if we can pre-populate this)*

Input is required to show whether the P4P element has been paid over for the relevant quarters.

If there is a variance between the P4P element planned to be paid over and the value actually paid over please select from the drop down box. The options are:

Payment not due - for example Q2 payment would not be due if completing the Q1 report.

Non-elective admission - the P4P element will not be paid if non-elective admissions over-perform. Therefore the CCG will likely use the funding not paid over to fund the additional costs of non-elective admissions.

Other (please explain) - If for any reason the funding not paid over is not used for off-setting the additional cost of non-elective admissions please select other and explain what the funding is being spent on in the yellow box below.

4) Non Elective

The format for this sheet is the same as section 5 of the BCF template submission.

This section is split into four sections.

- a) Plan - this should reflect the numbers as they appeared in your submitted plan.
- b) Performance against revised plan - this should include actual and forecast performance relating to 2015/16.
- c) Variance against revised plan

5) Support Metrics

This section requires information to be completed for the support metrics i.e.

Residential admissions

Regalement

Delayed transfers of Care

Patient / Service User Experience Metric

Local Metric

The data required for each section is the same as the format as the non elective sheet:

- a) Plan - this should reflect the numbers as they appeared in your submitted plan.
- b) Performance against revised plan - this should include actual and forecast performance relating to 2015/16.
- c) Variance against revised plan

6) National Conditions

This section requires the HWB to confirm whether the six national conditions detailed in the BCF Planning Guidance is still on track for delivery.

It sets out the 6 conditions and requires the HWB to confirm 'yes' or 'no' that these are on track. If 'no' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

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

Halton	Q1 2015/15 Report
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Completed by:

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Quality Checks Cleared?

Signed off on behalf of the HWB:

Councillor Rob Polhill

Submission Guidance

The template will require completion on a quarterly basis and submitted to bettercarefund@dh.gsi.gov.uk

The deadline for submitting the returns are as follows:

Q4 14/15 - 29/05/2015

Q1 15/16 - 28/08/2015

Q2 15/16 - 27/11/2015

Q3 15/16 - 26/02/2016

Q4 15/16 - 27/05/2016

CCG Share of £1.1bn Contribution to Social Care				
NHS Halton CCG	500	500		
<Please Select CCG>				
<Please Select CCG>				
<Please Select CCG>				
<Please Select CCG>				
<Please Select CCG>				
Total Minimum CCG Share of £1.1bn Contribution to Social Care	500	500		

	2,000	2,000		
	2,000	2,000		

CCG Share of £2.4m Minimum Contribution				
NHS Halton CCG	1,500	1,500		
<Please Select CCG>				
<Please Select CCG>				
<Please Select CCG>				
<Please Select CCG>				
<Please Select CCG>				
Total CCG Share of Minimum £2.4bn Contribution	1,500	1,500		

	6,000	6,000		
	6,000	6,000		

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool				
Mental Health				
Community Health	1,000	1,000		
Continuing Care	500	500		
Primary Care	500	500		
Social Care				
Other				
Total	2,000	2,000		

	4,000	4,000		
	2,000	2,000		
	2,000	2,000		
	8,000	8,000		

Summary of Benefits				
Reduction in permanent residential admissions				
Increased effectiveness of reablement				
Reduction in delayed transfers of care				
Reduction in non-elective (general + acute only)	(112)	(112)		
Other				
Total	(112)	(112)		

	(447)	(447)		
	(447)	(447)		

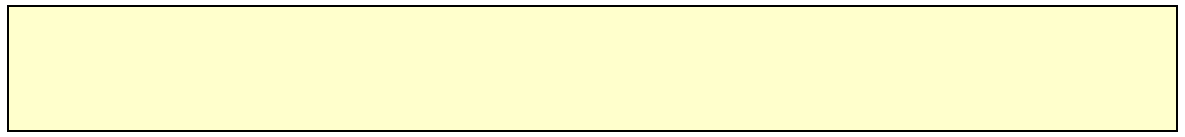
Has the housing authority received its DFG allocation?	
Have the funds been pooled via a s.75 pooled budget arrangement?	

Halton

Payment for Performance

	Plan	Forecast	Variance against Revised Plan
1. Reduction in non elective activity			
Baseline of non elective activity	16,759	16,759	-
Change in non elective activity	(545)	(12,059)	(11,514)
% change in non elective activity	-3.3%	-72.0%	-68.7%
2. Calculation of performance and NHS commissioned ringfenced funds			
Financial value of non elective saving / performance fund	812,050	17,967,910	#####
Combined total of performance and ringfenced funds	3,900,000	3,900,000	-
Ringfenced funds	3,087,950	#####	#####
Value of NHS commissioned services	6,000,000	6,000,000	-
Shortfall of contribution to NHS commissioned services	0		-

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	Revised Plan	Revised Plan	Revised Plan	Revised Plan
Cumulative quarterly baseline of non elective activity	4,242	8,462	12,595	16,759
Cumulative change in non elective activity	6	(180)	(362)	(545)
Cumulative % change in non elective activity	0.1%	-2.1%	-2.9%	-3.3%
Financial value of non elective saving / performance fund (£)	205,544	204,478	200,263	201,765
Value of payment made over to BCF	148,259	-	-	-
Variance	57,285	204,478	200,263	201,765
Commentary on Variance		Payment not due	Payment not due	Payment not due



Residential admissions				
Plan				
Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual rate	664	636.6	635.1
	Numerator	125	134	138
	Denominator	19,605	21,048	21,730
Annual change in admissions			9	4
Annual change in admissions %			7.2%	3.0%
Performance against plan				
Metric		Baseline (2013/14)	Planned 14/15	14/15 Performance
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual rate	664.0	636.6	622.4
	Numerator	125	134	131
	Denominator	19,605	21,048	21,048
Annual change in admissions			9	-3
Annual change in admissions %			7.2%	-2.2%
Variance against plan				
Metric		Baseline (2013/14)	14/15 Variance	15/16 Variance
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual rate	-	-	13
	Numerator	-	-	7
	Denominator	-	-	682

Patient / Service User Experience Metric				
Plan				
Metric		Baseline (Apr'13-Mar'14)	Planned 14/15 (if available)	Planned 15/16
Do care and support services help you to have a better quality of life? (Adult Social Care survey Q 2b)	Metric Value	87.0%		91.0%
	Numerator	489	560	618
	Denominator	562	631	679
Improvement indicated by:		Increase		
Performance against plan				
Metric		Baseline (Apr'13-Mar'14)	Planned 14/15 (if available)	14/15 Performance
Do care and support services help you to have a better quality of life? (Adult Social Care survey Q 2b)	Metric Value	87.0%	88.7%	93.2%
	Numerator	489	560	246
	Denominator	562	631	264
Improvement indicated by:		Increase		
Variance against plan				
Metric		Baseline (Apr'13-Mar'14)	14/15 Variance	14/15 Variance
Do care and support services help you to have a better quality of life? (Adult Social Care survey Q 2b)	Metric Value	-	1	0
	Numerator	-	-	372
	Denominator	-	-	415

Reablement				
Plan				
Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	63.6	68.2	70.0
	Numerator	65	73	77
	Denominator	100	107	110
Annual change in admissions			8	4
Annual change in admissions %			12.3%	5.5%
Performance against plan				
Metric		Baseline (2013/14)	Planned 14/15	14/15 Performance
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	63.6	68.2	65.6
	Numerator	65	73	86
	Denominator	100	107	131
Annual change in admissions			8	13
Annual change in admissions %			12.3%	17.8%
Variance against plan				
Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	-	-	4
	Numerator	-	-	9
	Denominator	-	-	21

Local Metric				
Plan				
Metric		Baseline (Apr'12 to Mar'13)	Planned 14/15 (if available)	Planned 15/16
Hospital re-admissions (within 28 days), where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)	Metric Value	906.4	923.1	884.2
	Numerator	184	192	191
	Denominator	20,300	20,800	21,600
Improvement indicated by:		Decrease		
Performance against plan				
Metric		Baseline (Apr'12 to Mar'13)	Planned 14/15 (if available)	14/15 Performance
Hospital re-admissions (within 28 days), where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)	Metric Value	906.4	923.1	764.4
	Numerator	184	192	159
	Denominator	20,300	20,800	20,800
Improvement indicated by:		Decrease		
Variance against plan				
Metric		Baseline (Apr'12 to Mar'13)	14/15 Variance	15/16 Variance
Hospital re-admissions (within 28 days), where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)	Metric Value	-	-	120
	Numerator	-	-	#VALUE!
	Denominator	-	-	#VALUE!

Delayed transfers of Care									
Plan									
Metric		14/15 plans				15-16 plans			
		Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	701.2	620.6	507.5	506.1	568.1	568.1	565.4	565.4
	Numerator	688	609	498	498	559	559	559	558
	Denominator	98,124	98,124	98,124	98,391	98,391	98,391	98,391	98,683
Performance against revised plan									
Metric		14/15 plans				15-16 performance			
		Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	701.2	620.6	507.5	935.0				
	Numerator	688	609	498	920				
	Denominator	98,124	98,124	98,124	98,391	142,593	142,593	142,593	145,357
Variance against revised plan									
Metric		14/15 variance				15-16 variance			
		Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	-	-	-	428.9				
	Numerator	-	-	-	422.0				
	Denominator	-	-	-	-				

National Conditions

The Spending Round established six national conditions for access to the Fund. Please confirm by selecting 'yes' or 'no' 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 is selected for any of the conditions please include a comment in the box below

Condition	Please Select (yes or no)	Comment
1) Have plans have been jointly agreed?	Yes	
2) Have Social Care Services (not spending) been protected?	Yes	
3) 7 day services to support patients being discharged and prevent unnecessary admission at weekends are in place and delivering?	Yes	
4) In respect of data sharing - confirm that:		
i) The NHS Number is being used as the primary identifier for health and care services	No	social care system being updated to make NHS Number mandatory field
ii) You are pursuing open APIs (i.e. systems that speak to each other);	Yes	
iii) Appropriate Information Governance controls are in place for information sharing in line with Caldicott 2	Yes	
5) A joint approach to assessments and care planning is in place and where funding is used for integrated packages of care, there will be an accountable professional?	Yes	
6) Agreement on the consequential impact of changes in the acute sector?	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.

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

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.

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).

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.

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.