Shropshire Council

Date: Thursday, 25 May 2017

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Karen Nixon, Committee Officer
Tel: 01743 257720
Email: karen.nixon@shropshire.gov.uk

# HEALTH AND WELLBEING BOARD

# TO FOLLOW REPORT (S)

## 7 DELIVERY GROUP UPDATE TO FOLLOW REPORTS (Pages 1 - 38)

- Better Care Fund – (Tanya Miles, Tom Brettell) – reports attached.

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# Integration & BCF Plan 17-19

Health and Wellbeing Board
25th May 2017

# Reflections on 16/17

- Significant progress on systems leadership working towards integrated working at all levels
- Integration of key programmes- BCF, STP
- Focused system wide work to tackle our challenges- Non elective admissions (NEA), Delayed Transfers of care (DTOC) & financial pressures
- Impact of transformational schemes- e.g. Healthy Lives
- Strong performance against metrics- NEA, Admissions to care and progress against DTOC and reablement
- Strong performance against national conditions
- Significant challenges have brought us together

# Current Position

- Policy Framework (Mar 17) gives us the policy basis for the BCF but not the detailed requirements (finances, metrics)- these will be provided in guidance expected post election
- 2 year plan (2017/18 & 18/19) with refresh in winter 2018
- Reduced number of national conditions
- Efforts to reduce complexity of assurance process
- Emphasis on enabling areas to produce a local plan for integration that meets national conditions and metrics
- Mandated minimum contributions from CCG and LA will be confirmed with the publication of the guidance
- BCF Plan must be signed off by the HWBB

# Our approach to the plan

- 2 year plan enables us to describe our integration journey where work in 17/18 leads to greater integration from 18/19
- Describes broader integration work with BCF as an enabler
- Delays in guidance have helped us create our own plan that meets our own needs not just those of external agencies
- A plan that compliments other activity
- A concise easy read document that is accessible to all
- Clearer links between vision, schemes, finances & outcomes

# National Conditions & Metrics

Our plan describes system wide work to meet these:

National Conditions:

- Plans to be jointly agreed
- NHS contribution to Adult Social Care maintained in line with inflation
- Agreement to invest in out-of-hospital services
- Managing Transfers of Care

Metrics:

- Delayed transfers of care
- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement

Awaiting publication of our targets with the guidance

Report on these quarterly as in previous years

# Pooled budget (draft)

Based on 16/17 budget- (subject to change with publication of guidance)

| Draft Budget 2017/18 | 2016/17 BCF | Increased Capital Funding | iBCF | 2017/18 Total |
|---|---|---|---|---|
| | | | | |
| **Revenue** | | | | |
| Schemes Commissioned and Funded by the CCG | £11,329,387 | | | £11,329,387 |
| Schemes Commissioned and Funded by Shropshire Council | £932,637 | | | £932,637 |
| Schemes Commissioned by Shropshire Council with CCG Funding | £7,972,802 | | £216,823 | £8,189,625 |
| | | | | |
| **Capital** | | | | |
| Disabled Facilities Grants and Social Care Capital Schemes | £2,498,219 | £237,968 | | £2,736,187 |
| | | | | |
| **Total** | **£22,733,045** | **£237,968** | **£216,823** | **£23,187,836** |
| | | | | |
| Additional iBCF Funding to be Received and Spent by Shropshire Council in Accordance with High Impact Change Model | | | £5,976,757 | £5,976,757 |
| | | | | |
| **Total BCF 2017/18** | | | | **£29,164,593** |

# Governance & sign off

- Plan, metrics, conditions and finances must be signed off by the CCG, Shropshire Council & HWBB
- Plan will also have input from BCF/ HWBB Reference Group which includes providers, VCS and patient reps
- Lack of clarity on submission timescales may require delegation from HWBB or a special meeting
- Dependent on submission timescales we aim to present final draft for sign off by HWBB on 14th Sept and if required agree delegation to Delivery Group

# Recommendations

- Agree our approach for narrative plan
- Confirm national conditions and metrics
- Agree our approach for pooled budget
- Agree sign off and possible delegation

# Questions/ suggestions?

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**BCF 1- Non Elective Admissions**

| Apr- Jun 2016 | | Jul- Sep 2016 | | Oct- Dec 2016 | | Jan- Mar 2017 | | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Actual | 7733 | Actual | 7732 | Actual | 8050 | Actual | 7935 | **31450** |
| Plan: | 8148 | Plan: | 7897 | Plan: | 8349 | Plan: | 7868 | **32,367** |

**BCF 2- Residential & Nursing Care Home Admissions**

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 Target | 52 | 104 | 156 | 208 | 260 | 312 | 364 | 416 | 468 | 520 | 572 | 623.7 |
| 16/17 Actual | 56.7 | 117.5 | 179.7 | 232.3 | 276.9 | 352.6 | 439.0 | 439.0 | 452.5 | 470.0 | 489.7 | 500.7 |

**BCF 3- Reablement:**

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 Target | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 |
| 16/17 Actual | 78.91 | 74.81 | 81.51 | 77.11 | 76.30 | 76.76 | 76.10 | 77.10 | 76.64 | | | |

**BCF 4- Delayed Transfers of Care**

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 Target | 387 | 387 | 389 | 388 | 388 | 390 | 470 | 470 | 471 | 382 | 382 | 382 |
| 16/17 Actual | 401 | 305 | 343 | 388 | 631 | 497 | 391 | 488 | 663 | 581 | 524 | 500 |

**BCF 5- Patient/ Service User experience metric**

Patient experience of hospital discharge- source CQC inpatient survey. Patients are asked to score their experience out of 10.

| 2015 score | 2016 target | 2016 score |
|---|---|---|
| 6.8 | 6.9 | 7.1 |

**BCF 6- Local Metric**

No of people admitted (unplanned) to Redwoods with a diagnosis of dementia as a proportion of those with a dementia diagnosis
This metric is reported annually. The target is to reduce unplanned admissions by a further 0.2% on 15/16

| 15/16 Baseline | 16/17 Plan |
|---|---|
| | 1.2% |
| 1.4% | 0.0% |
| 44 | 0 |
| 3,139 | 0 |

**Overall Summary:**

Performance on NEA in quarter 4 is slightly below target and is therefore rated amber. Performance across the year is better than target.

Performance on residential/ care home admissions saw a significant improvement in quarter 4

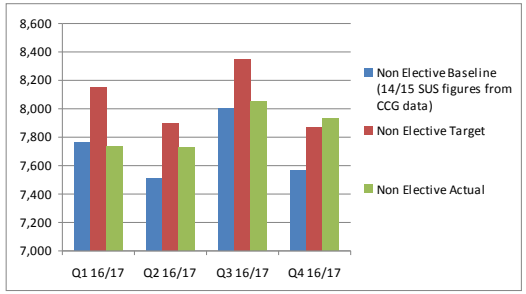
Reablement data is available to the end of December and is slightly below target.

Performance on DTOC in quarter 4 shows some challenges- detailed system wide work is taking place around this.

Performance of the patient experience and local metrics are reported annually.
The 2015 score for patient experience has just been released and shows an improvement on 2014

Total non-elective admissions (general & acute), all-age

| | Q1 16/17 | Q2 16/17 | Q3 16/17 | Q4 16/17 |
|---|---|---|---|---|
| Non Elective Baseline (14/15 SUS figures from CCG data) | 7,766 | 7,513 | 8,004 | 7,566 |
| Non Elective Target | 8,148 | 7,897 | 8,349 | 7,868 |
| Non Elective Actual | 7733 | 7732 | 8050 | 7935 |




| | Apr - Jun 16 | Jul - Sep 16 | Oct - Dec 16 | Jan - Mar 17 |
|---|---|---|---|---|
| cumulative targe | 8,148 | 16,045 | 24,394 | 32,262 |
| cumulative actua | 7,733 | 15,465 | 23,515 | 31450 |
| variance | 415 | 580 | 879 | 812 |

Definition:-
Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical
Commissioning Groups and Area Teams

E.C.4: Non-elective FFCEs (First Finished Consultant Episode)
DEFINITIONS Detailed Descriptor:
Total number of non-elective FFCEs in general & acute (G&A) specialties in a month. Lines Within Indicator (Units):
Number of G&A non-elective FFCEs in the period. Data Definition:
Non-Elective FFCEs data are derived from the Monthly Activity Return, which is collected from the NHS. It is collected from providers (both NHS and IS) who provide the data broken down by Commissioner.
Number of first finished consultant episodes (FFCEs) for the G&A specialties (see below) relating to hospital provider spells for which:
 patient classification = ordinary admission;
 admission method = emergency admission, maternity admission, other admission (codes
21-83);

Exclude "well babies". These are defined as having admission method = other
and neonatal level of care = normal care.
General & Acute specialties;
 include: 100-192, 300-460, 502, 800-831, 900 and 901
 exclude: 501, 700-715.
Monthly Activity Return guidance is available here: http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/
MONITORING Monitoring Frequency:
Monthly Monitoring Data Source:
Monthly Activity Returns
ACCOUNTABILITY What success looks like, Direction, Milestones:
There should be a reduction in the growth of the number of non-elective FFCEs. Timeframe/Baseline:
Ongoing
Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical
Commissioning Groups and Area Teams
62
Rationale:
Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital.
The local NHS should be looking to treat patients in the most clinically appropriate way.
PLANNING REQUIREMENTS Are plans required and if so, at what frequency?
CCG – Yes, monthly for 2014/15 and 2015/16 and annual from 2016/17 to 2018/19 via ProvCom template.
Area Team – Yes, monthly for 2014/15 and 2015/16 and annual from 2016/17 to 2018/19, via ProvCom template.
Please note: Data entered regarding Area Team activity should be based on the activity that is commissioned by an Area Team irrespective of the location of the provider .
For those Area Teams with responsibility for Specilaised Commssioning, this will include activity in line with the contractual arrangements i.e all activity based on a provider footprint not a registration basis.
FURTHER INFORMATION
This information will be used to reconcile with data collected in the finance planning template.

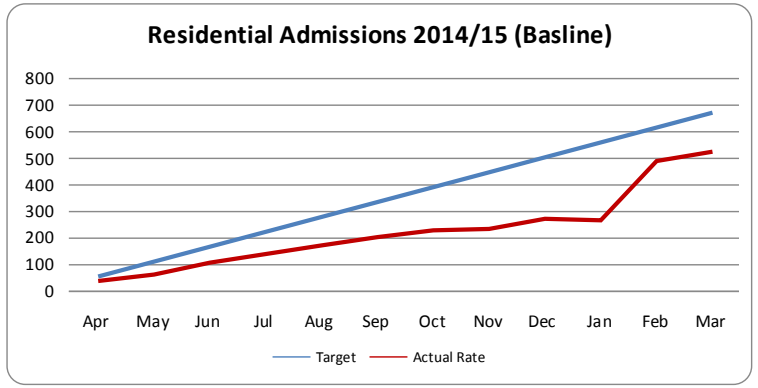
Residential admissions

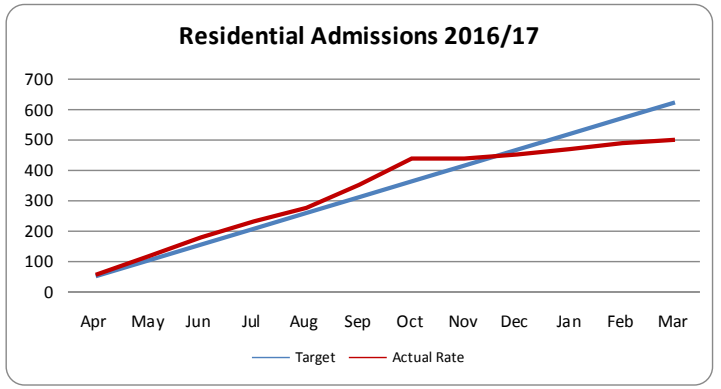
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

| | 14/15 Baseline | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 16/17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | 749.2 | 56 | 112 | 168 | 224 | 280 | 336 | 392 | 448 | 504 | 560 | 616 | 672 | 623.7 |
| Actual Rate | 548.8 | 39.2 | 63.5 | 108.1 | 140.5 | 172.9 | 204.0 | 229.6 | 235.0 | 272.9 | 267.5 | 490.3 | 525.5 | 611.9 |
| Number | 389 | 29 | 47 | 80 | 104 | 128 | 151 | 170 | 174 | 202 | 198 | 363 | 389 | 453 |
| Population | 70885 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 | 74,029 |

| | 16/17 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 16/17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | 672 | 52 | 104 | 156 | 208 | 260 | 312 | 364 | 416 | 468 | 520 | 572 | 623.7 | |
| Actual Rate | | 56.7 | 117.5 | 179.7 | 232.3 | 276.9 | 352.6 | 439.0 | 439.0 | 452.5 | 470.0 | 489.7 | 500.7 | 0.0 |
| Number | | 42 | 87 | 133 | 172 | 205 | 261 | 325 | 325 | 335 | 345 | 355 | 364 | 0 |
| Population | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 | 74029 |

Note: BCF figures and Shropshire Council annual rate figures vary due to use of different population figures



**Reablement**

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement

| | 2013/14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 80.6 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 | 81.9 |
| Annual % | 77.4 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 72.4 | 78.5 | 79.7 | 79.5 | 79.7 | 80.3 | 79.5 | 82.5 | 83.6 | 83.1 | 84.5 | 84.5 | 83.8 | 83.5 | 83.4 | 84.0 | 84.5 | #DIV/0! |
| Number | 120 | | | | | | | 76 | 164 | 243 | 346 | 444 | 552 | 116 | 221 | 336 | 444 | 563 | 673 | 771 | 855 | 948 | 1068 | 1184 | |
| Denominator | 155 | | | | | | | 105 | 209 | 305 | 435 | 557 | 687 | 146 | 268 | 402 | 534 | 666 | 796 | 920 | 1024 | 1137 | 1272 | 1402 | |

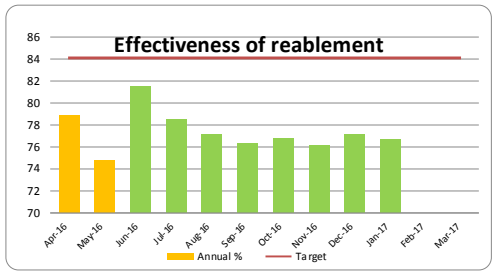
| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | 2016/17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | 84.1 | |
| Annual % | 78.9 | 74.8 | 81.5 | 78.5 | 77.1 | 76.3 | 76.8 | 76.1 | 77.1 | 76.6 | #DIV/0! | #DIV/0! | 84.1 |
| Number | 116 | 98 | 119 | 333 | 438 | 541 | 644 | 726 | 825 | 909 | | | 132 |
| Denominator | 147 | 131 | 146 | 424 | 568 | 709 | 839 | 954 | 1070 | 1186 | | | 157 |

79.03226 80.76923 82.30088 80.64516

98 84 93 275

124 104 113 341

ASCOF Oct - Dec = 80.6%



**Delayed transfers of care**

Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).

| 14/15 Baseline | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Target | 919.6 | 697.1 | 433 | 682.2 |
| Actual | 735.8 | 931.9 | 1121.7 | 1041.7 |
| Number | 1842 | 2333 | 2808 | 2624 |
| Denominator | 250337 | 250337 | 250337 | 251983 |

| | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | | 387 | 387 | 389 | 388 | 388 | 390 | 470 | 470 | 471 | 382 | 382 | 382 |
| Actual | | 400.6 | 305.1 | 342.6 | 388.4 | 631.1 | 497.3 | 391.1 | 488.2 | 662.7 | 581.0 | 523.7 | 500.1 |
| Number | | 1015 | 773 | 868 | 984 | 1599 | 1260 | 991 | 1237 | 1679 | 1480 | 1334 | 1274 |
| Denominator | | 253356 | 253356 | 253356 | 253356 | 253356 | 253356 | 253356 | 253356 | 253356 | 254742 | 254742 | 254742 |

| | | Q1 16/17 | Q2 16/17 | Q3 16/17 | Q4 16/17 |
|---|---|---|---|---|---|
| Target | | 1163.2 | 1165.9 | 1411.1 | 1146.3 |
| Actual | | 1048.3 | 1516.8 | 1542.1 | 1604.8 |
| Number | | 2656 | 3843 | 3907 | 4088 |
| Denominator | | 253356 | 253356 | 253356 | 254742 |

**Patient / Service User Experience Metric**

CQC impatient survey "leaving hospital" measures shown an improvement against the 15/16 position. Patients are asked to score their experience out of 10

| | 2015 score | 2016 target | 2016 score |
|---|---|---|---|
| Numerator | 6.8 | 6.9 | 7.1 |
| Denominator | 10 | 10 | 10 |

**Local Metric**

Local people admitted (unplanned) to Redwoods Hospital with a diagnosis of dementia as a proportion of those with a

| | 15/16 baseline | 16/17 |
|---|---|---|
| Target | 1.4% | 1.2% |
| Metric Value | 1.4% | 0.0% |
| Numerator | 44 | 0 |
| Denominator | 3,139 | 0 |

# 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 31st May 2017.

## The BCF Q4 Data Collection

This Excel data collection template for Q4 2016-17 focuses on budget arrangements, the national conditions, non-elective admissions, 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 9 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) Year End Feedback** - a series of questions to gather feedback on impact of the BCF in 2016-17
**7) Additional Measures -** additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care.
**8) 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 & 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 to Q4 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 to Q4 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.

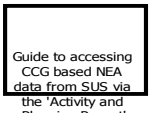
There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

## 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 Q4 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.

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 embeded 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

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) Year End Feedback

This tab provides an opportunity to provide give additional feedback on your progress in delivering the BCF in 2016-17 through a number of survey questions. The purpose of this survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country. There are a total of 9 questions. These are set out below.

**Part 1 - Delivery of the Better Care Fund**

There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2016/17
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

**Part 2 - Successes and Challenges**

There are a total of 2 questions in this section, for which up to three responses are possible. The questions are:

8. What have been your greatest successes in delivering your BCF plan for 2016-17?
9. What have been your greatest challenges in delivering your BCF plan for 2016-17?

These are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Shared vision and commitment
2. Shared leadership and governance
3. Collaborative working relationships
4. Integrated workforce planning
5. Evidencing impact and measuring success
6. Delivering services across interfaces
7. Digital interoperatability and sharing data
8. Joint contracts and payment mechanisms
9. Sharing risks and benefits
10. Managing change

Other

## 7) 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 the last BCF Quarterly Data Collection Template (Q2 / Q3 2016-17). 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.

## 8) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q4 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?

# Better Care Fund Template Q4 2016/17

## Data collection Question Completion Checklist

**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**

| Funds pooled via a S.75 pooled budget, by Q4? If no, date provided? |
|---|
| Yes |

**3. National Conditions**

| | 1) Plans to be jointly agreed | 2) Maintain provision of social care services | 3 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 | 3 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? | 4 i) Is the NHS Number being used as the consistent identifier for health and social care services? | 4 ii) Are you pursuing Open APIs (ie system that speak to each other)? | 4 iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? | 4 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? | 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 | 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans | 7) Agreement to invest in NHS commissioned out-of-hospital services | 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Please Select (Yes, No or No - In Progress) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| If the answer is "No" or "No - In Progress" please provide 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? | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

**4. I&E (2 parts)**

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Please comment if there is a difference between the annual totals and the pooled fund |
|---|---|---|---|---|---|---|
| Income to | Forecast | Yes | Yes | Yes | Yes | No |
| | Forecast | | | | | |
| | Actual | Yes | Yes | Yes | No | |
| | Actual | | | | | |
| Expenditure From | Forecast | Yes | Yes | Yes | Yes | No |
| | Forecast | | | | | |
| | Actual | Yes | Yes | Yes | No | |
| | Actual | | | | | |
| | Commentary | No | | | | |
| | Commentary | | | | | |

**5. Supporting Metrics**

| | | | |
|---|---|---|---|
| | | Please provide an update on indicative progress against the metric? | Commentary on progress |
| | NEA | Yes | Yes |
| | | Please provide an update on indicative progress against the metric? | Commentary on progress |
| | DTOC | Yes | Yes |
| | | Please provide an update on indicative progress against the metric? | Commentary on progress |
| | Local performance metric | Yes | Yes |
| | If no metric, please specify | Please provide an update on indicative progress against the metric? | Commentary on progress |
| Patient experience metric | Yes | Yes | Yes |
| | | 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 |

**6. Year End Feedback**

| Statement: | Response: |
|---|---|
| 1. The overall delivery of the BCF has improved joint working between health and social care in our locality | Yes |
| 2. Our BCF schemes were implemented as planned in 2016/17 | Yes |
| 3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality | Yes |
| 4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions | Yes |
| 5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care | Yes |
| 6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | Yes |
| 7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over) | Yes |

| 8. What have been your greatest successes in delivering your BCF plan for 2016-17? | Response and category |
|---|---|
| Success 1 | Yes |
| Success 2 | Yes |
| Success 3 | Yes |

| 9. What have been your greatest challenges in delivering your BCF plan for 2016-17? | Response and category |
|---|---|
| Challenge 1 | Yes |
| Challenge 2 | Yes |
| Challenge 3 | Yes |

**7. Additional Measures**

| | 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 |

| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
|---|---|---|---|---|---|---|
| From GP | Yes | Yes | Yes | Yes | Yes | Yes |
| From Hospital | Yes | Yes | Yes | Yes | Yes | Yes |
| From Social Care | Yes | Yes | Yes | Yes | Yes | Yes |
| From Community | Yes | Yes | Yes | Yes | Yes | Yes |
| From Mental Health | Yes | Yes | Yes | Yes | Yes | Yes |
| From Specialised Palliative | Yes | Yes | Yes | Yes | Yes | Yes |

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|---|---|---|---|---|---|
| Progress status | Yes | Yes | Yes | Yes | Yes | Yes |
| Projected 'go-live' date (mm/yy) | Yes | Yes | Yes | Yes | Yes | Yes |

| | |
|---|---|
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Yes |

| | |
|---|---|
| Total number of PHBs in place at the end of the quarter | Yes |
| Number of new PHBs put in place during the quarter | Yes |
| Number of existing PHBs stopped during the quarter | Yes |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | Yes |

| | |
|---|---|
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting? | Yes |
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting? | Yes |

**8. Narrative**

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

# Cover

| Q4 2016/17 | |
|---|---|
| **Health and Well Being Board** | **Shropshire** |
| **completed by:** | Tanya Miles |
| **E-Mail:** | tanya.miles@shropshire.gov.uk |
| **Contact Number:** | 01743 258 663 |
| **Who has signed off the report on behalf of the Health and Well Being Board:** | Cllr Lee Chapman |



**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. I&E | 14 |
| 5. Supporting Metrics | 13 |
| 6. Year End Feedback | 13 |
| 7. Additional Measures | 67 |
| 8. Narrative | 1 |

# Budget Arrangements

| | |
|---|---|
| **Selected Health and Well Being Board:** | Shropshire |

| | |
|---|---|
| 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 now 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:** Shropshire

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 the year (in-line with signed off plan) and how this is being addressed?

| Condition | Q1 Submission Response | Q2 Submission Response | Q3 Submission Response | Please Select (Yes or No) | If the answer is 'No', please provide 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? |
|---|---|---|---|---|---|
| 1) Plans to be jointly agreed | Yes | Yes | Yes | Yes | |
| 2) Maintain provision of social care services | Yes | Yes | 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 | 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 | No - In Progress | No - In Progress | No - In Progress | No | This work is underway but is still in its early stages of development and is in line for the phase 3 national target for 7 day servics as detailed in the SCCG Operational Plan |
| 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 | Yes | Yes | |
| ii) Are you pursuing Open APIs (ie system that speak to each other)? | Yes | Yes | 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 | 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 | 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 | 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 | Yes | Yes | |
| 7) Agreement to invest in NHS commissioned out-of-hospital services | Yes | Yes | Yes | Yes | |
| 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan | Yes | Yes | Yes | Yes | |

**National conditions - detailed definitions**

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. 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. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

**2) Maintain provision of social care services**

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2016-17.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also 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) Agreement for the delivery of 7-day services across health and social care to**

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf ). By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

**4) Better data sharing between health and social care, based on the NHS**
The appropriate and lawful 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 consistent 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 consistent identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
• ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

**5) Ensure a joint approach to assessments and care planning and ensure that,**
Local areas should identify which proportion of their population will be receiving case management and named care coordinator, 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 care coordinators, for example dementia advisors.

**6) Agreement on the consequential impact of the changes on the providers that**

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

**7) Agreement to invest in NHS commissioned out of hospital services, which**
Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.
This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

**8) Agreement on local action plan to reduce delayed transfers of care (DTOC)**

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

• Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
• Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
• Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
• Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
• Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
• Demonstrate engagement with the independent and voluntary sector providers.

**Footnotes:**
Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously returned by the HWB.

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:** Shropshire

**Income**

**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 | £7,565,025 | £5,056,006 | £5,056,006 | £5,056,006 | £22,733,043 | £21,750,000 |
| | Forecast | £7,565,025 | £5,056,006 | £5,056,006 | £5,056,006 | £22,733,043 | |
| | Actual* | £5,948,910 | £5,065,006 | £6,663,622 | | | |

**Q4 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 income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £7,565,025 | £5,056,006 | £5,056,006 | £5,056,006 | £22,733,043 | £21,750,000 |
| | Forecast | £7,565,025 | £5,056,006 | £5,056,006 | £5,056,006 | £22,733,043 | |
| | Actual* | £5,948,910 | £5,065,006 | £6,663,622 | | £17,677,538 | |

| | |
|---|---|
| Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund | |

**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 | £5,300,140 | £5,889,784 | £5,771,561 | £5,771,561 | £22,733,046 | £21,750,000 |
| | Forecast | £5,300,140 | £5,889,784 | £5,771,561 | £5,771,561 | £22,733,046 | |
| | Actual* | £5,300,140 | £5,511,033 | £5,960,936 | | | |

**Q4 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 | £5,300,140 | £5,889,784 | £5,771,561 | £5,771,561 | £22,733,046 | £21,750,000 |
| | Forecast | £5,300,140 | £5,889,784 | £5,771,561 | £5,771,561 | £22,733,046 | |
| | Actual* | £5,300,140 | £5,511,033 | £5,960,936 | | £16,772,109 | |

| | |
|---|---|
| Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund | |

| | |
|---|---|
| Commentary on progress against financial plan: | |

**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.

## National and locally defined metrics

**Selected Health and Well Being Board:** Shropshire

| | |
|---|---|
| **Non-Elective Admissions** | Reduction in non-elective admissions |
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Performance is slightly worse than target in quarter 4 in contrast to the previous three quarters where performance was better than target. This appears to be related to pressures in March. Performance over 16/17 is better than target and system wide work continues on admissions avoidance, so there is confidence that performance will continue to improve against this metric. |

| | |
|---|---|
| **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: | Performance in quarter 4 has not met target however an improved picture is emerging with system wide work underway to address DTOC including a variety of step down options and trusted assessor model improvements. |

| | |
|---|---|
| **Local performance metric as described in your approved BCF plan** | Number of people admitted (un-planned) to Redwoods Hospital with a diagnosis of dementia as a proportion of those with a dementia diagnosis. |
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | This metric is reported annually with the target for the year to reduce admissions by a further 0.2% on 15/16. The indicator for 16/17 is 1.02% compared to 1.4% in 15/16 which exceeds the 0.2% reduction target. |

| | |
|---|---|
| **Local defined patient experience metric as described in your approved BCF plan** | CQC inpatient survey "leaving hopsital" measures show an improvement against the baseline 15/16 position |
| 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: | This is an annually reported metric. The target for 2016 is 6.9/10. The 2016 score has been released and shows an improvement on the 2015 score from 6.8/10 to 7.1/10 |

| | |
|---|---|
| **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: | The rate of permanent admissions into residential or nursing homes is lower (better) than the profile and lower than previous years. The service is committed to enabling people to remain in their homes and maintain a decent quality of life for as long as possible. The service also confirms that it assesses the needs of each person to ensure that the right service is provided at |

| | |
|---|---|
| **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? | No improvement in performance |
| Commentary on progress: | The proportion of older people who remain at home 91 days after discharge from hospital into reablement services is lower (worse) than the profile and lower than last year. The service considers the lower rate to be attributed to the aging population and complexity of needs. During October to December the average age of clients was 84. The service is committed to |

**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.

# Year End Feedback on the Better Care Fund in 2016-17

**Selected Health and Well Being Board:** Shropshire

**Part 1: Delivery of the Better Care Fund**

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

| Statement: | Response: | Comments: Please detail any further supporting information for each response |
|---|---|---|
| 1. The overall delivery of the BCF has improved joint working between health and social care in our locality | Agree | The delivery of the BCF has helped facilitate broader system wide joint working and encouraged some key pieces of work to drive us towards integration. |
| 2. Our BCF schemes were implemented as planned in 2016/17 | Neither agree nor disagree | The majority of the schemes have been implemented as planned however some schemes have taken longer to develop and implement (e.g. social prescribing) and others have developed in a different way to that expressed in the plan (e.g. Future Planning). |
| 3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality | Agree | The delivery of the BCF has helped facilitate broader system wide joint working and encouraged some key pieces of work to drive us towards integration. |
| 4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions | Agree | The delivery of the BCF plan supports wider activity to manage the levels of NEA in our economy which is having a positive impact on our performance as reflected in the metric. |
| 5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care | Agree | The delivery of the BCF plan supports wider activity to manage the levels of DTOC in our economy. During periods of 16-17 our performance has improved but the final quarter has been challenging and has furthered the need to continue to drive forward integration solutions to managing DTOC. |
| 6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | Agree | System wide work through the BCF to manage reablement continues to improve service delivery, however our performance is attributed to the aging population and complexity of needs making it extremely challenging to meet our targets. |
| 7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over) | Agree | System wide work to manage the rate of residential and nursing home admissions is continuing to prove invaluable alongside the development of alternative options including step down housing. This work is reflected in our performance against this metric. |

| **Part 2: Successes and Challenges** |
|---|
| Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately |

| 8. What have been your greatest successes in delivering your BCF plan for 2016-17? | Response - Please detail your greatest **successes** | Response category: |
|---|---|---|
| Success 1 | Significant progress has been made to develop shared leadership and governance arrangements around a shared vision for an integrated system. This has been greatly assisted by the Leadership Centre. | 2. Shared leadership and governance |
| Success 2 | The Healthly Lives programme work in Oswestry has seen significant progress in developing community based solutions across service interfaces including broader partners such as the Fire and Rescue Service and the Voluntary Sector. This model is now being rolled out county wide. | 6. Delivering services across interfaces |
| Success 3 | As a result of the shared leadership and governance work detailed in section 1 we have been able to develop an Integration and BCF plan that defines a shared vision for integration and the commitment across the system to deliver this. | 1. Shared vision and commitment |

| 9. What have been your greatest challenges in delivering your BCF plan for 2016-17? | Response - Please detail your greatest **challenges** | Response category: |
|---|---|---|
| Challenge 1 | The financial pressures that the system is under, particularly the significant challenges that the CCG have faced in 16/17 have been a huge challenge for this year and have at times made the sharing of risk and benefit a challenge. | 9. Sharing risks and benefits |
| Challenge 2 | The BCF plan for 16/17 and previous years does not clearly link the schemes and dservices in the pooled budget to the measures of success and metrics. This disconnect has been a challenge and is a key element of the work currently underway to develop a much more streamlined budget with services that have clear measures and metrics that contribution to the system wide measures of success. | 5. Evidencing impact and measuring success |
| Challenge 3 | There have been some challenges during the year on financial payments between the CCG and SC linked to challenge 1. The joint leardership, governance and commissioning arrangements being developed will make a significant impact on this challenge. | 8. Joint contracts and payment mechanisms |



**Footnotes:**
Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):
1. Shared vision and commitment
2. Shared leadership and governance
3. Collaborative working relationships
4. Integrated workforce planning
5. Evidencing impact and measuring success
6. Delivering services across interfaces
7. Digital interoperability and sharing data
8. Joint contracts and payment mechanisms
9. Sharing risks and benefits
10. Managing change
Other

# Additional Measures

**Selected Health and Well Being Board:** Shropshire

**1. Proposed Metric: 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 Metric: Availability of Open APIs across care settings**

*Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)*

| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
|---|---|---|---|---|---|---|
| From GP | Shared via Open API | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally |
| From Hospital | Shared via interim solution | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally |
| From Social Care | Not currently shared digitally | Not currently shared digitally | Shared via Open API | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally |
| From Community | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | Shared via Open API | Not currently shared digitally | Not currently shared digitally |
| From Mental Health | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | Not currently shared digitally | 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 | Shared via Open API |

*In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations*

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|---|---|---|---|---|---|
| Progress status | Live | Live | Live | In development | Live | In development |
| Projected 'go-live' date (dd/mm/yy) | | | | 01/10/2017 | | 01/10/2017 |

**3. Proposed Metric: 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 being scoped |

**4. Proposed Metric: Number of Personal Health Budgets per 100,000 population**

| | |
|---|---|
| Total number of PHBs in place at the end of the quarter | 25 |
| Rate per 100,000 population | 8 |

| | |
|---|---|
| Number of new PHBs put in place during the quarter | 8 |
| 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 (%) | 100% |

| | |
|---|---|
| Population (Mid 2017) | 313,663 |

**5. Proposed Metric: 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/localauthoritiesinenglandz

Population figures were updated to the mid-year 2017 estimates as we moved into the new calendar year.

# Narrative

**Selected Health and Well Being Board:** Shropshire

| Remaining Characters | 31,254 |
|---|---|

Please provide a brief narrative on overall progress, reflecting on performance in Q4 16/17 and the year as a whole. 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?

2016/17 has been a period of significant progress for Shropshire despite significant challenges.

This picture is reflected in the Q4 metric performance that displays a mixed position with continued progress being made in reducing NEA and on admissions to residential care but challenges being faced in DToC and reablement.

The most crucial progress made during the year has been the work with System Leaders to agree a shared vision for an integrated system and design a governance and delivery structure to support this. Our BCF plan for 17/18-18/19 will describe this progress in detail and how the system in Shropshire will develop considerably over the next 9-12 months.

As part of the systems work we are undertaking focussed pieces of work to ensure that we fully understand the challenges that we face and have the right services and measures in place to tackle these appropriately. This work will feed into the new joint governance and delivery arrangements and result in some changes to services and delivery to improve performance and patient experience.

In quarter 4 there has been significant progress in the Healthy Lives Programme that now forms a delivery arm of the BCF. This has seen the implementation of social prescribing and safe and well that are key schemes for Shropshire. 17/18 will see the roll out of this approach county wide.

As a system we look forward to the coming months where significant progress will be made on establishing joint commissioning and delivery arrangements.

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