### **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 28th August 2015

This Excel data collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support. Details on future data collection requirements and mechanisms will be announced ahead of the Q2 2015/16 data collection.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

#### Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.

- 1) Cover Sheet this includes basic details and tracks question completion.
- 2) Budget arrangements- this tracks whether Section 75 agreements are in place for pooling funds.
- 3) National Conditions checklist against the national conditions as set out in the Spending Review.
- 4) Non-Elective and Payment for Performance this tracks performance against NEL ambitions and associated P4P payments.
- 5) Income and Expenditure this tracks income into, and expenditure from, pooled budgets over the course of the year.
- 6) Local metrics this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans.
- 7) Understanding support needs this asks what the key barrier to integration is locally and what support might be required.
- 8) Narrative this allows space for the description of overall progress on plan delivery and performance against key indicators.

#### **Validations**

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

### 1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

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

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

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

### 2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the 2014-15 Q4 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously you can selection 'Not Applicable' this time.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have? If the answer to the above is 'No' please indicate when this will happen

### 3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016. Full details of the conditions are detailed at the bottom of the page.

### 4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4. Three figures are required and one question needs to be answered:

Input actual Q1 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell L12 Input actual value of P4P payment agreed locally - Cell D23

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box Input actual value of unreleased funds agreed locally

This section also requires indication of the area of spend that unreleased funds have been spent on for Q4 and Q1 using a drop-down list. If no funds were left unreleased then 'Not Applicable' should be selected.

#### 5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned and forecast income into the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual income into the pooled fund in Q1

Planned and forecast expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

### 6) Local metrics

This tab tracks performance against the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In both cases the metric is set out as defined in the approved plan for the HWB and the following information is required for each metric:

Confirmation that this is the same metric that you wish to continue tracking locally

Confirmation of planned performance for each quarter of 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)

Confirmation of actual performance for Q1 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)

Commentary on progress against the metric and details of any changes to the metric including reference to reasons for changing

#### 7) Understanding Support Needs

This asks what the key barrier to integration is locally and what support might be required in delivering the six key aspects of integration set out previously. This section builds upon the information collected through the BCF Readiness Survey in March 2015. HWBs are asked to:

Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan

Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

### 8) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

# **Better Care Fund Template Q1 2015/16**

### **Data collection Question Completion Validations**

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				Who has signed off the report
Health and Well Being				on behalf of the Health and
Board	completed by:	e-mail:	contact number:	Well Being Board:
Yes	Yes	Yes	Yes	Yes

### Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

### **National Conditions**

	Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being	weekends in place and	<ul><li>i) Is the NHS Number being used as the primary identifier for health and care services?</li></ul>	ii) Are you pursuing open APIs (i.e. systems that	Information Governance controls in place for information sharing in line with	taking place and where funding is being used for integrated packages of care, is there an	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or								
No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)		Yes	Yes	Yes	Yes	Yes	Yes	Yes
,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

### Non-Elective and P4P

	Actual payment locally agreed		•	Any unreleased funds were used for: Q1 15/16
Yes	Yes	Yes	Yes	Yes

### I&E (2 parts)

I&E (2 parts)						
		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the total yearly plan and the pooled fund
Income to	Plan	Yes	Yes	Yes	Yes	Yes
	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual		-			
Expenditure From	Plan	Yes	Yes	Yes	Yes	Yes
Expenditure From	Plan					-
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual					
	Commentary	Yes				

# **Local Metrics**

	Same local performance metric in plan?	If the answer is No details				
	Yes	Yes				
	Plan	Plan	Plan	Plan	Actual	Actual
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
Local performance metric						
plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes				•	•
Commentary	Yes		_	·		•
Commentary		If the answer is No	]	·	·	·
Commentary		If the answer is No details		·	·	·
Commentary	Same local performance metric			·	·	
Commentary	Same local performance metric in plan?	details	Plan	Plan	Actual	Actual
Commentary	Same local performance metric in plan? Yes Plan	details Yes	Plan Q2 15/16	Plan Q3 15/16	Actual Q4 14/15	Actual Q1 15/16
Commentary  Local patient experience	Same local performance metric in plan? Yes Plan	details Yes Plan				
·	Same local performance metric in plan? Yes Plan	details Yes Plan				

# **Understanding Support Needs**

Area of integration greatest		
challenge	Yes	
	Interested in support?	Preferred support medium
Leading and Managing		
successful better care		
implementation	Yes	Yes
2. Delivering excellent on the		
ground care centred around		
the individual	Yes	Yes
Developing underpinning integrated datasets and		
information systems	Yes	Yes
4. Aligning systems and		
sharing benefits and risks	Yes	Yes
5. Measuring success	Yes	Yes
6. Developing organisations		
to enable effective		
collaborative health and		
social care working		
relationships	Yes	Yes

Narrative

Brief Narrative

**Cover and Basic Details** 

Q1 2015/16

Health and Well Being Board	Hammersmith and Fulham
completed by:	James Eaton
E-Mail:	jameseaton@nhs.net
Contact Number:	02033504283
Who has signed off the report on behalf of the Health and Well Being Board:	tbc

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

## **Budget Arrangements**

**Selected Health and Well Being Board:** 

Hammersmith and Fulham	
Data Submission Period:	
Q1 2015/16	
Budget arrangements	1
Have the funds been pooled via a s.75 pooled budget?	No
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	No
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	30/09/15

### Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

### **National Conditions**

<b>Selected Health and</b>	<b>Well Being Board:</b>
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Hammersmith and Fulham

Data Submission Period:

Q1 2015/16

National Conditions

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

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	31/03/16	Health has 7 day services in place in the form of a Rapid Response Nursing Service which accepts referrals from GPs and an In-Reach Team which diverts admissions from A&E.  These services are in early stages of development across 3 CCGs. An annual target for reduction in NEL admissions has been set per CCG. A Lead Health Provider has been
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress		A programme of work is underway to align IT systems across health and social care to enable use of NHS number as the primary identifier. A further update from programme team is due at end of Q2.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress		Health and Social care providers are working towards joint assessment forms and alignment of care plans. They are currently delivering shared care, with Hammersmith & Fulham being the most advanced in terms of fully integrated care within the three boroughs. Lead Providers have been tasked with delivery of a truly integrated service by 31.3.2016 and a programme plan is in place to achieve this and create equity of care across the three boroughs.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		

National conditions - Guidance

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

### 1) Plans to be jointly agreed

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

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

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

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

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

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

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

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

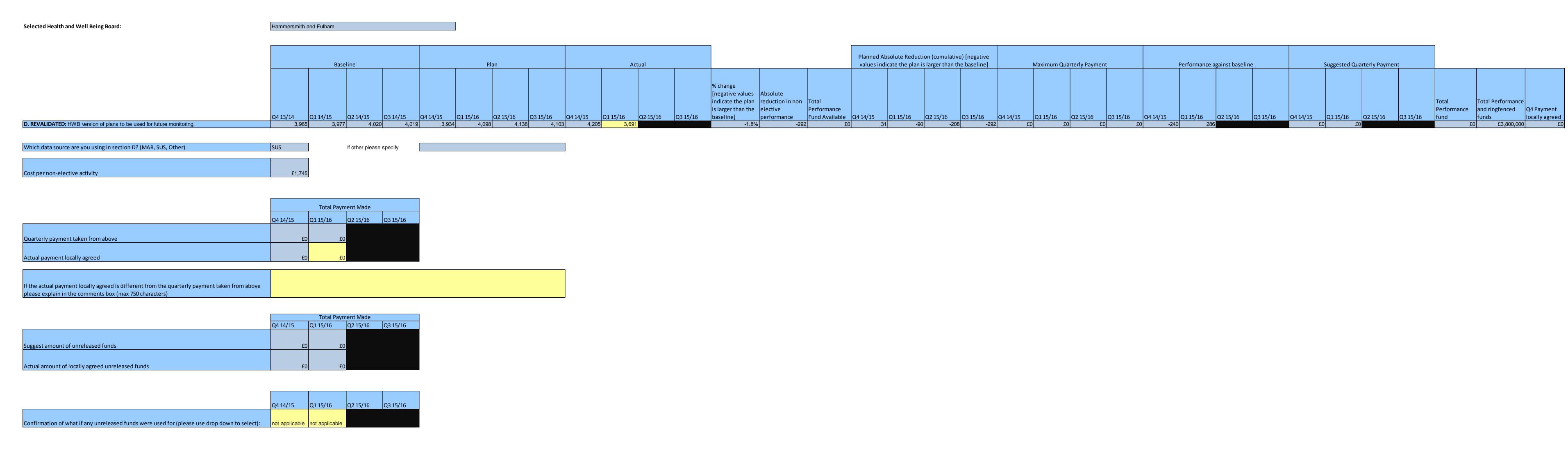
### 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

### 6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

# Better Care Fund Revised Non-Elective and Payment for Performance Calculations



Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 19th August 2015.

# Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:	Hammersmith and Fulham						
<u>Income</u>							
		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
	Plan	£16,833,972	£16,833,972	£16,833,972			£80,155,000
Please provide, plan, forecast, and actual of total income into the fund for each quarter to year end (the year figures	Forecast	£16,833,972	£16,833,972	£16,833,972	£16,833,972		
should equal the total pooled fund)	Actual*	£16,833,972					
Please comment if there is a difference between the total							
yearly plan and the pooled fund	The original s	ubmission includes S2	56 and existing NHS o	community services wh	nich are no longer part	of the BCF currently be	ing finalised
Expenditure							
		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
	Plan	£16,833,972	£16,833,972	·			
Please provide , plan , forecast, and actual of total	Forecast	£16,833,972					
expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Actual*	£16,833,972					
Please comment if there is a difference between the total yearly plan and the pooled fund	The original s	ubmission includes S2	256 and existing NHS of	community services wh	nich are no longer part	of the BCF currently be	ing finalised
Commentary on progress against financial plan:	On Plan						

### Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards. Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

# Support requests

Selected Health and Well Being Board:	Hammersmith and Fulham				

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?

5.Measuring success

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Loading and Managing successful batter care implementation	No		
Leading and Managing successful better care implementation	INO		
2. Delivering excellent on the ground care centred around the individual	No		
Developing underpinning integrated datasets and information systems	No		
4. Aligning systems and sharing benefits and risks	No		
4. Alighing systems and sharing benefits and risks			
5. Measuring success	No		
6. Developing organisations to enable effective collaborative health and			
social care working relationships	No		

# Support requests

Selected Health and Well Being Board:	Hammersmith and Fulham				

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?

5.Measuring success

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Loading and Managing successful batter care implementation	No		
Leading and Managing successful better care implementation	INO		
2. Delivering excellent on the ground care centred around the individual	No		
Developing underpinning integrated datasets and information systems	No		
4. Aligning systems and sharing benefits and risks	No		
4. Alighing systems and sharing benefits and risks			
5. Measuring success	No		
6. Developing organisations to enable effective collaborative health and			
social care working relationships	No		

# <u>Narrative</u>

Selected Health and Well Being Board:		
Hammersmith and Fulham		
Data Submission Period:		
Q1 2015/16		
No making	a a ua at a ua	24.240
Narrative Remaining Ch	iaracters	31,316
Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with refere provided within this return where appropriate.	nce to the inform	ation
BCF/CIS Partnership working is progressing well from both provider and commissioner perspectives as evidenced by the Clinical Rec	design Group and	
Partnership Board. Service redesign and implementation work streams are working towards roll out of new structures in October.		
increasing but more slowly than anticipated and further work will be undertaken with GPs across the three boroughs to increase er		
service. In-Reach is working well and targets have been exceeded. An approach to CIS Evaluation (due M9) has been jointly develops social care and public health.	oped across near	n, aduit
It is becoming apparent that innovative approaches to integrated working (particularly in CIS transition) may take longer than expe		
Implementation delays may impact on realisation of benefits targets in 15/16 meaning savings from joint commissioning and poole	d budgets will be	less
than originally estimated. ASC and health are agreeing measures to address the savings gap.		
7 Day discharge pilot is being undertaken in eight wards, achieving positive results. Options for further development identified for	review with stake	eholders
across the system, and for agreement on next steps. This will link with the integrated hospital discharge design service currently be	eing formalised w	ith adul
social care, Imperial Healthcare and Chelsea & Westminster and CWHHE strategy team discharge plan.		