Agenda Item

Health and Wellbeing Board

12 June, 2017

Better Care Fund Plan Quarter 4 2016/17 Return

1. Purpose

1.1 This report presents the Health and Wellbeing Board with the Better Care Fund quarterly outturn for the period 1st January 2017 to 31st March 2017 that have been signed off by the Chair of the Health and Wellbeing Board by delegated authority.

2 Recommendations

2.1 That the Health and Wellbeing Board receives and notes this Better Care Fund quarterly return and has an opportunity to ask any questions that they may raise.

3 Report detail

3.1 The table below provides a summary of the messages to note from the Quarter 4 Return. **Appendix 1 attached**.

Return Section	Quarter 4 – 16/17
2. Budget Arrangements	Nothing to note – the budget is pooled as directed
3. National Conditions	Nothing to note – all National Conditions are being met
4. Income and Expenditure	Year end under spend of £430,478 against the BCF budget of £23,601,119 as a direct result of decreasing costs relating to decommissioning Richmond Hall, equipment and reablement services
5. Supporting Metrics (i) Non-Elective Admissions	The report shows a significant improvement in Quarter 4 2016/17 with numbers reducing to 141 extra admissions compared to 937 at the end of Quarter 3 2016/17. Continued analysis of the demand and capacity flows across the system are reported monthly in a dashboard to the Accident and Emergency Delivery Board

(ii) Delayed Transfers of Care	Delayed Transfer of Care (DToC) performance has delivered on target, however the return details an independent review that has been conducted which has suggested under-reporting of DToC. An improvement plan has been developed and approved by A&E Delivery Board on 17/05/2017, which amongst other things focusses on ensuring DToC reporting includes all DToC categories in accordance with guidance and implementing a daily count of DToC' s supported by an IT solution.
(iii) Dementia Diagnosis	At 68.3%, our dementia diagnosis rate continues to be above the national average and exceed the national ambition.
(iv) % of service users who are surveyed expressed satisfaction at the quality of the integrated service	From the completed responses received, over 90% have expressed satisfaction in our Hollybank and Community Reablement service.
(v) Admissions to residential care	The final permanent admissions result for clients aged 65+ has exceeded the BCF target of 300 by 9 clients. Analysis of this activity in 2016/17 has identified that Walsall performs in the top quartile nationally for this metric and is indicative of Residential options not being fully explored to meet individual needs despite residential care being the preferred option in some cases. The target for 2017/18 will be set at a level that addresses a more accurate reflection of the needs of Walsall residents.
(vi) Reablement	Quarter 4 performance and the aggregated overall position out turn for this metric is 81%, falling marginally below the target of 82%. The mortality impact on this indicator is significant due to the small cohort, extenuated by a part year decision to only admit from hospital pathways, which has further reduced the denominator.

6. Year End Feedback	Sets out the 3 top Walsall BCF successes as: 1. Commencement of Independent Sector Reablement contract in February 2017 2. Further moves towards a more coordinated and integrated pattern of care across a whole system 3. Increased focus on prevention and early intervention through locality team working Also, the 3 top Walsall BCF challenges as: 1. Devolved Commissioning arrangements 2. Sufficient resource and momentum to achieve compliance with shared open API by 2020 3. Addressing recommendations in the DToC data Independent review
7. Additional Measures	Shows progress on track against metrics

4 Health and Wellbeing Priorities

4.1 The overall aim for the Better Care fund is to support people in their own homes in a way which means there are fewer emergency admissions to hospital or permanent placements in care homes, and which optimises their safety, independence, health and well-being.

Background papers

Appendix 1	2016/17 Quarter 4 BCF Return	Walsall BCF Q4 2016-17.xlsx

Author

Kerrie Allward
Head of Integrated Commissioning
01922 654713
Kerrie.Allward@walsall.gov.uk

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.

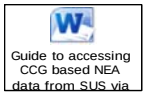
There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

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

patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

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

Actual and baseline data on Re-ablement and Residential Admissions can be sourced from the annual ASCOF return found here:
http://content.digital.nhs.uk/searchcatalogue?productid=22085&q=ascof

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

6) 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	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
	Commentary	Yes				
	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
		Please provide an update on indicative progress against the metric?	Commentary on progress
	If no metric, please specify		
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	**Walsall**
completed by:	Keith Nye
E-Mail:	NyeK@walsall.gov.uk
Contact Number:	07983 612609
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Ian Robertson

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	19
5. Supporting Metrics	13
6. Year End Feedback	13
7. Additional Measures	67
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:	Walsall

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: Walsall

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	
health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes	Yes	Yes	
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	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 number

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 may

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: Walsall

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	£8,323,429	£5,092,562	£5,092,565	£5,092,565	£23,601,119	£23,601,119
	Forecast	£8,323,429	£5,092,562	£5,092,565	£5,092,565	£23,601,119	
	Actual*	£8,323,429	£5,092,562	£5,092,565			

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	£8,323,429	£5,092,562	£5,092,565	£5,092,565	£23,601,119	£23,601,119
	Forecast	£8,323,429	£5,092,562	£5,092,565	£5,092,565	£23,601,119	
	Actual*	£8,323,429	£5,092,562	£5,092,565	£5,092,563	£23,601,119	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	No Comment

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	£6,090,647	£5,819,419	£5,924,420	£6,015,900	£23,850,387	£23,601,119
	Forecast	£6,090,647	£5,819,419	£5,924,420	£6,015,900	£23,850,387	
	Actual*	£6,090,647	£6,300,453	£5,403,878			

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	£6,090,647	£5,819,419	£5,924,420	£6,015,900	£23,850,387	£23,601,119
	Forecast	£6,090,647	£5,819,419	£5,924,420	£6,015,900	£23,850,387	
	Actual*	£6,090,647	£6,300,453	£5,403,878	£5,374,664	£23,169,641	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The forecast BCF for 2016/17 shows an underspend of (£431,478) against the BCF budget of £23,601,119. The Q4 actual is lower than planned because of decreased costs relating to ICES and reablement services. The risk share of this position is split as (£371,089) under spend for the CCG and (£15,626) under spend for the Local Authority.

Commentary on progress against financial plan:	Progress against the financial plan has gone well and as expected.

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: Walsall

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Monthly Activity Report figures indicate a 0.4% year-on-year increase in emergency admissions to secondary care (an increase of 141 admissions). The change at Walsall Healthcare Trust is 0.7% year-on-year, an increase of 170 admissions locally.

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 to meet target
Commentary on progress:	After initially failing to achieve the target in Quarters 1 and 2, this resulted in a significant effort to reduce the number of bed days lost due to delayed transfers of care, with a year end out turn around 50% better than the target set

Local performance metric as described in your approved BCF plan	Dementia Diagnosis
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The current dementia diagnosis rate is 68.3% which is higher than the national average and exceeds the national ambition. An average of 40 new diagnoses are made each month by the Memory Assessment Service. The rate may reduce if there are more deaths from the dementia registers than new diagnoses.

Local defined patient experience metric as described in your approved BCF plan	% of service users who are surveyed express satisfaction at the quality of the integrated services
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:	Our Better Care Fund Service User Satisfaction Survey for integrated services covers Hollybank Residential Care Home, the Community Intermediate Care team and Discharge to Assessment team. We have set up an electronic recording spreadsheet which captures the names and addresses of Service Users and compiles six domains of satisfaction with their integrated services. From the completed responses

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?	No improvement in performance
Commentary on progress:	A realistic outturn position for 2016/17 has been based on the absence of suitable alternative accommodation for those with Dementia and projected from approvals during the preceding year. The final permanent admissions result for clients aged 65+ has exceeded the BCF target of 300 by 9 clients.

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:	Quarter 4 performance and the aggregated overall position out turn for this metric is 81%, falling marginally below the target of 82%. The mortality impact on this indicator is significant due to the small cohort, extenuated by a part year decision to only admit from hospital pathways which has further reduced the denominator.

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:	Walsall

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 Walsall Together programme involves representatives from Health and Social Care and other stakeholders e.g. The Community and Voluntary Sector. This is the delivery vehicle for the Better Care Fund.
2. Our BCF schemes were implemented as planned in 2016/17	Agree	Our Better Care Fund Schemes have all been delivered within the planned budget of £23,601,119 and timescales.
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	Neither agree nor disagree	Health and Social Care commissioning arrangements have devolved to organisational level to allow each partner to review capacity and each organisation's priorities, with an intention of fully integrating by March 2020. Health and Social Care continue to work closely together with Social Care commissioning on behalf of the Walsall CCG e.g. Residential & Nursing Care and Domiciliary Care
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	These BCF Schemes have reduced the level of deterioration of numbers of Non Elective Admissions to all Acute Trusts. We have seen a significant improvement in Quarter 4 2016/17 with numbers reducing to 141 extra admissions compared to 937 at the end of Quarter 3 2016/17.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Although the reported performance was much better than the target set, an independent review of the DToC data evidenced under-reporting arising from a combinaiton of Walsall's interpretation and applicaiton of the NHS SitRep Guidance and recording inaccuracies. An improvement plan has been developed and aproved by A&E Delivery Board on 17.05.2017 focussing on four key areas (1) Ensure DToC reporting includes all DToC categories in accordance with
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	Following the decision to review the cohort of Service Users, the aggregated overall position out turn for this metric was marginally below the target of 82%. As this is a small number of Service Users, a high mortality impacts on the denominator and the overall performance.
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	The final permanent admissions result for clients aged 65+ has slightly exceeded the BCF target. We did however start from a very low Baseline, which we are reviewing for 2017/18.

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	Since the commencementof the Independent Sector Reablement Contract (Feb 17) we have increased Dh2A capacity by 2/3rd up to 1500 hours a week and increase number of providers from 1 to 4. Previous Dh2A model was 400 hours per-week from 1 provider. Length of stay in bed based pathway D2A and Rehabilitation reduced in both areas to an average of 28 days reduced from an excess of 30 days	5. Evidencing impact and measuring success
Success 2	A far more coordinated and integrated pattern of care, across the NHS, Social Care, Housing, the Independent and Voluntary sector; with reduced duplication and better placing of the patient/service user at the centre of care.	5. Evidencing impact and measuring success
Success 3	An increased focus on prevention and early intervention, maximising the use of technology, family and community support networks and universal services that lead to a general improvement in population health and a reduction in health inequalities for our Walsall population.	5. Evidencing impact and measuring success

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	Following an independent review of the Health and Social Care Joint Commissioning arrangements the decision to devolve was taken allowing both organisations the opportunity to take stock, review and reprioritiese for their individiual organisation. This approach allows both organisations to build a stron foundation to achieve full integrating by March 2020. Health and Social Care continue to work closely together with Social Care contiuing to commissioning on behalf of the Walsall CCG e.g. Residential & Nursing Care and Domiciliary Care	3. Collaborative working relationships
Challenge 2	As with other HWB areas, we are still under developed in this area. To address this gap each organisation has contributed to the Digital Roadmap and identified resorces to implement as planned by March 2020.	7. Digital interoperability and sharing data
Challenge 3	The net impact of changing our reporting (leading to an increase in DToC's) and reducing the numbers and LoS of MFFD patients (leading to a reduction in DToC's) will mean we can plan to hit the 3.5% target by September 2017	5. Evidencing impact and measuring success

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: Walsall

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 interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Shared via Open API
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	Shared via interim solution	Shared via Open API	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Shared via Open API
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Shared via Open API
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API	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	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	31/03/2020	31/03/2020	31/03/2020	31/03/2020	31/03/2020	31/03/2020

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 commissioned and planning in progress

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

Total number of PHBs in place at the end of the quarter	37
Rate per 100,000 population	13

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2017)	278,785

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 - in most of 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 - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures were updated to the mid-year 2017 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:	Walsall

Remaining Characters	28,265

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?

Highlights and successes in Q4 2016/17

1. A targeted integrated approach to those most at risk of admission to hospital/care homes to keep people well and independent at home for as long as possible.
2. A responsive, integrated approach to react to crises in patients/service users' physical/mental health/well-being to avoid hospital/care home admission wherever possible and facilitate timely discharge home for those who are admitted.
3. A far more coordinated and integrated pattern of care, across the NHS, Social Care, Housing, the Independent and Voluntary sector; with reduced duplication and better placing of the patient/service user at the centre of care.
4. A pattern of services that better meets population needs, by bringing teams together for more hours of the day and more days of the week.
5. A systematic shift towards greater care in the community and in the home, reducing dependence upon paid support and enabling and maximising individual independence.
6. Better supporting and enabling carers to continue with their vital role whilst establishing and maximising the use of peer support.
7. An increased focus on prevention and early intervention, maximising the use of technology, family and community support networks and universal services that lead to a general improvement in population health and a reduction in health inequalities for our Walsall population.

Challenges and concerns for 2017/18

Walsall has made good progress with its plans for integration of community services and the redesign of transitional care pathways. However, we remain challenged in delivering the target reduction in overall emergency admissions. We are not progressing open application programming interfaces at the pace and scale we would like. Both Walsall Council and Walsall CCG have significant financial challenges, whilst the Manor Hospital remains in Special Measures.

Potential actions and support for subsequent quarters.

Walsall continues to work effectively with the regional Better Care Support team. We attend webinars and offer support to regional colleagues. We would welcome a more collaborative approach with integration at Sustainability and Transformation footprint level, financial challenges and non-elective admissions.