Quarterly Reporting Template - Guidance

The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preperations for the BCF in 16/17 and register an interest in planning support.

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

Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

Cell Colour Key

Data needs inputting in the cell
Pre populated cells
Question not relevant to you

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements- this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
6) Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Preparations for the BCF 16-17 - this assesses your current level of planning for next year
8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

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

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered. **If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?**

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

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

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12
Input actual value of P4P payment agreed locally - Cell E23
If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box
Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:
Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 and Q2
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1 and Q2

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

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

6) Metrics

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

An update on indicative progress against the four metrics for Q2 2015-16
Commentary on progress against the metric

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

7) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

8) New Integration Metrics

This tab requests information as part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

1. The development and use of integrated care records.
There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records. To be assessed via the following questions:
• In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification
The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification. To be assessed via the following questions:
• Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
• If yes: Please provide details of how risk stratification modelling is being used to allocate resources
• Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
• What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets
Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets. To be assessed via the following questions:
• Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
• How many local residents have been identified as eligible for PHBs, per 100,000 population?
• How many local residents have been offered a PHB, per 100,000 population?
• How many local residents are currently using a PHB, per 100,000 population?
• What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

9) Narrative

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

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

1. Cover

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

2. Budget Arrangements

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

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Any unreleased funds were used for: Q2 15/16	Q4 2015-16 confirmed NEA plan figures
Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Commentary	Yes				

6. Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	Admissions to residential Care	Yes	Yes
	Reablement	Yes	Yes
	If no metric, please specify	Yes	Yes
Local performance metric	Yes	Yes	Yes
	If no metric, please specify	Yes	Yes
Patient experience metric	Yes	Yes	Yes

7. Preparations for BCF 16-17

Have you begun planning for 2016/17?	Yes
Confidence in developing BCF plan?	Yes
Pool more, less, or the same amount of funding?	Yes
Support in developing plan?	Yes

If yes, support area?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Yes	Yes
Building partnership working	Yes	Yes	Yes
Governance development	Yes	Yes	Yes
Data interpretation and analytics	Yes	Yes	Yes
Evidence based planning	Yes	Yes	Yes
Financial planning	Yes	Yes	Yes
Benefits management	Yes	Yes	Yes
Other	Yes	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS number being used as the primary identifier?	Yes	Yes	Yes	Yes	Yes	Yes
Open API in place?	Yes	Yes	Yes	Yes	Yes	Yes
Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes					
Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes					

If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Yes
How many local residents have been identified as in need of preventative care during the quarter?	Yes
What proportion of local residents identified as in need of preventative care have been offered a care plan during the quarter?	Yes

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	Yes
How many local residents have been identified as eligible for PHBs during the quarter?	Yes
How many local residents have been offered a PHB during the quarter?	Yes
How many local residents are currently using a PHB during the quarter?	Yes
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter?	Yes

9. Narrative

Brief Narrative
Yes

Cover and Basic Details	

Q2 2015/16	

Health and Well Being Board	Cheshire East
completed by:	Caroline Baines
E-Mail:	caroline.baines@cheshireeast.gov.uk
Contact Number:	01270 686248
Who has signed off the report on behalf of the Health and Well Being Board:	Cllr Janet Clowes

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

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	4
5. I&E	15
6. Metrics	10
7. Preparations for BCF 16-17	28
8. New Integration Metrics	25
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

Q2 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
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 the Q1 data collection previously filled in by the HWB.

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

Q2 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	No - In Progress	No - In Progress	31/03/2016	Integrated care teams have become operational on a phased basis from October 2015 but this is yet to be rolled out across the whole of Cheshire East. In South Cheshire the GP's have committed to an additional 2,000 7 day appointment in response to the Prime Minister's challenge.
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	No - In Progress	No - In Progress	31/01/2016	Delay in new social care case management and care assessment IT system going live. This system will include an automated link to NHS numbers. "Go live" was expected by 31/10/15 but this has slipped to 31/01/16.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	No - In Progress	No - In Progress	31/12/2015	All partners are in discussion about information governance arrangements. Implementation of the Cheshire Care Record is accelerating the need for a resoultion to information governance issues.
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	No - In Progress	No - In Progress	31/12/2015	A review is underway of existing services including the assessment process and integrated care teams has taken place. Future services will incorporate a joint approach to assessment and care planning.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	No - In Progress	No - In Progress	31/12/2015	There is a high level of understanding of the potential consequential impact of changes in the acute sector locally and partners are working together to try to define/model what the impact is.

National conditions - Guidance

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

1) Plans to be jointly agreed

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

2) Protection for social care services (not spending)

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

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

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

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

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

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

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

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

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

Footnotes:
Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

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

Selected Health and Well Being Board: Cheshire East

	Baseline				Plan				Actual				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				
D. REVALIDATED: HWB version of plans to be used for future monitoring.	10,327	10,226	10,142	10,985	9,965	9,868	9,787	10,600	10,303	10,105	10,644		3.5%	1,460	£2,175,400	362	720	1,075	1,460	£539,380	£533,420	£528,950	£573,650	24	121	-502		£35,760	£180,290	£0		£2,175,400	£6,385,000	£35,760	£180,290

Which data source are you using in section D7 (MAR, SUS, Other)	MAR	If other please specify	

Cost per non-elective activity: £1,490

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above*)	£35,760	£180,290	£0	
Actual payment locally agreed	£35,760	£180,290	£0	

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	Cheshire East CCGs and Local Authority agreed not to release the eligible performance fund in Q4 and Q1 due to concerns over rising NELs during July 2015 and concerns regraing the acuity of patients being admitted, and the cost of their care.

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£503,620	£353,130	£528,950	
Actual amount of locally agreed unreleased funds	£503,620	£353,130	£528,950	

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	acute care	acute care	acute care	

Confirming Q4 2015-16 Non-Elective Admissions figures

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	9,853	9,853
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	10,303	

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. (Except cell C46 taken from original BCF plan database as at February 2015)

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

Selected Health and Well Being Board: Cheshire East

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	£23,891,000
	Forecast	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	
	Actual*	£6,827,135					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	£23,891,000
	Forecast	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	
	Actual*	£6,827,135	£5,173,845				

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

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	£23,891,000
	Forecast	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	
	Actual*	£4,998,243					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	£23,891,000
	Forecast	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	
	Actual*	£4,998,243	£5,205,328				

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

Commentary on progress against financial plan:	There has been a delay with some of the invoices in relation to newly awarded contracts being processed (the Council do not operate on an accruals basis), these invoices are expected to be processed during quarter 3. It is also not clear how the non release of the performance fund should be reported. The actual income levels are lower than forecasted due to non delivery of the performance fund.

Footnote:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q1 collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board: | Cheshire East

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q2 15/16 percentage change in rolling 12-month admissions is -12.6%. However, caution should be utilised when using this data as it is based on a mixture of validated and complete 14/15 figures and non-validated and incomplete 15/16 figures.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Q2 15/16 actual performance is 79.2% against a plan of 84.1%. Q2 performance is being pulled down slightly by incomplete data for the final month of the the quarter (status 91 days later still to be confirmed for some people). The performance for this latest month is currently at 72%. The performance for the previous two months was 83.5%. Therefore final figures are expected to be within this area, which

Local performance metric as described in your approved BCF plan / Q1 return	Injuries due to falls, persons 65+
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Currently on track to meet, or even exceed target in ECCCG. YTD data at end of quarter 2 indicates a 3.95% reduction in falls in ECCCG. However in SCCCG, YTD data indicates a 3.91% increase over the same period. However, SCCCG rate is lower than that in ECCCG (1484.4 v 1605 per 100,000 popn).

Local defined patient experience metric as described in your approved BCF plan / Q1 return	People who feel supported managing long term conditions (GP Survey)
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 for improved performance, but not to meet full target
Commentary on progress:	Latest data show that 42.6% of people in ECCCG and 36.0% of people in SCCCG definitely feel supported. In ECCCG, whilst this represented a small increase from the previous year, the shift was mainly from those who had stated they "to some extent" felt supported. The proportions reporting feeling unsupported, not having a need or "don't know" stayed approximately the same. In SCCCG, ther ewas a

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Preparations for the BCF 16-17

Selected Health and Well Being Board: | Cheshire East

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Peers to peer learning / challenge opportunities	
Building partnership working	Yes	Peers to peer learning / challenge opportunities	
Governance development	Yes	Central guidance or tools	
Data interpretation and analytics	Yes	Central guidance or tools	
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Central guidance or tools	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Central guidance or tools	

New Integration Metrics

Selected Health and Well Being Board: Cheshire East

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No

Comments:	Open APIs are being pursued.

Narrative

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

Q2 2015/16

Narrative		Remaining Characters	32,054

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

Overall progress is going to plan with some minor slippage in some schemes. We are currently undertaking a large logic modelling exercise of the whole programme, and hope to have completed this by the end of the year and to use the findings to inform our evaluation of 15/16 and planning for 16/17, along with the recently produced toolkit. Differing metrics are evident across the two CCGs within the area with one doing well on NELs and not so well on DTOC whilst the other has an opposite picture. This demonstrates the importance of looking at the system as a whole and not on individual metrics, To that end we are looking at introducing some local metrics to monitor as well as those nationally required.