

## 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 26th February 2016.

### The BCF Q3 Data Collection

This Excel data collection template for Q3 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.

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 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) Understanding support needs** - this asks what the key barrier to integration is locally and what support might be required.

**8) New Integration metrics** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care

**9) 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 9 cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

### 2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 and Q2 2015-16 submissions 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 31st March 2016.

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

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

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4 - Q2. Two figures are required and one question needs to be answered:

**Input actual Q3 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell O8**

**Input actual value of P4P payment agreed locally - Cell F19**

**If the actual payment locally agreed is different from the quarterly payment suggested by the automatic calculation in cell AR8 (which is based on your input to cell O8 as above) please explain in the comments box**

**Please confirm what any unreleased funds were used for in Q3 (if any) - Cell F34**

## 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 to Q3**

**Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year**

**Confirmation of actual expenditure from the pooled fund in Q1 to Q3**

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 or amendments to forecasts made since the previous quarter.

## 6) Metrics

This tab tracks performance against the two national supporting metrics, 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 four metrics for Q3 2015-16**

**Commentary on progress against the metric**

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should 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) Understanding support needs

This tab re-asks the questions on support needs that were first set out in the BCF Readiness Survey in March 2015. These questions were then asked again during the Q1 2015-16 data collection in August. We are keen to collect this data every six months to chart changes in support needs. This is why the questions are included again in this Q3 2015-16 collection. The information collected will be used to inform plans for ongoing national and regional support in 2016-17.

The tab asks what the key barrier to integration is locally and what support might be required in putting in meeting the six key areas of integration set out previously. HWBs are asked to:

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

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

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

## 8) New Integration Metrics

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 2015-16). 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.

## 9) Narrative

In this tab 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 Q3 2015/16**

**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**

5.75 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?	4) Is the NHS Number being used as the primary identifier for health and care services?	5) Are you pursuing open APIs (i.e. systems that speak to each other)?	6) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	7) 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?	8) 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 P&P**

Actual Q3 15/16	Actual payment locally agreed	Cumulative quarterly Actual Payments -> Cumulative suggested quarterly payments	If the actual payment locally agreed is < suggested quarterly payment	Any unreleased funds were used for Q3 15/16
Yes	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	Yes	Yes	Yes
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes	Yes
	Commentary	Yes	Yes	Yes	Yes	Yes

**6. Metrics**

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

**7. Understanding support needs**

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan
Yes

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

**8. New Integration Metrics**

	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	Yes	Yes	Yes	Yes	Yes
Total number of PHBs in place at the beginning of the quarter	Yes	Yes	Yes	Yes	Yes	Yes
Number of new PHBs put in place during the quarter	Yes	Yes	Yes	Yes	Yes	Yes
Number of existing PHBs stopped during the quarter	Yes	Yes	Yes	Yes	Yes	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes	Yes	Yes	Yes	Yes	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes	Yes	Yes	Yes	Yes	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes	Yes	Yes	Yes	Yes	Yes

**9. Narrative**

Brief Narrative	Yes
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## Cover

Q3 2015/16

Health and Well Being Board

Bracknell Forest

completed by:

Lynne Lidster Head of Joint Commissioning

E-Mail:

lynne.lidster@bracknell-forest.gov.uk

Contact Number:

01344 351610

Who has signed off the report on behalf of the Health and Well Being Board:

John Nawrockyi - Director of Adult Social Care, Health and Housing

Question Completion - when all questions have been answered and the validation

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	17
6. Metrics	9
7. Understanding support needs	13
8. New Integration Metrics	67
9. Narrative	1

## Budget Arrangements

**Selected Health and Well Being Board:**

Bracknell Forest

Have the funds been pooled via a s.75 pooled budget?	Yes
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If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
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If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
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### **Footnotes:**

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1/Q2 data collection previously filled in by the HWB.

## National Conditions

Selected Health and Well Being Board:

Bracknell Forest

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	Q2 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	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:				Yes		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes		

### National conditions - Guidance

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

#### 1) Plans to be jointly agreed

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

#### 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](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. 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 quarterly data collections previously filled in by the HWB.

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

Selected Health and Well Being Board:

Bracknell Forest

	Baseline				Plan				Actual				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	
	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 15/16	Q4 14/15	Q1 15/16	Q2 15/16			Q3 15/16
<b>D. REVALIDATED:</b> HWB version of plans to be used for future monitoring.	2,147	2,158	2,222	2,298	2,068	2,097	2,149	2,221	1,996	2,199	2,345	2,332	2,347	3.3%	290

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

Cost per non-elective activity

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

If the actual payment locally agreed is different from the suggested quarterly payment (taken from above) please explain in the comments box (max 750 characters)

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£117,710	£90,890	£108,770	£114,730
Actual amount of locally agreed unreleased funds	£117,710	£90,890	£108,770	£114,730

	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):	not applicable	not applicable	not applicable	not applicable

**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 of 11th December 2015.

\*Suggested quarterly payment (taken from above) has been calculated using the technical guidance provided here <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>. The key steps to calculating the quarterly payment are:

- take the cumulative activity reduction against the baseline at quarter end and divide it by the cumulative Q3 2015/16 target reduction;
- multiply that by the size of the performance pot available; and
- subtract any performance payments made for the year to date.

The minimum payment in a quarter is £0 (there will not be a negative payment or 'claw back' mechanism) and the maximum paid out by the end of each quarter cannot exceed the planned cumulative performance pot available for release each quarter.

\*\*Unreleased funds refers to funds that are withheld by the CCG and not released into the pooled budget, due to not achieving a reduction in non-elective admissions as set out in your BCF plan. As payments are based on a cumulative quarter end value a negative (-) quarter actual value indicates the use of surplus funds from previous quarters.

HWBs should consider whether there is a need to make adjustments to Q3 payments where over or under payments may have occurred in Q4 2014/15, Q1 2015/16 or Q2 2015/16 due to changes made to NEA baselines and targets.



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	Q2 Payment locally agreed	
	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						
£432,100	79	140	213	290	£117,710	£90,890	£108,770	£114,730	-52	-187	-110	-49	£0	£0	£0	£0	£0	£432,100	£1,761,000	£0	£0	£0

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:

Bracknell Forest

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	£2,333,395	£2,333,395	£2,333,395	£2,333,395	£9,333,580	£8,383,000
	Forecast	£2,563,670	£2,843,950	£1,972,050	£1,972,049	£9,351,719	
	Actual*	£2,563,670	£2,843,950				

Q3 2015/16 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	£2,333,395	£2,333,395	£2,333,395	£2,333,395	£9,333,580	£8,383,000
	Forecast	£2,563,670	£2,843,950	£1,233,360	£2,402,519	£9,043,499	
	Actual*	£2,563,670	£2,843,950	£1,233,360			

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

The annual total is greater from the original plan as additional money has been ringfenced for the Better Care Fund since that plan was submitted. The annual total in Q3 differs from the annual total in Q1 as we now assume none of the performance element will be payable into the fund as A&E admissions have not reduced. It also takes into account some further income to be included in the fund identified since Q1.

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	£2,102,000	£2,102,000	£2,102,000	£2,102,000	£8,408,000	£8,383,000
	Forecast	£870,090	£2,763,034	£2,201,026	£2,201,027	£8,035,177	
	Actual*	£870,090	£2,763,034				

Q3 2015/16 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	£2,102,000	£2,102,000	£2,102,000	£2,102,000	£8,408,000	£8,383,000
	Forecast	£870,090	£2,763,034	£2,108,049	£3,302,326	£9,043,499	
	Actual*	£870,090	£2,763,034	£2,108,049			

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

The annual total in Q3 differs from that in Q1 as we now have plans in place to utilise all funds by year end. Therefore expenditure now equals income. The annual total differs from the original plan for the same reasons set out under "income" above.

Commentary on progress against financial plan:

The pooled is expected to be fully utilised by year end. The performance element of the funding is not anticipated to be received into the fund.

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:

Bracknell Forest

<b>Admissions to residential Care</b>	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Based on figures for the period April 15 to December 15, the full year extrapolated forecast gives a rate per 100,000 population of 688.14. The planned 15/16 figure was 596.8 so the % change is 15.3%. As reported in previous submissions, the baseline 2014/15 showed a particularly low number of admissions and demand over the year cannot necessarily be predicted by looking at the previous year's trends.
<b>Reablement</b>	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?	Data not available to assess progress
Commentary on progress:	Data not available to assess progress. This data will be available after the end of March 2016.
<b>Local performance metric as described in your approved BCF plan / Q1 / Q2 return</b>	Emergency admission due to injury, poisoning and certain consequences of external causes (ICD-10 S00 to T98X) Aged 65 and over (primary diagnosis) with external cause coded as due to falls (ICD-10 W00-W19). Crude rate per 100,000 population aged 65 and over calculated using the 2012 ONS mid-year population estimates. Source: Secondary Uses Service
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	An improvement in performance took place in Q2 when compared against the same period in 2014/15 and the trajectory has continued to show improvements for Q3 compared against the same period in 2014/15.
<b>Local defined patient experience metric as described in your approved BCF plan / Q1 / Q2 return</b> If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	Improving the health related quality of life of people with one or more LTC (Based on EQ5D Patient Survey)
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	The data for EQ5D was provided in the Quarter 2 2015/16 return following publication in September 2015. The information is published annually and therefore the situation remains the same as for Q2 until the next publication date, anticipated to be September 2016.

**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.

Support requests

Selected Health and Well Being Board:

Bracknell Forest

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

3. Developing underpinning integrated datasets and information systems

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

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

## New Integration Metrics

Selected Health and Well Being Board:

Bracknell Forest

### 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	No	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	No	Yes	Yes	Yes

### 2. Proposed Metric: Availability of Open APIs across care settings

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

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

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

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	In development	In development	Live	In development	In development
Projected 'go-live' date (dd/mm/yy)		31/10/16	31/10/16		31/10/16	31/10/16

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

Total number of PHBs in place at the beginning of the quarter	0
Rate per 100,000 population	0
Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2015)	118,496

**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 <b>non-acute</b> setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the <b>acute</b> setting?	Yes - throughout the Health and Wellbeing Board area

**Footnotes:**

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).  
<http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

## Narrative

Selected Health and Well Being Board:

Bracknell Forest

Remaining Characters

30,149

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).

Bracknell Forest HWB has fully met the conditions for 7 day services; Joint Assessment and Care Planning; Use of the NHS number, as detailed in the previous submissions Q1 and Q2.

While the overall rate of non-elective admissions has risen in Bracknell Forest, the 3 consecutive Quarters for 2015 2016 have demonstrated a step reduction in variance (13% / 9% / 6%) and there has been a noticeable decrease in the subgroup of "Chronic ambulatory" non-elective admissions; pointing to improvement in provision of preventative services such as the Prevention and Self-Care programme within the BCF workstream, as well as the impact of other BCF schemes such as the Integrated Care Teams, where to date the Supported Discharge team have received more than 115 referrals since April 2015. In summary, the reduction in avoidable non-elective admissions is attributed to the success of the BCF projects and other areas of preventative work.

The BCF projects, specifically the further development of intermediate care, are designed to directly impact on DTOCs. These initiatives are supplemented by winter pressures initiatives which tackle causes of delays. The integrated care teams also support this by ensuring that advanced care plans are in place for people at high risk of admission. Through the appropriate BCF governance, further BCF funded projects are being implemented, aimed at directly or indirectly tackling DTOCs. These include providing additional capacity in the Community Intermediate Care Service, to enable the service to provide short term support for people who are either newly referred for social care support, or whose needs change, in order to:

- Provide detailed information to inform assessment
- Support reablement where appropriate
- Provide support at the right level, at the right time and in the right place through a "right sizing" approach
- Deliver cost savings through reducing or removing the need for on going support from traditional home care.

As has been previously noted, the domiciliary care market is particularly challenged in this area, which impacts on DTOCs and the Better Care fund is also being used to offset the difficulties this presents. An enhancement to the Community Alarm service to provide Emergency Personal Care has been approved by the BCF Steering Group. This seeks to reduce the need to admit people to hospital who do not have sufficient emergency support at home. This service therefore contributes to the ambitions of the Better Care Fund as it potentially prevents hospital admission as well as potentially enabling safer hospital discharge.