

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 9th September 2016.

The BCF Q1 Data Collection

This Excel data collection template for Q1 2016-17 focuses on budget arrangements, the national conditions, 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 8 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) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.

7) 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.

Have the funds been pooled via a s.75 pooled budget?

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 and Expenditure

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

Planned income into the pooled fund for each quarter of the 2016-17 financial year

Forecasted income into the pooled fund for each quarter of the 2016-17 financial year

Actual income into the pooled fund in Q1 2016-17

Planned expenditure from the pooled fund for each quarter of the 2016-17 financial year

Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year

Actual expenditure from the pooled fund in Q1 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 Q1 2016-17

Commentary on progress against each metric

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

6) 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/Q4 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.

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.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q1 16/17.

Better Care Fund Template Q1 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

Have funds been pooled via a S.75 pooled budget? If no, date provided?
Yes

3. National Conditions

	7 day services				
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3) 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	3ii) 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 (Standard 9)?	4) Is the NHS Number being used as the consistent identifier for health and social care services?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes
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)	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 quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17
Income to	Plan	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes
	Actual	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes		
Expenditure From	Plan	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes
	Actual	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes		
Commentary on progress against financial plan:		Yes		

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
Patient experience metric	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. Additional Measures

	GP	Hospital	Social Care	Community	Mental health
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
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
	To GP	To Hospital	To Social Care	To Community	To Mental health
From GP	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes
	GP	Hospital	Social Care	Community	Mental health
Progress status	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	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
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Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
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Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes
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7. Narrative

Brief Narrative	Yes
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Data sharing			
4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) 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) Is there 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
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes

Q4 2016/17
Yes
Yes

Yes
Yes

Specialised palliative
Yes
Yes

To Specialised palliative
Yes
Yes
Yes
Yes
Yes

Specialised palliative
Yes
Yes

Cover

Q1 2016/17

Health and Well Being Board

York

completed by:

Elaine Wyllie

E-Mail:

elaine.wyllie@nhs1.net

Contact Number:

01904 555870

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

Helen Hirst, Interim Accountable Officer

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	2
3. National Conditions	36
4. I&E	21
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Selected Health and Well Being Board:

York

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 this quarter (in-line with

Condition (please refer to the detailed definition below)	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)	If the answer is "No" or "No - In Progress" please include an explanation as to why the condition was not met within this quarter (in-line with
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	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		
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 (Standard 9)?	Yes		
4) In respect of Data Sharing - please confirm:			

Annex B

i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	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	
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	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	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 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 Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The in service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives :

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 2015

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 mi

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

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 prevent unnecessary non-elective (physical and mental health) admissions to

Annex B

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 secondary care services.

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services
- 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

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. 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. 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 follows:

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 data to improve care and support is essential. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of information.

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 governance controls in place;
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance on data sharing;
- 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 of the Information Governance Alliance (IGA).

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 Care Quality Commission) that provides 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, where funding is used for integrated packages of care, there will be an account

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be 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 are predicted to be substantially affected by the plans

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 e

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 v

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

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
- 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 ev 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)

Annex B

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 is (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

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate

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, and the NHS England 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 avoided;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharges;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the population;
- Demonstrate engagement with the independent and voluntary sector providers.

ditions

[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted] (with signed off plan) and how this is being addressed?

[Redacted]
[Redacted]
No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:

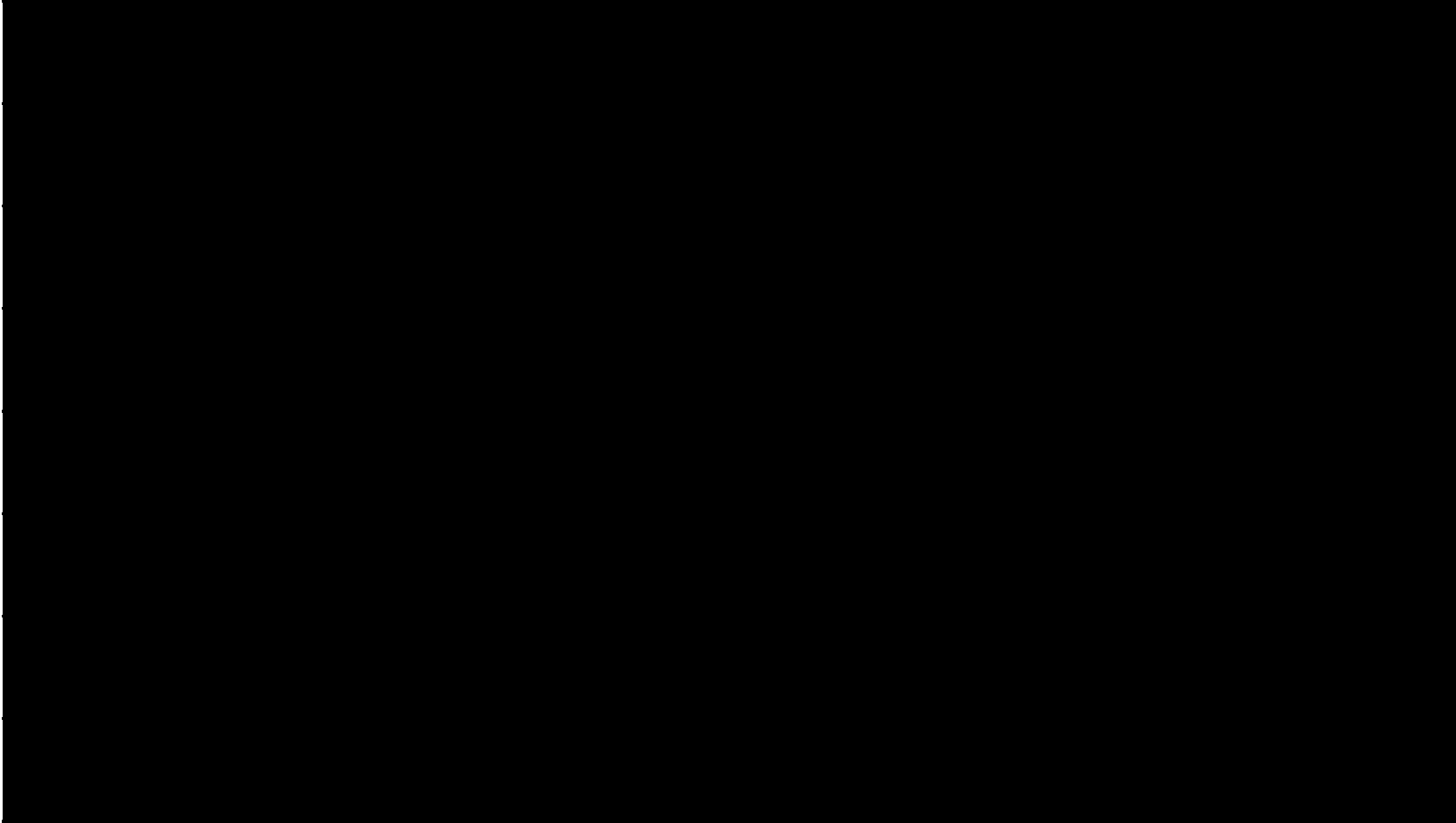
[Redacted]

[Redacted]

[Redacted]

[Redacted]

Annex B



Annex B

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

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
applications 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
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.

5-16.

minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Annex B

Health, and social care in order:

services 7 days a week;

so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

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 determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

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 data to support better care.

and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and

made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.

recommendations from the National Data Guardian review.

(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

table professional

receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated

engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

well as with other services such as social care. Plans should therefore give due regard to this.

plan; or

vent of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including

Annex B

is 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

flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

ate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

rs of Care Situation Reports Definition and Guidance, and

dance;

3, with a shared approach to monitoring this capacity;

of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;

Plan, forecast, and actual figures for total income into, and total expenditure figures should equal the total pooled fund

Selected Health and Well Being Board:

York

Income

Q1 2016/17 Amended Data:

		Q1 2016/17
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	£2,799,877
	Forecast	£2,799,877
	Actual*	£2,799,877

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	
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Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17
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	£2,737,377
	Forecast	£2,737,377
	Actual*	£2,737,377

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	Neither condition applies in this case
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Commentary on progress against financial plan:	Progress against the financial plan
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Footnotes:

Annex B

*Actual figures should be based on the best available information held by Health and Wellbeing Board
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previous

Expenditure from, the fund for each quarter to year end (in both cases the year- equal the total pooled fund)

[Redacted]

Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
£2,799,877	£2,799,877	£2,799,877	£11,199,508	£11,199,508
£2,799,877	£2,799,877	£2,799,877	£11,199,508	

[Redacted]

Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
£2,737,377	£2,862,377	£2,862,377	£11,199,508	£0
£2,737,377	£2,862,377	£2,862,377	£11,199,508	

[Redacted]
 as there are no differences.

[Redacted]
 remains on track.

Annex B

rds.
ly filled in by the HWB and has been rounded to the nearest whole number.

Selected Health and Well Being Board:

Non-Elective Admissions

Please provide an update on indicative progress against the metric?

Commentary on progress:

Delayed Transfers of Care

Please provide an update on indicative progress against the metric?

Commentary on progress:

Local performance metric as described in your approved BCF plan

Please provide an update on indicative progress against the metric?

Commentary on progress:

Local defined patient experience metric as described in your approved BCF plan
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?

Commentary on progress:

Admissions to residential care

Please provide an update on indicative progress against the metric?

Commentary on progress:

ally defined metrics

York

Reduction in non-elective admissions

On track to meet target

Current national reporting on NEA includes activity at NHS York Foundation Trust that is incorrectly coded. This relates to a change in ambulatory care pathways implemented in Q4 15/16 that has not been reflected in acute trust recording processes. Activity is currently being monitored and will be reflected once the Trust resubmits a full SUS refresh.

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)

No improvement in performance

Performance showed significant improvement in the first two months of the year, due to improvements in Acute discharges. Unvalidated data from Mental Health Services in the 3rd month of the quarter has been added in, which sets the position back leading to 87 more delayed days than planned for in quarter. Outturn for the quarter is 1520.4 Days per 100k population against a planned position of 1456.2 Days per 100k population. A protocol for

No Metric Provided

On track to meet target

BCF Local Metric - Injuries due to falls in people aged 65 and over per 100,000 of population. The forecast annual outturn based on Q1 actual performance shows this metric is currently achieving the target of 2454.7.

No Metric Provided

People who use social care and their carers are satisfied with their experience of care and support services -3A.
Overall satisfaction of people who use services with their care and support

Annex B

Data not available to assess progress

This target is based upon the annual user survey and is not available in year.

Rate of permanent admissions to residential care per 100,000 population (65+)

On track to meet target

This target has improved and outturns are lower than the same position last year. At this early stage we are predicting performance will exceed the target of 238 new placements or less (a rate of 620 per 100k or less) by end of year.

Additional Measures

Selected Health and Well Being Board:

York

Improving Data Sharing: (Measures 1-3)1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care
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
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

2. Proposed Measure: 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
From GP	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Hospital	Shared via interim solution	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Not currently shared digitally	Not currently shared digitally
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

Annex B

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
Progress status	Unavailable	Unavailable	Unavailable
Projected 'go-live' date (dd/mm/yy)	31/03/20	31/03/20	31/03/20

3. Proposed Measure: 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?	No pilot underway
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Other Measures: Measures (4-5)**4. Proposed Measure: Number of Personal Health Budgets per 100,000 population**

Total number of PHBs in place at the end of the quarter	12
Rate per 100,000 population	6

Number of new PHBs put in place during the quarter	3
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 2016)	208,748
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5. Proposed Measure: 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 some parts of 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>

Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.



Community	Mental health	Specialised palliative
Yes	Yes	No
No	Yes	No

To Community	To Mental health	To Specialised palliative
Shared via interim solution	Not currently shared digitally	Not currently shared digitally
Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
Shared via interim solution	Not currently shared digitally	Not currently shared digitally
Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

Annex B

Community	Mental health	Specialised palliative
Unavailable	Unavailable	Unavailable
31/03/20	31/03/20	31/03/20

Annex B

Annex B

Narrative

Selected Health and Well Being Board:

York

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make relevant areas that are not directly reported on within this template.

With three indicators on track and with no data available until later in the year with the fourth indicator our in develop a proxy measure for the other indicator where no data is currently available and to continue the effort mental health transfers of care and developing an agreed protocol between the local authority and mental health will be regularly monitored by the Health and Wellbeing Board.

To drive forward integration work, an Integration and Transformation Board has been established which feeds into the Health and Wellbeing Board. This is overseeing the BCF, and also coordinating the local activity related to the STP. Priorities for this Commissioning Strategy during Q4 which will pave the way for a joint commissioning plan for 2017/18. This will be aligned with the Financial Strategy. Extensive work locally is needed to develop shared/integrated digital solutions across the system. Developing this agenda is the full and committed involvement of providers. Work is on-going through the development of integrated solutions, but requires further focus to develop a roadmap which will hit the targets by 2020.

Current focus includes reviewing and developing the universal advice and information offer to facilitate more self-help. This is underpinned by a system-wide communications campaign, led by the CVS and partners, to promote self-help support relevant to their needs without always needing to access social care or clinical services. The role of self-help and independence is being reconsidered and promoted, whilst a bid is being developed to become an early adopter of Commissioning. This bid will be submitted in October.



Remaining Characters	30,735
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reference to performance across any other

improvement focus for this quarter will be to
arts on DTOC with a particular focus on
health services provider. Progress on these

s directly into the Health and Wellbeing
; Board include the development of a Joint
ould be supported by a joint Medium Term
health and care sector. A key enabler to
velopment of new models of care and

informed choices and access to support.
lf-care and help people identify appropriate
sistive technology in maintaining people's
er site for Integrated Personal