

Cover and Basic Details

Q1 2015/16

Health and Well Being Board	Wokingham
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completed by:	Katie Summers
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E-Mail:	katie.summers2@nhs.net
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Contact Number:	07770 444645
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Who has signed off the report on behalf of the Health and Well Being Board:	Julian McGhee-Sumner Executive Member Helath and Well-Being
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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
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Budget Arrangements

Selected Health and Well Being Board:

Wokingham

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	No
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If it has not been previously stated that the funds had been pooled can you now confirm that they have?	Yes
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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 Q4 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Wokingham

Data Submission Period:

Q1 2015/16

National Conditions

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

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		Plans have been shared with all providers likely to be affected by the use of plan. Health and Wellbeing Board have commences a programme of service site vists, to engage with
2) Are Social Care Services (not spending) being protected?	Yes		Our plans remain as outlined in the Better Care Fund. £1244k has been allocated for the protection of adult social care services of which £635k has been allocated in the BCF for the
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes		As part of the contractual process the CCG have negotiated a CQUIN with the Berkshire Health Foundation Trust, to provide 7 days services commencing in 2015/16. For the Royal Berkshire Foundation Trust the CCG and Trust have developed a Service development and improvement plan, utilising the 7 day working template. The Plan includes achieving 5 (as
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		NHS number is the primary identify for the acute and community trust. Social care have now completed a batch matching exercise to the record NHS numbers and is in progress of finalising utilisation of the NHS number as the primary identifier.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		The Connecting Care Programme as part of the BCF is overseeing the procurement of the portal meeting API requirements, wider data integration, system interfaces and cross
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		IG2 compliance is complete for all partners in the BCF
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		All patients (as identified by risk stratification) on the 2% at risk register as being at the highest risk of an unplanned admission have an agreed assessment and care plan. MDT meetings are held to discuss these residents/patients, the accountable professional is determined at these meeting, this could be the Social worker, community nurse or GP.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		Plans jointly agreed with acute providers during original plan formulation and submission. On-going engagement via local and cross authority Partnership Boards and finance sub groups as schemes/programmes of work within the BCF develop. Broader engagement with Private and vol. sector providers also on-going via provider forums and direct contract

Please select
Yes
No
No - In Progress

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 requirement on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

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

Selected Health and Well Being Board:	Wokingham																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								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Which data source are you using in section D? (MAR, SUS, Other) SUS If other please specify

Cost per non-elective activity £2,307

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

Total Payment Made			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0		
Suggest amount of unreleased funds			
Actual amount of locally agreed unreleased funds	£0	£0	

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
not applicable	not applicable		
Confirmation of what if any unreleased funds were used for (please use drop down to select):			

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 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

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: Wokingham

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	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	£2,390	£2,390	£2,390	£2,391	£9,561	£9,561,000
	Forecast	£2,390	£2,390	£2,390	£2,391		
	Actual*	£2,390					

Please comment if there is a difference between the total yearly plan and the pooled fund	
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Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	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	£2,390	£2,390	£2,390	£2,391	£9,561	£9,561,000
	Forecast	£1,877	£2,390	£2,647	£2,647		
	Actual*	£1,877					

Please comment if there is a difference between the total yearly plan and the pooled fund	
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Commentary on progress against financial plan:	At the end of Qtr 1 actual exdpenditure against budget was lower against the following BCF programmes: Integrated Short Term Health & Social Care Team - £178k; DFG and Social Care Capital Grant £161k; Connected Care £33k. Balance is small variances on other schemes and unspent Contingency £ 141k. This reflects a slower start to some BCF programmes than originally anticipated in the budget, but at this stage it is still anticiapted that the full BCF progarmme budget will be spent by 31st March 2016
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Footnote:

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

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:

Wokingham

Local performance metric as described in your approved BCF plan	Patients going through Reablement							
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes							
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)								
Local performance metric plan and actual	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	70	75	75	75	78	79		
Please provide commentary on progress / changes:	Wokingham paternership board monitors the above on a monthly basis and Wokingham is currently exceeding this target.							
Local defined patient experience metric as described in your approved BCF plan	Adult Social Care User Experience Survey: Q3b Do care and support services help you in having control over your daily life?							
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes							
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)								
Local defined patient experience metric plan and actual:	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	88	88	88	88	0	0		
Please provide commentary on progress / changes:	Survey is undertaken once a year but results have not yet been published by NASCIC							

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:

Wokingham

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	5.Measuring success
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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	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	Central guidance or tools	
2. Delivering excellent on the ground care centred around the individual	Yes	Central guidance or tools	
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	Yes	Central guidance or tools	
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Central guidance or tools	

Narrative

Selected Health and Well Being Board:

Wokingham

Data Submission Period:

Q1 2015/16

Narrative

Remaining Characters	32,085
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Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

We have continued to make steady progress, opening our first Step Up Step Down units, agreeing hosting arrangements and advertising for the Head of Service of our integrated short term team, we have also signed our local section 75 agreement that governs most of our BCF schemes we have also signed the local section 75 agreement that governs all of our Locality BCF schemes. A cross Berkshire West section 75 agreement covering the BCF enabling schemes for Berkshire West has been signed on behalf of the four Berkshire West CCGs and signing by the three Local Authorities currently in progress. The local authroity is now IGSoc compliant and we are progressing our open API plans.