elected Health and Well Being Board:

2016/17

Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)

- In cell E49 please confirm whether you are putting in place a local risk sharing agreement (Yes/No)

- Please use cell F54 to provide a reason for any adjustments to the cost of NEA for 16/17 (if necessary)

- If you have answered Yes in cell E43 then in cells G45, I45, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.

- In cell E54 please confirm or amend the cost of a non elective admission. This is used to calculate a risk share fund, using the quarterly additional reduction figures.

% CCG registered

population that has

resident population in

Wokingham

3.2%

0.1%

0.1%

11.1%

93.5%

Yes

* This is taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 7th March 2016.

** This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

% Wokingham resident population that is in

CCG registered

population

2.7%

0.0%

0.5%

9.0%

87.9%

100%

£2,171,154

0.00%

Data Submission Period:

5. HWB Metrics

Contributing CCGs

NHS Oxfordshire CCG

NHS Wokingham CCG

NHS South Reading CCG

NHS Bracknell and Ascot CCG

NHS North & West Reading CCG

Are you planning on any additional quarterly reductions?

Additional NEA reduction delivered through the BCF

content/uploads/2016/02/bcf-allocations-1617.xlsx

5.2 Residential Admissions

HWB Quarterly Additional Reduction Figure

HWB NEA Plan (after reduction) HWB Quarterly Plan Reduction %

Cost of NEA as used during 15/16 ****

Cost of NEA for 16/17 ****

HWB Plan Reduction %

share ***

If yes, please complete HWB Quarterly Additional Reduction Figures

Are you putting in place a local risk sharing agreement on NEA?

BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk

4

5.1 HWB NEA Activity Plan

Template for BCF submission 2: due on 21 March 2016

Sheet: 5. Health and Well-Being Board Better Care Fund Metrics

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2016-17. This should build on planned and actual performance on these metrics in 2015-16. The BCF requires plans to be set for 4 nationally defined metrics and 2 locally defined metrics. The non-elective admissions metric set
populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2016-17. There is then the option to adjust this by indicating how many admissions can be avoided through the BCF plan, which are not already built into CCG operating Plan submissions can be avoided through the BCF plan, which are not already built into CCG operating Plan submissions can be avoided through the BCF plan, which are not already built into CCG operating Plan submissions can be avoided through the BCF plan, which are not already built into CCG operating Plan submissions can be avoided through the BCF plan.
assumptions. Where it is decided to plan for an additional reduction in NEA activity through the BCF the option is also provided within the template to set out an associated risk sharing arrangement. Once CCG have made their second operating plan activity uploads via Unify this data will be populated into a second version of this template by the national team
time for the second BCF submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets again based on the new data. The full specification and details around each of the six metrics is included in the BCF Planning Requirements document. Comments and instructions in the sheet should
information required to complete the sheet.

Further information on how when reductions in Non-Elective Activity and associated risk sharing arrangements should be considered is set out within the BCF Planning Requirements document.

Quarter 1

Admission Plan**

CCG Total Non-Elective HWB Non-Elective

2,221

2,065

14,104

2,761

2,968

24,119

Admission Plan*

	Quai	rter 2	Qua	rter 3	Qua	rter 4	Total (C	≀1 - Q4
	CCG Total Non-Elective Admission Plan*		CCG Total Non-Elective Admission Plan*		CCG Total Non-Elective Admission Plan*			HWB Admis
71	2,225	72	2,261	73	2,214	71	8,921	
3	2,094	3	2,228	3	2,237	3	8,624	
15	13,911	15	14,740	16	13,377	15	56,132	
306	2,793	309	2,926	324	2,941	326	11,421	
2,775	3,016	2,820	3,173	2,967	3,147	2,943	12,304	
								<u> </u>
								<u> </u>
								<u> </u>
								<u> </u>
								<u> </u>
							AT (AC	
,171	24,039	3,219	25,328	3,383	23,916	3,357	97,402	

•			

£2,307	Please add the reason, for any adjustments to the cost of NEA for 16/17 in the cell below.
£1,775	Targeted shorter term stays in hospital for NEL, reducing NEL rate
£0	

*** Within the sum subject to the condition on NHS out of hospital commissioned services/risk share, for any local area putting in place a risk share for 2016/17 as part of its BCF planning, we would expect the value of the risk share to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of data: https://www.england.nhs.uk/wp-

**** Please use the following document and amend the cost if necessary in cell E54. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477919/2014-15_Reference_costs_publication.pdf

		Actual 14/15*****	Planned 15/16*****	Forecast 15/16	Planned 16/17	Comments
						Assumed growth of 130 clients offset by targeted reductions of 18
	Annual rate	484.1	595.9	385.4	389.9	
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Numerator	131	167	108	112	
	Denominator	27,060	28,024	28,024	28,724	

Please use cells G82-83 (forecast for 15-16) and H82-83 (planned 16-17) to set out the proportion of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and hospital into reablement / rehabilitation services) and the numerator figure in cell G82/H82 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell G81/H81. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

ection is prerating plan and sent back in l provide the

B Non-Elective ission Plan** 1,265 11,505

13,129

		Actual 14/15*****	Planned 15/16	Forecast 15/16	
	Annual %	77.9%	72.7%	7	6.9%
portion of older people (65 and over) who were still at home 91 days are discharge from hospital into reablement / rehabilitation services	Numerator	55	80		6
	Denominator	70	110		7
*****Any numerator or denominator less than 6 has been supressed in the published data and is therefore showing blank in the cells above. These cells will also be blank if an					

5.4 Delayed Transfers of Care

- Please use rows 93-95 (columns K-L for Q3-Q4 15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figure in cells K94-P94 (the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figure in cells K94-P94 (the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population in relation to how you have agreed this figure.

			15-16	plans
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)
	Quarterly rate	820.3	820.3	820.
elayed Transfers of Care (delayed days) from hospital per 100,000 pulation (aged 18+).	Numerator	1,020	1,020	1,02
	Denominator	124,352	124,352	124,35

5.5 Local performance metric (as described in your BCF 16/17 planning submission 1 return)

- Please use rows 105-107 to update information relating to your locally selected performance metric. The local performance metric set out in cell C105 has been taken from your BCF 16-17 planning submission 1 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	
				Count of patients going
	Metric Value	75.0	79.2	
Patients going through Reablement	Numerator	900.0	950.0	
	Denominator	12.0	12.0	

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 1 return)

- You may also use rows 117-119 to update information relating to your locally selected patient experience metric. The local patient experience metric set out in cell C117 has been taken from your BCF 16-17 planning submission 1 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	Comments
				It is not known at present the numbers taregted for 16/17, 15/16 numbers still being counted, both likely to change before final submission upon further
	Metric Value	87.7	88.2	analysis
Adult Social Care User Experience Survey: Q3b Do care and support services help you in having control over your daily life?	Numerator	272.0	300.0	
services help you in having control over your daily life.	Numerator	212.0	300.0	
	Denominator	310.0	340.0	

	Planned 16/17	Comments					
		Estimated numbers for both 16/17 & 15/16 likely to change prior to final submission upon further anlaysis					
9%	77.8%						
60	70						
78	90						
n e	estimate has been used in the published data.						

15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures
16-17 plane

Q4 (Jan 16 - Mar 16)
Q1 (Apr 15 - Jun 15)
Q2 (Jul 15 - Sep 15)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Jun 16)
Q2 (Jul 16 - Sep 16)
Q3 (Oct 15 - Dec 15)
Q4 (Jan 16 - Mar 16)
Q1 (Apr 16 - Mar 16)
Q2 (J 16-17 pla 866.2 863.8 784.2 812.0 840.4 761.6 779.2 1,020 1,045 947 1.088 1.085 969 125,609 124,352 124,352 124,352 125,609 125,609 125,609

Comments ing through reablement per month, estimated numbers for 16/17 likely to change before final submission upon further analysis

ayed days) from hospita	I) needs entering. The rate	e will be calculated for you in cells K93-O93. Please add a commentary in column H to provide any
ans		
3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	Comments
700.6		Plan 16/17 is a holding position until further analysis is completed from the DTOC plan, numbers to be updated for the final submission
880	1,130	
125,609	126,834	