# Better Care Fund 2016-17 Planning Template

Sheet: 1. Cover Sheet

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. The selection of your Health and Wellbeing Board (HWB) on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

All data that has been pre-populated in the yellow cells has been taken from submission 2 templates submitted by Health and Well-Being Boards, where a submission 2 template was not received the submission 1 data has been used instead."

On the cover sheet please enter the following information:

- The Health and Wellbeing Board;
- The name of the lead contact who has completed the report, with their email address and contact number for use in resolving any gueries regarding the return;
- The name of the lead officer who has signed off the report on behalf of the CCGs and Local Authority in the HWB area. 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 6 cells are green should the template be sent to england bettercaresupport@nhs.net

You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

It presents a summary of the first BCF submission and a mapped summary of the NEA activity plans received in the second iteration of the "CCG NHS Shared Planning Process".

Slough
Mike Wooldridge
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07813 094040
Joint Commissioning Board

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. Summary and confirmations	3
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# Template for BCF submission 3: due on 03 May 2016 Sheet: 2. Summary of Health and Well-Being Board 2016/17 Planning Template Selected Health and Well Being Board: Slough Data Submission Period: 2016/17 2. Summary and confirmations This sheet summarises information provided on sheets 2 to 6, and allows for confirmation of the amount of funding identified for supporting social care and any funds ring-fenced as part of risk sharing arrangement. To do this, there are 2 cells where data can be input. On this tab please enter the following information: - In cell E37, please confirm the amount allocated for orgoing support for stult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the "HWB Expenditure Plan" but this is the cell for well the provided in the "HWB Expenditure Plan" but this is the cell for well the stable of the provided in the "HWB Expenditure Plan" but the stable of the provided in the "HWB Expenditure Plan" but the stable of the provided in the "HWB Expenditure Plan" but the stable of the provided in the "HWB Expenditure Plan" but the stable of the reasons of the provided in the "HWB Expenditure Plan" but the stable of the reasons of the provided in the "HWB Expenditure Plan" but the provided in the "HWB Expenditure Plan" but the stable of the national 2 to the his to be used as set out in national condition. We all F45 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the "HWB Expenditure Plan" but the "HWB

# 4. HWB Expenditure Plan

### Summary of RCF Evnanditure (\*

Summary of BCF Expenditure (1)	
	Expenditure
Acute	03
Mental Health	93
Community Health	£1,313,500
Continuing Care	93
Primary Care	£170,000
Social Care	£5,742,000
Other	£569,000
Total	£7,794,500

I. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?
 I. Is there agreement that a least the local proportion of the 138m for the implementation of the new Care Act duties has been identified?
 I. Is there agreement on the amount of funding that will be dedicated to carespecific support from within the BCF pool?
 I. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?

	Please confirm the amount allocated for the protection of adult social care	
	Expenditure	If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.
$\rightarrow$	£5,742,000	

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool (\*\*)

	Expenditure
Mental Health	02
Community Health	£1,163,000
Continuing Care	02
Primary Care	£170,000
Social Care	£14,000
Other	£302,000
Total	£1,649,000

share

	Fund
Local share of ring-fenced funding	£2,347,110
Total value of NHS commissioned out of hospital services spend from minimum pool	£1,649,000
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£542,000
Balance (+/-)	-£156,110

# 5. HWB Metrics

5.1 HWB NEA Activity Plan					
			T	I	-
	Q1	Q2	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	4,134	4,273	4,511	4,122	17,040
HWB Quarterly Additional Reduction Figure	127	131	138	127	523
HWB NEA Plan (after reduction)	4,007	4,142	4,373	3,995	16,517
Additional NEA reduction delivered through the BCF	£200.533	£206.849	£217.902	£200.533	£825.817

# 5.2 Residential Admissions

		Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission		
to residential and nursing care homes, per 100,000 population	Annual rate	531.4

# 5.3 Reablement

		Planned 16/17	
ermanent admissions of older people (aged 65 and over) to residential and			
ursing care homes, per 100,000 population	Annual %	90.4%	

# 5.4 Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population		Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
(aged 18+).	Quarterly rate	432.7	428.1	428.1	427.9

# 5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 return)

	Metric Value
	Planned 16/17
GPS33 Confidence in managing own health - confident (total)	91.0

# 5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 return

	Metric Value
	Planned 16/17
Client satisfaction with care and support (3a of the ASCOF framework). This is	
a provisional proxy baseline indicator and Slough will use the national metric	
when availale.	

# 6. National Conditions

National Conditions For The Better Care Fund 2016-17	Please Select (Yes, No or No - plan in place)
Plans to be jointly agreed	Yes
Maintain provision of social care services (not spending)	Yes
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
Better data sharing between health and social care, based on the NHS number	Yes
<ol> <li>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</li> </ol>	Yes
<ol> <li>Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans</li> </ol>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes
Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes

# Footnote

\*Summary of BCF Expenditure is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the HWB Expenditure Plan tab), where: Area of Spend - Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

"Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where; Commissioner - Cool, NHS England or shift (if plant we use the NHSN; of the value)
Source of Funding - COS Minimum Contribution

	ubmission 3:	

Tem	blate for BCF su	ubmission 3: due on 03 May 2016
elected Health and Well Being Board: Slough	Sheet: 3. Health and W	Vell-Being Board Funding Sources
ata Submission Period:	1	
	]	
. HWB Funding Sources  his sheet should be used to set out all funding contributions to the Health and Wellheim	Roard's Retter Care Fund	plan and pooled budget for 2016-17. It will be pre-populated with the minimum CCG contributions to the Fund in 2016/17, as confirmed
ithin the BCF Allocations spreadsheet. https://www.england.nhs.uk/ourwork/part-rel/trans	sformation-fund/bcf-plan	
se BCF Allocations spreadsheet, and any additional local authority contributions. There is a fly contributions assigned to a Local Authority will be included in the "fortal Local Authorit Please use cell C42 to indicate whether any additional CCG contributions are being mass segment or an additional CGG will be a bringed in the "fortal Authority Contribution" in segment to an additional CGG will be a bringed in the "fortal Authority Contribution" in ecomment box in cell B81 to add any further inarrative around your funding contribution your weekers of the contribution of th	elevant authorities and then is a comment box in columny de. If Yes' is selected then comment box in column E figure Cell C57 then call is for 2016-17, for example re being met locally - by se reed but a plan is in develo before the plan is finalised.	n entering the values of the contributions in column C. This should include all mandatory transfers made via local authorities, as set out in E1 to detail how contributions are made up or to allow contributions show an IA to split by funding source or purpose if helpful. Please notice, or you should be provided to the provided by th
ocal Authority Contribution(s)	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
lough Please Select Local Authority>	£775,074	
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Please Select Local Authority>		
Please Select Local Authority> otal Local Authority Contribution	£775,074	
CG Minimum Contribution	Gross Contribution	
HS Slough CCG	£8,259,479	
otal Minimum CCG Contribution	£8,259,479	I
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re any additional CCG Contributions being made? If yes please detail below;	No.	I
dditional CCG Contribution	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
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otal Additional CCG Contribution	02	
otal BCF pooled budget for 2016-17	£9,034,553	
		•
unding Contributions Narrative		
unding contributions to the Pooled Budget in Slough meet the minimum required for 201	6/17.	
he final costion on this shoot then note out four appoils funding regularization	eto confirmation as to the	personnes made in paracina how those are being met locally, by colorating either 'Ver', 'Ne' or 'Ne, in devilor
ne intal section on this sheet then sets out lour specific lunding requirements and reques uestion. 'Yes' should be used when the funding requirement has been met. 'No - in deve	elopment' should be used	progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016
<ol><li>'No' should be used to indicate that there is currently no agreement in place for meetin</li></ol>	ig this funding requirement	t and this is unlikely to be agreed before the plan is finalised.
Please use column C to respond to the question from the dropdown options;		
Please detail in the comments box in row D issues and/or actions that are being taken to	meet the funding require	ment, or any other relevant information.
	Select a response to	
	the questions in	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant
Specific funding requirements for 2016-17	column B	information.
. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in		

 Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? 3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?

Template :	for BCF	euhmiee	ion 3: due	on 03 N	lay 2016

Data Submission Period: 2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme on an octumn to find the scheme scheme for the scheme scheme for fully described and splt out, but there may still be instances when several lines need to be completed in order to fully described and policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described and policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described and policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described and policy framework is being achieved. Where a scheme name in column B.

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						Expenditure						
				Please specify if 'Area of Spend'								Total 15-16 Expenditure (£) (if
Scheme Name	Scheme Type (see table below for descriptions)	Please specify if 'Scheme Type' is 'other'	Area of Spend	is 'other'	Commissioner	if Joint % NHS	if Joint % LA	Provider	Source of Funding	2016/17 Expenditure (£)	New or Existing Scheme	existing scheme)
	7 day working		D		CCG			000	CCG Minimum Contribution CCG Minimum Contribution	000,992	xisting	000,992
Complex Case Management Falls Prevention	Personalised support/ care at home  Personalised support/ care at home		Primary Care Other	Independent provider	CCG Local Authority			CCG Private Sector	CCG Minimum Contribution	£60,000 I	existing	£60,000 £50,000
Pails Prevention	Personalised support/ care at nome  Personalised support/ care at home		Other		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£50,000 E	existing	£50,000 £50,000
Dementia Care Advisor			Other	Charity/voluntary sector	Local Authority				CCG Minimum Contribution	£57,000 E	existing	£50,000
	Personalised support/ care at home Personalised support/ care at home		Community Health	Charity/voluntary sector	CCG			Charity/Voluntary Sector NHS Acute Provider	CCG Minimum Contribution	\$95,000	vietica	000,882
Proactive Care (children)	Personalised support/ care at nome		Community reason		CCG			INIS Acute Flowder	CCG Minimum Contribution	£127.000 l		£177,000
	Integrated care teams		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£150,000 I	vietina	250,000
Telehealth	Assistive Technologies		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£50,000 B	visting	652 000
Telecare	Assistive Technologies		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	\$62,000	xisting	£25,000 £62,000
Disabled Facilities Grant	Personalised support/ care at home		Social Care		Local Authority			Private Sector	Local Authority Social Services	£62,000 E £775,000 E	Existing	£407,000
RRR Service (reablement and intermediate care)	Reablement services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£2,184,000 E	Existing	£2,184,000
Joint Equipment Service	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£793,000 E	xisting	£533,000
Nursing Care Placements	Improving healthcare services to care homes		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£400,000 E	xisting	£400,000
Care Homes - enhanced GP support	Improving healthcare services to care homes		Primary Care		CCG			CCG	CCG Minimum Contribution	£110,000	New	
	Personalised support/ care at home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£30,000	xisting	\$30,000
Integrated Care Services / ICT	Integrated care teams		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£748,000 E		£748,000
	Reablement services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	1 000,282	xisting	£82,000
	Reablement services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£170,000 i		£170,000
	Personalised support/ care at home Integrated care teams		Social Care		Local Authority Joint	50.0%	50.04	Private Sector	CCG Minimum Contribution CCG Minimum Contribution	£60,000 f	New	
					Joint	50.0%			CCG Minimum Contribution CCG Minimum Contribution	£200,000 f		
Integration (local Wellbeing Hubs) Digital roadmap - Connected Care	Integrated care teams Integrated care teams		Other	Independent provider	CCG	50.0%		Charity/Voluntary Sector	CCG Minimum Contribution CCG Minimum Contribution	£2/2,000 f		£208,000
			Community Health	independent prowder	Local Authority			NHS Community Provider	CCG Minimum Contribution	£172,000 l		£208,000
Integrated Cardiac prevention programme	Integrated care teams Support for carers		Social Care		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£150,500 I		£196,000
End of Life Sitting Service	Support for carers		Social Care		CCG			Charity/Voluntary Sector	CCG Minimum Contribution	£14,000 E		£150,000
Community Capacity	Personalised support/ care at home		Social Care		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£14,000 E	- visting	£14,000 £200,000
	Other	Programme Management Costs	Other	Programme Management	Joint	50.0%	50.05		CCG Minimum Contribution	£200,000 E £260,000 E	xisting	£260,000
Conmtingency (risk share)	Other	Contingency (risk share)			CCG			NHS Acute Provider	CCG Minimum Contribution	£542,000 E	xisting	£867,000
Care Act Funding	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	6296 000 8	visting	£317,000
Additional Social Care Protection	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	000,000	Existing	£483,000

Template for	BCF sub	mission 3	: due on 03	May 2016
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e	lected	Health	and	Well	Being	Boa

Data Submission Period: 2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme count or indicate the scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described and splt out, but there may still be instances when several lines need to be completed in order to fully described in order to fully described and splt out, but there may still be instances when several lines need to be completed in order to fully described. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully described. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to fully described. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be indicated and splt out, but there may still be indicated and splt out, b

Please us column M to indicate whether this is a new or existing scheme. Please us column to be date the text is a spendture (releasing scheme). Please us column to be date the text is a spendture (releasing scheme). This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expended that detailed scheme level plans will continue to be developed locally.									
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Data Submission Period: 2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and splt out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme on the column B;

- Enter a scheme name in column B;

- Select the scheme has pein column C from the disposition of each are located in cells 8270 - C278); if the scheme type is not adequately described by one of the disposition in column D;

- Select the area of spending the scheme is directed at using from the disposition mean under the column B; if the area of spending in the scheme is directed at using from the disposition mean in column B; if the area of spending the scheme is directed at using from the disposition mean in column B; if the area of spending the scheme is directed at using from the disposition of each are located in cells 8270 - C278); if the scheme the scheme is directed at using from the disposition mean in column B;

- Select the continue the area of spending the scheme is directed at using from the disposition mean in column B; if the area of spending the scheme is directed at using from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commissioning from the third party and one for the local authority commi

- Please use column N to state the total 15-16 expenditure (if exi	sting scheme) This is the only detailed information or	n BCF schemes being collected centrally for 2016-17 but it is expecte	d that detailed scheme level plans	will continue to be developed locally	/-				

emplate for BC	CF submission	on 3: due on (	03 May 2016
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Selected	Health	and	Well	Being	Boar	r

Data Submission Period: 2016/17

### 4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully described a single scheme. In this case please use the scheme on the indicated and split out, but there may still be instances when several lines need to be completed in order to fully described and spin of the scheme scheme for such and split out, but there may still be instances when several lines need to be completed in order to fully described and spin or scheme. In this case please use the scheme is character or scheme for scheme scheme for the scheme for the

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Please use column M to indicate whether this is a new or existing scheme.  Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information or	in BCE schomes hoing collected controlly for 2016 17 but it is expecte	d that datalled scheme lovel plans will a	continue to be developed lecally				
rease use column to state the total 15-10 expenditure (in existing scrience). This is the only detailed information of	at BCF scriences being collected centrally for 2010-17 but it is expecte	u triat detailed scriente level plans will t	continue to be developed locally				_
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Scheme Type	Description
Reablement services	The development of support networks to maintain the patient at home independently or through appropriate interventions delivered in the community setting. Improved independence, avoids admissions, reduces need for home care packages.
	Schemes specifically designed to ensure that the patient can be supported at home instead of admission to hospital or to a care home. May promote self management/expert patient, establishment of home ward for intensive period or to deliver support over the longer term. Admission avoidance, re-admission avoidance.
	Community based services 24/7. Stes-up and step-down. Requirement for more advanced nursing care. Admissions avoidance, early discharge.
	Improving outcomes for patients by developing multi-disciplinary health and social care teams based in the community. Co-ordinated and proactive management of individual cases, improved independence, reduction in hospital admissions.
	and the state of t
Support for carers	Supporting people so they can continue in their roles as carers and avoiding hospital admissions. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. Admission avoidance
7 day working	Seven day working across health and/or social care settings. Reablement and avoids admissions
Assistive Technologies	Supportive technologies for self management and telehealth. Admission avoidance and improves quality of care

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

elected Health and Well Being Board:									
Slough									
Data Submission Period:									
2016/17									

This shout should be used to set out the Health and Weltheing Board's performance plans for each of the Batter Case Fund metrics in 2015-17. This should build on planned and actual performance on these metrics is 2015-16. The BCF requires plans to be set for 4 nationally defined metrics and 2 locally defi

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.

### 5.1 HWB NEA Activity Plan

- Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)
- If you have answered Yes in cell E43 then in cells G45, H55, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.
- In cell E45 please confirm whether you are putfling in place to local risk sharing agreement (Yes/No)
- 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.
- Please use cell F46 to provide a reason for any adjultments to the cost of V64 for to 17/1 (increasing).

	% CCG registered	% Slough resident	Qua	rter 1	Qua	arter 2	Qua	irter 3	Qua	arter 4	Total (C	Q1 - Q4)
Contributing CCGs	population that has resident population in Slough	population that is in CCG registered population	CCG Total Non-Elective Admission Plan*	Admission Plan**	CCG Total Non-Elective Admission Plan*	Admission Plan**		Admission Plan**	CCG Total Non-Elective Admission Plan*	Admission Plan**	CCG Total Non-Elective Admission Plan*	Admission Plan**
NHS Chiltern CCG	3.2%	6.7%										
NHS Slough CCG	96.6%	92.9%	4,025									16,05
NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%	3,447	13	3,610	13	3,771	14	3,601	10	14,429	5
Totals		100%	14,861	4,134	15,249	4,273	15,655	4,511	14,926	4,122	60,691	17,04
Are you planning on any additional quarterly reductions?  If yes, please complete HWB Quarterly Additional Reduction Figures  HWB Quarterly Additional Reduction Figure  HWB NEA Plan (after reduction)  HWB Quarterly Plan Reduction %		No										
Are you putting in place a local risk sharing agreement on NEA?  BCF revenue funding from CCGs ring-fenced for NHS out of hospital com share ***	missioned services/risk	Yes	] 									
snare ***		£2,347,110	J									
Cost of NEA as used during 15/16 ****		£1,490	Please add the reason, f	or any adjustments to the	cost of NEA for 16/17 in t	he cell below.						
Cost of NEA for 16/17 ****		£1,579	Unit cost of NEA activity	does not reflect local cost	s. The figure being used is	s the average actual cost for	r NEAs based on SLAM	data in 2015/16				
Additional NEA reduction delivered through the BCF HWB Plan Reduction % * This is taken from the latest CCG NEA plan figures included in the Unify				£200,533		£206,849		£217,902		£200,533	3	£825,81
** This is calculated as the % contribution of each CCG to the HWB level *** Within the sum subject to the condition on NHS out of hospital commit content/uploads/2016/02/bcf-allocations-1617.xlsx				r 2016/17 as part of its B	CF planning, we would ex	pect the value of the risk si	hare to be equal to the co	st of the non-elective activi	ty that the BCF plan seek	s 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

### 5.2 Residential Admissions

- In cell GB9 please enter your forecasted level of residential admissions for 2015-16. In cell H69 please enter your planned level of residential admissions for 2016-17. The actual rate for 14-15 and the planned rate for 15-16 are provided for comparison. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

		Actual 14/15****	Planned 15/16****	Forecast 15/16	Planned 16/17	Comments
	Annual rate	558.1	551.9	516.1	531.4	Sloughs forecast outturn for 2015/16 for residential admissions is lower than target. We are committed to improvement in the rate of admissions against our plan for 2015/16. Numbers of admissions for Slough are low and small changes in activity can make marked difference to the annual rate.
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	76	77	72	76	Historically Slough has been high on this indicator but has improved since 2012/13. Our ambition is to maintain this good performance against an increasing population and increase in those with complex needs. We will support more people at home through DFGs, equipment and reablement support, providing short term support when required and not making decisions about long term when in acute hospital.
	Denominator	13,620	13,951	13,951	14,303	

\*\*\*\*\*\*Actual 14/15 & Planned 15/16 collected using the following definition - "Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population'. Any numerator less than 6 has been supressed in the published data and is therefore showing blank in the numerator and annual rate cells above. These cells will also be blank if an estimate has been used in the published data. Planned 15/16 rate has been amended for 6 HWBs to show the rate as calculated by using the numerator and denominator shown in the table.

### 5.3 Reablement

- 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) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services) and the numerator figure in cell G82H82 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell G81H81. Please add a commentary in column 1 to provide any useful information in relation to how you have agreed this figure.

		Actual 14/15****	Planned 15/16	Forecast 15/16	Planned 16/17	Comments
	Annual %	100.0%	94.3%	87.6%	90.4%	Slough has been high performing in terms of its reablement activity for older people in recent years. It was our ambition in 2015/16 to expand the reach of the service and offer reablement to a greater number of older people discharged from hospital. We acknowledged that our success rate would drop
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Numerator	60	66	99		against a larger cohort of patients but the denominator increased significantly more than anticipated. Our 91 day indicator has reduced as a result to 88%. For 2016/17 we plan to maintain our higher level of activity but with this regain a higher success rate of 90%.
	Denominator	60	70	113	115	

| Denominator | Denominator | Section | Denominator | Denominator | Denominator | Denominator | Denominator | Section | Denominator | Denominator | Section | Denominator | Denominator

# 5.4 Delayed Transfers of Care

- Please use rows 93:45 (column L. for Q4.15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital) needs entering. The rate will be calculated for you in cells 193-P33. Please add a commentary in column Q to provide any useful information in relation to how you have agreed this figure.

			15-1	6 plans		1	15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures				16-17	plans		1
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	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 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	Comments
	Quarterly rate	462.1	459.3	462.1	446.5	718.3	458.4	600.9	441.9	432.7	428.1	428.1	427 9	Our DTOC targets set are ambitious and aspire to a reduction in our quarterly rate by 5 over the year. We aim to reduce the variation seen in 2015/16 activity and bring our average rate per quarter over
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Numerator	496	49:	496	485	771	493	645	480	470	465	465	470	the year from 555 to 429. This requires achieving actual target activity of 470 reduced bed days per quarter or better.
	Denominator	107,339	107,33	107,339	108,614	107,339	107,33	107,339	108,614	108,614	108,614	108,614	109,839	

### 5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 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 2 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	Comments
GPS33 Confidence in managing own health - confident (total)	Metric Value	90.0	91.0	This has been selected as a new indicator for Skuppt. This indicator is taken from the GP survey, Skuppt achieved 89% in 2014/15. Our OCC comparation group average is 95%, (with worst at 89%) and England average is 95%. This indicator fits with our ambittory of the property of the prop
	Donominator	2,022,0		

# 5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 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 2 template - these local metrics can be amended, as required.

			Planned 15/16	Planned 16/17	Comments
Client satisfaction with care and support This is a provisional proxy baseline indica national metric when availale.	(3a of the ASCOF framework).	Metric Value	58.0	58.0	Actual ocution of client satisfaction in 2014/15 was 55 which was lower than target of 56. We are committed to again reaching a target of 56 in this indicator again lity year. Numbers relate to those who are receiving social care and where number of respondents are low can make significant differences to the satisfaction rate.
	metric wrieti avaitale.				

Sheet: 5b. Health and Well-Being Board Better Care Fund NEA and DTOC Tool

Selected Health and Well Being E		
	Slough	
Data Submission Period:		

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webboase:

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

### 5.1 HWB NEA Activity

Slough Data Source Used - 15/16	MAR				
	Q1	Q2	Q3	Q4	Total
Slough 14/15 Baseline (outturn)	4,147	4,297	4,441	3,969	16,854
Slough 15/16 Plan	3,991	4,161	4,294	3,665	16,111
Slough 15/16 Actual	3,974	4,080	4,572		12,626

14/15 baseline and plan data has been taken from the "Better Care Fund Revised Non-Elective targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection" returned by HWB's in July 2015. The Q1 15/16 actual performance has been taken from the "Q1 Better Care Fund data collection" returned by HWB's in August 2015. The Q2 actual performance 15/16 and the Q4 16/416 plan figure have been taken from the "Q2 Better Care Fund data collection" returned by HWB's in November 2015. The Q3 15/16 actual performance has been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q3 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been taken from the "Q4 Better Care Fund data collection" returned by HWB's in Potuny 2016. Actual Q4 16/416 plan figure have been

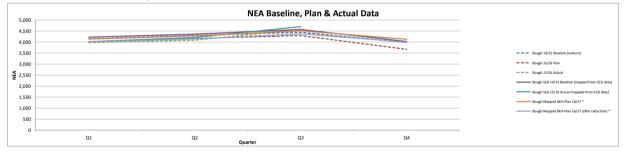
Slough SUS 14/15 Baseline (mapped from CCG data)	4,217	4,357	4,563	4,025	17,162
Slough SUS 15/16 Actual (mapped from CCG data)	4,019	4,207	4,695		12,920
Slough SUS 15/16 FOT (mapped from CCG data)					17,058

SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures were mapped from the baseline data supplied to assist the CCGs with the 16/17 shared planning round.

Over the last year the monitoring of non-elective admission (NEA) activity has shifted away from the use of the Monthly Activity Return (MAR) towards the use of Secondary Users Service data (SUS). This has been reflected in the latest planning round where NHS England, Monitor and TDA have worked with CGGs and providers to create a consistent methodology to enable the creation of consistent NEA plans. The SUS CCG mapped data included here has been derived using this methodology. More details on the methodology used to define NEA can be found in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage: https://www.england.nhs.uk/curvork/futurenhs/deliver-forward-view/

Slough Mapped NEA Plan 16/17 *	4,134	4,273	4,511	4,122	17,040
Slough Mapped NEA Plan 16/17 (after reduction) *	4,007	4,142	4,373	3,995	16,517

\*See tab 5. HWB Metrics (row 41) to show how this figure has been calculated



Sheet: 5b. Health and Well-Being Board Better Care Fund NEA and DTOC Tool

Selected Health and Well Being Boar		
	Slough	
Data Submission Period:		
Data Submission Period:		

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/
5.4 Delayed Transfers of Care

	Q1	Q2	Q3	Q4
Slough 14/15 Baseline	547.2	510.0	377.2	313.0
Slough 15/16 Plan	462.1	459.3	462.1	446.5
Slough 15/16 Actual	718.3	458.4	600.9	

Delayed Transfers Of Care numerator data for baseline and actual performance has been sourced from the monthly DTOC return found here http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/. Actual Q4 data is not available at the point of this template being released.

Slough 16/17 Plans			432.7	428.1	428.1	427.9
800.0		DTOC Baseline, I	Plan & Actual Data			
700.0						
600.0						
500.0						Slough 14/15 Baseline Slough 15/16 Plan
0 400.0						Slough 15/16 Actual Slough 16/17 Plans
300.0						
100.0						
0.0			Q3			
QI	Q2	Quarter	ų3	Ų4		