

APPENDIX 2

Better Care Fund Template Q3 2015/16

Data collection Question Completion Checklist

1. Cover

| | | | | |
|-----------------------------|---------------|---------|-----------------|---|
| Health and Well Being Board | completed by: | e-mail: | contact number: | Who has signed off the report on behalf of the Health and Well Being Board: |
| Yes | Yes | Yes | Yes | Yes |

2. Budget Arrangements

| |
|--|
| 5.75 pooled budget in the Q4 data collection? and all dates needed |
| Yes |

3. National Conditions

| | | | | | | | | |
|--|--|---|---|---|--|---|---|---|
| | 1) Are the plans still jointly agreed? | 2) Are Social Care Services (not spending) being protected? | 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | 4) Is the NHS Number being used as the primary identifier for health and care services? | 5) Are you pursuing open APIs (i.e. systems that speak to each other)? | 6) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | 7) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | 8) Is an agreement on the consequential impact of changes in the acute sector in place? |
| Please Select (Yes, No or No - In Progress) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| If the answer is "No" or "No - In Progress", estimated date if not already in place (DD/MM/YYYY) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Comment | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

4. Non-Elective and P&P

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

5. I&E (2 parts)

| | | | | | | |
|------------------|------------|------------|------------|------------|------------|---|
| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Please comment if there is a difference between the annual totals and the pooled fund |
| Income to | Forecast | Yes | Yes | Yes | Yes | Yes |
| | Actual | Yes | Yes | Yes | Yes | Yes |
| Expenditure from | Forecast | Yes | Yes | Yes | Yes | Yes |
| | Actual | Yes | Yes | Yes | Yes | Yes |
| | Commentary | Yes | Yes | Yes | Yes | Yes |

6. Metrics

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

7. Understanding support needs

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

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

8. New Integration Metrics

| | | | | | | |
|---|-------|-------------|----------------|--------------|------------------|---------------------------|
| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
| NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual | Yes | Yes | Yes | Yes | Yes | Yes |
| Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number | Yes | Yes | Yes | Yes | Yes | Yes |
| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
| From GP | Yes | Yes | Yes | Yes | Yes | Yes |
| From Hospital | Yes | Yes | Yes | Yes | Yes | Yes |
| From Social Care | Yes | Yes | Yes | Yes | Yes | Yes |
| From Community | Yes | Yes | Yes | Yes | Yes | Yes |
| From Mental Health | Yes | Yes | Yes | Yes | Yes | Yes |
| From Specialised Palliative | Yes | Yes | Yes | Yes | Yes | Yes |
| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
| Progress status | Yes | Yes | Yes | Yes | Yes | Yes |
| Projected 'go-live' date (mm/yy) | Yes | Yes | Yes | Yes | Yes | Yes |
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Yes | Yes | Yes | Yes | Yes | Yes |
| Total number of PHBs in place at the beginning of the quarter | Yes | Yes | Yes | Yes | Yes | Yes |
| Number of new PHBs put in place during the quarter | Yes | Yes | Yes | Yes | Yes | Yes |
| Number of existing PHBs stopped during the quarter | Yes | Yes | Yes | Yes | Yes | Yes |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | Yes | Yes | Yes | Yes | Yes | Yes |
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting? | Yes | Yes | Yes | Yes | Yes | Yes |
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting? | Yes | Yes | Yes | Yes | Yes | Yes |

9. Narrative

| | |
|-----------------|-----|
| Brief Narrative | Yes |
|-----------------|-----|

Cover

Q3 2015/16

Health and Well Being Board

Isle of Wight

completed by:

Catherine Budden

E-Mail:

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Contact Number:

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

John Rivers and Cllr Steve Stubbings

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

| | No. of questions answered |
|--------------------------------|---------------------------|
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| 2. Budget Arrangements | 1 |
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Budget Arrangements

Selected Health and Well Being Board:

Isle of Wight

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

| | |
|---|--|
| If it has not been previously stated that the funds had been pooled can you now confirm that they have? | |
|---|--|

| | |
|---|--|
| If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY) | |
|---|--|

Footnotes:

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

National Conditions

Selected Health and Well Being Board:

Isle of Wight

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

| Condition | Q4 Submission Response | Q1 Submission Response | Q2 Submission Response | Please Select (Yes, No or No - In Progress) | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | Commentary on progress |
|---|------------------------|------------------------|------------------------|---|---|--|
| 1) Are the plans still jointly agreed? | Yes | Yes | Yes | Yes | | |
| 2) Are Social Care Services (not spending) being protected? | Yes | Yes | Yes | Yes | | |
| 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | No - In Progress | No - In Progress | No - In Progress | No - In Progress | 01/09/2016 | It has been very difficult to move to full 7 day services due to staffing shortages which will be exacerbated by the cap on agency staff. |
| 4) In respect of data sharing - confirm that: | | | | | | |
| i) Is the NHS Number being used as the primary identifier for health and care services? | No - In Progress | No - In Progress | No - In Progress | No - In Progress | 01/03/2016 | Audit has been undertaken of all provider's use of NHS number as primary identifier. Primary Care already use the NHS Number as primary identifier. The Acute uses NHS Number as the primary identifier as does the ambulance services. The community Services have significantly improved the use of NHS Number through the roll out of a new IT system |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)? | Yes | Yes | Yes | Yes | | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | Yes | Yes | Yes | Yes | | |
| 5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | No - In Progress | No - In Progress | Yes | Yes | | |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place? | Yes | Yes | Yes | Yes | | |

National conditions - Guidance

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

1) Plans to be jointly agreed

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

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated. Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
 - confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
 - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
- NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:

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

Selected Health and Well Being Board:

Isle of Wight

| | Baseline | | | | Plan | | | | Actual | | | | % change [negative values indicate the plan is larger than the baseline] | Absolute reduction in non elective performance | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|----------|
| | Q4 13/14 | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | | | Q3 15/16 |
| D. REVALIDATED: HWB version of plans to be used for future monitoring. | 2,819 | 2,875 | 2,977 | 3,123 | 3,032 | 2,844 | 2,887 | 3,062 | 3,026 | 3,131 | 2,842 | 2,824 | 3,158 | -0.3% | -31 |

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

If other please specify

Cost per non-elective activity £1,490

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

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

| | Total Unreleased Funds | | | |
|--|------------------------|----------|----------|----------|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Suggested amount of unreleased funds** | £0 | £0 | £0 | £0 |
| Actual amount of locally agreed unreleased funds | £0 | £0 | £0 | £0 |

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

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as of 11th December 2015.

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

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

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

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

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

| Total Performance Fund Available | Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline] | | | | Maximum Quarterly Payment | | | | Performance against baseline | | | | Suggested Quarterly Payment | | | | Total Performance fund | Total Performance and ringfenced funds | Q4 Payment locally agreed | Q1 Payment locally agreed | Q2 Payment locally agreed | |
|----------------------------------|---|----------|----------|----------|---------------------------|----------|----------|----------|------------------------------|----------|----------|----------|-----------------------------|----------|----------|----------|------------------------|--|---------------------------|---------------------------|---------------------------|----|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | | | | | | |
| £0 | -213 | -182 | -92 | -31 | £0 | £0 | £0 | £0 | -312 | 33 | 153 | -35 | £0 | £0 | £0 | £0 | £0 | £0 | £3,122,000 | £0 | £0 | £0 |

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Isle of Wight

Income

Previously returned data:

| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Annual Total | Pooled Fund |
|---|----------|-------------|------------|------------|------------|--------------|-------------|
| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £22,016,754 | £0 | £0 | £0 | £22,016,754 | £20,607,132 |
| | Forecast | £22,016,754 | £0 | £0 | £0 | £22,016,754 | |
| | Actual* | £22,016,754 | £0 | | | | |

Q3 2015/16 Amended Data:

| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Annual Total | Pooled Fund |
|--|----------|-------------|------------|------------|------------|--------------|-------------|
| Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £22,016,754 | £0 | £0 | £0 | £22,016,754 | £20,607,132 |
| | Forecast | £22,016,754 | £0 | £0 | £0 | £22,016,754 | |
| | Actual* | £22,016,754 | £0 | £0 | | | |

| | |
|---|---|
| Please comment if there is a difference between either annual total and the pooled fund | Additional contributions have been agreed to the pooled fund in May 2015 to reflect pay and contract uplifts. Total agreed pooled fund is now £22,016,754 |
|---|---|

Expenditure

Previously returned data:

| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Annual Total | Pooled Fund |
|---|----------|------------|------------|------------|------------|--------------|-------------|
| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £5,202,230 | £5,202,230 | £5,806,147 | £5,806,147 | £22,016,754 | £20,607,132 |
| | Forecast | £5,202,230 | £5,446,731 | £5,683,896 | £5,683,897 | £22,016,754 | |
| | Actual* | £5,400,707 | £4,785,516 | | | | |

Q3 2015/16 Amended Data:

| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Annual Total | Pooled Fund |
|---|----------|------------|------------|------------|------------|--------------|-------------|
| Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £5,202,230 | £5,202,230 | £5,806,147 | £5,806,147 | £22,016,754 | £20,607,132 |
| | Forecast | £5,202,230 | £5,446,731 | £5,683,896 | £5,683,897 | £22,016,754 | |
| | Actual* | £5,400,707 | £4,785,516 | £5,499,312 | | | |

| | |
|---|---|
| Please comment if there is a difference between either annual total and the pooled fund | Additional contributions have been agreed to the pooled fund in May 2015 to reflect pay and contract uplifts, Total agreed pooled fund is now £22,016,754 |
|---|---|

| | |
|--|---|
| Commentary on progress against financial plan: | Satisfactory progress against plan. Some underspending against plan at end of quarter three mainly relating to staffing underspends due to timing of recruitment. Spending in quarter three is only 3% behind forecast spend for the quarter. |
|--|---|

Footnotes:

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

National and locally defined metrics

Selected Health and Well Being Board:

Isle of Wight

| | |
|---------------------------------------|--|
| Admissions to residential Care | % Change in rate of permanent admissions to residential care per 100,000 |
|---------------------------------------|--|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | Continued good performance. Performance in the first two quarters indicates that there is likely to be a reduction in the rate of permanent admissions by the end of the year. |

| | |
|-------------------|--|
| Reablement | Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16 |
|-------------------|--|

| | |
|---|---|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | Continued good performance. Performance in the first three quarters indicates that there is likely to be an increase in the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation services. |

| | |
|---|---|
| Local performance metric as described in your approved BCF plan / Q1 / Q2 return | Reduction in Community Occupational Therapy waiting time in weeks to First Assessment (95% Percentile). BCF and other Schemes |
|---|---|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | No improvement in performance |
| Commentary on progress: | Expecting improvement in Quarter 4 performance. Performance improved whilst funding supported additional capacity in the OT team. However, when capacity was not available waiting time returned to previous levels. This will be reviewed and funding reconsidered. |

| | |
|---|---|
| Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used. | Overall satisfaction of people who use services with their care and support (ASCOF 3a) |
|---|---|

| | |
|---|---|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | This is a national measure - reported annually. The outturn for 14/15 ASCOF outcome 3A has improved this year rising from 68% (2013/14) to 72%, this places satisfaction levels back at the 2012/13 outturn level and represents a higher level of overall satisfaction for people who use care and support, this has reversed the trend for the satisfaction level going down. |

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:

Isle of Wight

| | |
|--|---|
| 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)? | 4.Aligning systems and sharing benefits and risks |
|--|---|

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 | No | | |
| 2. Delivering excellent on the ground care centred around the individual | No | | |
| 3. Developing underpinning integrated datasets and information systems | No | | |
| 4. Aligning systems and sharing benefits and risks | No | | Already in receipt of support from KPMG, organised through BCF Support Team. |
| 5. Measuring success | No | | |
| 6. Developing organisations to enable effective collaborative health and social care working relationships | No | | |

New Integration Metrics

Selected Health and Well Being Board:

Isle of Wight

1. Proposed Metric: Use of NHS number as primary identifier across care settings

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|-----|----------|-------------|-----------|---------------|------------------------|
| NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual | Yes | Yes | No | Yes | Yes | Yes |
| Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number | Yes | Yes | Yes | Yes | Yes | Yes |

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

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

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

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

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|------------------------|
| Progress status | In development | In development | In development | In development | In development | In development |
| Projected 'go-live' date (dd/mm/yy) | 01/04/16 | 01/04/16 | 01/04/17 | 01/04/17 | 01/04/17 | 01/04/17 |

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

| | |
|---|--------------------|
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Pilot being scoped |
|---|--------------------|

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

| | |
|---|----|
| Total number of PHBs in place at the beginning of the quarter | 21 |
| Rate per 100,000 population | 15 |

| | |
|--|------|
| Number of new PHBs put in place during the quarter | 1 |
| Number of existing PHBs stopped during the quarter | 0 |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | 100% |

| | |
|-----------------------|---------|
| Population (Mid 2015) | 139,957 |
|-----------------------|---------|

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

| | |
|---|--|
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the 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 2012-based (published May 2014).

<http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

Narrative

Selected Health and Well Being Board:

Isle of Wight

Remaining Characters

32,170

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

The BCF as a pooled fund is part of our much bigger system-wide My Life A Full Life Programme, which is one of the Vanguards for the New Models of Care. The BCF is not being treated as a separate programme but is incorporated within the wider integration agenda. The commitment is to have one Island £ by April 2017 incorporating all CCG, social care and public health budgets. Improvements continue to be made on reducing non-elective admissions, but some system issues such as DTOC's still need to be addressed to improve the current position, although benchmarking to other areas remains good.