

Agenda item 8a

DERBYSHIRE HEALTH AND WELLBEING BOARD

14 July 2016

Report of the Strategic Director of Adult Care and Public Health

**BETTER CARE FUND 2015/16:
QUARTER 4 PERFORMANCE RETURN**

1. Purpose of the Report

To inform the Health and Wellbeing Board of the performance of the Derbyshire Better Care Fund as at the fourth quarter reporting period of the 2015/16 financial year.

2. Information and Analysis

This report has been split into two sections comprising:

- Summary of the National Q4 2015/16 Reporting Template
- General BCF Performance Overview

National Q4 2015/16 Reporting Template

The Better Care Support Team published the Q4 2015/16 National Return template on 29 April with the expectation that completed templates would be returned by 27 May, following sign-off from respective local Health and Wellbeing Boards (HWBs). Requirements of the Q4 template build on the development of the previous quarterly reporting templates in requiring HWB areas to provide an update against a set of integration metrics. As this is the final quarterly report for 2015/16 a new section entitled 'Year End Feedback' has replaced the 'Understanding support needs' section from previous returns.

The return is divided into nine separate components – some of which require responses to be provided and others pre-populated with responses carried forward from the previous quarterly returns (for checking purposes). Below is a table summarising the nine components.

Theme	Summary of requirements	Response required?
1. Cover Sheet	<ul style="list-style-type: none"> • Details of Health and Wellbeing Board area completing return • Name of person authorising return • Summary of responses to subsequent sections. 	Yes
2. Budget	<ul style="list-style-type: none"> • Confirmation of Section 75 arrangements 	No

Theme	Summary of requirements	Response required?
Arrangements	<ul style="list-style-type: none"> Pre-populated from Q1 return 	
3. National Conditions	<ul style="list-style-type: none"> Confirmation that area is on track to deliver the six national conditions detailed in the BCF Planning Guidance 	Yes
4. Income & Expenditure	<ul style="list-style-type: none"> Forecasted income into the pooled fund for each quarter of the 2015-16 financial year Confirmation of actual income into the pooled fund in Q1, Q2, Q3, and Q4 Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year Confirmation of actual expenditure into the pooled fund in Q1, Q2, Q3, and Q4 	Yes
5. Non-Elective Admissions	<ul style="list-style-type: none"> Tracks performance of Non-Elective (NEL) Admissions metric Requires commentary on full-year performance. 	Yes
6. Supporting Metrics	<ul style="list-style-type: none"> An update on indicative progress against two national and 2 local metrics for Q4 2015-16 Commentary on progress against these metric 	Yes
7. Year End Feedback	<p>Requires responses to a series of questions split across 2 categories:</p> <ul style="list-style-type: none"> Part 1 Delivery of the BCF Part 2 3 greatest Success and Challenges of BCF in 2015/16 	Yes
8. New Integration Metrics	<p>New metrics concerning:</p> <ul style="list-style-type: none"> Development and use of integrated digital records and use of NHS number as main identifier Provision of Personal Health Budgets Use and prevalence of Multi-Disciplinary/Integrated Care Teams 	Yes
9. Narrative	<ul style="list-style-type: none"> Summary of overall progress with BCF Plans as at end of Q4 	Yes

The BCF Programme Board reviewed and approved responses at its meeting on 20 May 2016. The return was subsequently submitted to the National Better Care Support Team by the agreed deadline. A copy of the completed return can be found at Appendix 1 to this report.

As with previous quarterly reporting arrangements, the Q4 return is being reported to both the Adult Care Board and the Health and Wellbeing Board retrospectively. The quarterly performance reporting arrangements for 2016/17 have yet to be confirmed by NHS England.

General BCF Performance Overview

A table summarising performance at the quarter 4 2015/16 reporting period is provided below. The results for the previous quarters are shown for comparison.

Metric	Year End Target	Year End Actual	Q4 2015/16 Actual	Q3 2015/16 Actual	Q2 2015/16 Actual	Q1 2015/16 Actual
1. Non-Elective Admissions (General & Acute) - Number of episodes per 100,000 population	3,050.8	2,900.3 (Green)	2954.0 (Green)	2,907.5 (Green)	2,825.5 (Green)	2,914.4 (Green)
2. Permanent admissions of Older People (aged 65 & over) to residential and nursing care homes per 100,000 population	664.9	722.2 (Red)	619.72 (Green)	729.52 (Red) Revised from 602.6	749.04 (Red) Revised from 727.1	790.51 (Red) Revised from 783.2
3. Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services	82.5%	82.0% (Red)	73.6% (Red)	82.4% (Green)	89.4% (Green)	84.1% (Green)
4. Delayed transfer of care from hospital per 100,000 (average number of days delayed per month)	961.8	685.8 (Green)	839.8 (Green)	659.2 (Green)	598.9 (Green)	645.4 (Green)

Metric	Year End Target	Year End Actual	Q4 2015/16 Actual	Q3 2015/16 Actual	Q2 2015/16 Actual	Q1 2015/16 Actual
5. Patient Experience - GP Patient Survey Q32: In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition	66.2%	70.5% (Green)	N/A	70.5% (Green)	N/A	64.9% (Red)
6. Rate of Dementia Diagnosis	68%	71% (Green)	70.6% (Green)	71.3% (Green)	71.5% (Green)	70.5% (Green)

As above table highlights four out of the six metrics achieved their year-end target.

Metric 1, non-elective admissions to hospital, **target was achieved** despite highest outturn of the year being reported at this monitoring point. As previously reported there have been no major transactable savings relating to the Payment for Performance (P4P) element of this indicator due to the difference in data sources used in the contracting and monitoring of this indicator. The planning requirements for 2016/17 have removed the P4P element of this indicator but it will continue to be used as a metric in monitoring success in delivering the BCF plan.

Metric 2, permanent admissions to residential or nursing homes, the ambitious year-end **target has not been achieved**. The figure reported at Q4 and for year-end is expected to increase further due to retrospective reporting of admissions (as highlighted with previous quarters). The forecast actual outturn, based on previous quarts, is 756.4. An audit of sample cases has been undertaken but did not identify any specific reasons as to why admission rates remain high. All admissions recorded were done so correctly and were appropriate. Despite this the overall trajectory is moving in the right direction as the 2014/15 outturn was 835.5 and the 2016/17 target has been set to reflect this trend (737.8).

Metric 3, proportion of older people who were still at home 91 days after discharge into a reablement service, **did not achieve the year-end target** by 0.5 percentage points. Performance had been on track to achieve the target as at Q3 monitoring period. It should be noted that there was a significant increase in the number of people discharged into the service during Q4 than in any previous quarter (538 compared to next highest in Q1 of 465). Therefore, whilst target was not achieved, the service still performed well considering the demands of the final quarter. During 2015/16 a total of 1,567 were helped to

remain at home as a result of this service compared to 1,259 in 2014/15, and overall referrals into the service increased by 27%. A

Reablement/Intermediate Care working group is currently reviewing the service and due to report back areas for development/change to the Adult Care SMT in July.

Metric 4, Delayed Transfers of Care (DToC), target has been achieved.

However, it should be noted that there has been a steep increase in DToCs during final quarter of the year. A Countywide DToC action plan has been developed for 2016/17 as part of the revised national conditions for BCF planning. The targets for next year have been set to ensure no more than 18,000 bed days are lost to DToCs – the 2015/16 performance equates to 17,214 bed days lost. Implementation of the DToC plan will be at System Resilience Group level with monitoring via the BCF Finance and Performance sub-group.

Metric 5 – the year-end target has been achieved as the survey is reported every six months rather than quarterly. A total of 70.5% of people in Derbyshire responding to the GP Patient Satisfaction survey stated that they felt they had received enough support from local organisations to help them manage their long-term condition. Enabling people to manage their own care continues to be a priority area for the BCF in 2016/17.

Metric 6 – rate of dementia diagnosis, the target for this metric has been achieved. Performance has consistently been above target throughout 2015/16. This is in part reflective of the investment though the BCF in Memory Assessment and Dementia Support services. However, it is expected that maintaining this good performance in 2016/17 will be a challenge.

3. Background papers:

Copies of the 2015/16 and 2016/17 Better Care Fund Plans and associated documents can be found on the Derbyshire County Council website at:

http://www.derbyshire.gov.uk/social_health/integrated_care/

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the National Quarterly Reporting template;
2. Note the work being undertaken across the health and social care system to achieve the high-level metric targets.
3. Continue to receive regular updates on the progress of the Better Care Fund throughout 2016/17.

Joy Hollister

**Strategic Director – Adult Care and Public Health
Derbyshire County Council**

Appendix 1: BCF 2015-16 Q4 RETURN

Section 1: Cover

Q4 2015/16	
Health and Well Being Board	Derbyshire
completed by:	Graham Spencer
E-Mail:	graham.spencer@derbyshire.gov.uk
Contact Number:	01629532072
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Dave Allen

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	16
4. I&E	19
5. Non-Elective Admissions	2
6. Supporting Metrics	9
7. Year End Feedback	16
8. New Integration Metrics	67
9. Narrative	1

Section 2: Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you now confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Section 3: 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 have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	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?	Yes	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	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	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?	Yes	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

Section 4: Income and Expenditure

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)

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	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	
	Actual*	£15,372,000	£15,372,000	£15,372,000			

Q4 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	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	
	Actual*	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	No comment.
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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	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£14,500,000	£15,500,000	£15,500,000	£15,500,000	£61,000,000	
	Actual*	£13,500,000	£11,230,000	£7,308,000			

Q4 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	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£14,500,000	£15,500,000	£15,500,000	£15,500,000	£61,000,000	
	Actual*	£13,500,000	£11,230,000	£7,308,000	£29,451,000	£61,489,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Difference between the forecast and actual for Q4 reflects the resolution of slippage that was previously reported in Q3.
Commentary on progress against financial plan:	During 2015/16 the financial plan experienced some slippage against proposed new developments being funded through the BCF. Use of this slippage was agreed by the BCF Programme Board, in line with Section 75 agreement, and split among the partners to support delivery of services that had contributed to the aims and objectives of the BCF but which had not been included within the Plan for 2015/16. This has resulted in financial plan being brought back into line for end of 2015/16, and has also helped better inform planning of the expenditure for 2016/17.

Section 5: Non Elective Admissions

Non-Elective Admissions

	Baseline				Plan					Actual				
	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	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	23,620	23,685	23,606	24,311	23,909	22,069	22,989	22,989	22,215	22,840	22,838	22,143	22,786	23,150

Please provide comments around your full year NEA performance	<p>The total number of NEAs recorded during 2015/16 was 113,757 against a plan of 114,171. The planned reductions have been exceeded, despite some peaks in NEAs during the first and fourth quarters of 2015/16. These reductions suggest that work being delivered through the BCF Programme (and wider health and social care system across Derbyshire) is having a positive impact. Maintaining these performance levels will be challenging in 2016/17.</p> <p>It should also be noted that the reduction in NEAs has not translated into the transactable savings anticipated at the start of the BCF Planning process. This is due to the contracting and payment arrangements that were in place for 2015/16 and the use of MAR data over SLAM.</p>
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Footnotes:

Source: For the Baselines and Plans 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 26th February 2016.

Section 6: Supporting Metrics

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 for improved performance, but not to meet full target
Commentary on progress:	Year-end target has not been achieved for this indicator. Performance in 2015/16 has improved over 2014/15 with fewer admissions and therefore overall trajectory is right, but rate of reductions has not been in line with the ambitious target. An audit of sample cases did not highlight any areas for development in terms of preventing future admission rates.
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 for improved performance, but not to meet full target
Commentary on progress:	Performance for this indicator was not achieved by 0.5 percentage points. Performance had been on track to achieve the target as at Q3 monitoring period. It should be noted that there was a significant increase in the number of people discharged into the service during Q4 than in any previous quarter (538 compared to next highest in Q1 of 465). Therefore, whilst target was not achieved, the service still performed well considering the demands of the final quarter.
Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Number of people diagnosed and the prevalence of dementia.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Year-end target for 2015/16 was 68% with actual performance achieved being 71% over the course of the year. BCF investment into services such as Memory Assessment and the Countywide Dementia Support Services has contributed to this.
Local defined patient experience metric as described in your approved BCF plan / Q1 / Q2 return	GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondents answering "Yes, definitely" or "Yes, to some extent")
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target of 66.2% has been exceeded for 2015/16 with 70.5% of respondents to the GP Patient Survey reporting they had received enough support from local services/organisations over the last 6 months to manage their long-term condition.

Section 7: Year End Feedback (Part 1 Delivery of the Better Care Fund)

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes		
Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	We experienced some slippage in relation to new developments starting that were being funded through the BCF in 2015/16. These areas have been included in the BCF for 2016/17 and will continue to be monitored to ensure they are contributing to the overall aims and objectives of the BCF plan.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree	Delivery of the BCF Plan in 2015/16 built on the existing good joint working relationships between health and social care staff at all-levels of delivery.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	NEAs reduced as planned during 2015/16 though this is a result of wider transformational work across the health and social care system and not solely to BCF funded initiatives.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	See above comment for position in relation to reducing Delayed Transfers of Care.
5. The delivery of our BCF plan in 2015-16 had a positive impact in increasing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Significant service pressures (through increased referrals) meant that the service feel marginally short of its intended target. However, the service coped very well in terms of a relatively consistent level of performance despite a 27% increase in referrals when compared to 2014/15.

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes		
Statement:	Response:	Comments: Please detail any further supporting information for each response
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	Admissions have reduced but not at the ambitious pace and scale established in the original BCF 2015/16 Plan. The overall trajectory is correct and improvements have been made but it is recognised that this is a system-wide issue requiring further work. Some of this work will include improving the use, access and effectiveness of Assistive Technology services. It is also envisaged that delivery against the DToC Plan will influence the planned reductions in 2016/17.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	The BCF Programme has built on and strengthened the existing good working relationships across health and social and continues to provide a helpful platform for developing STP arrangements moving forward. The requirement to establish a pooled budget through a S75 agreement has also help to challenge some of the cultural and organisational differences that existed.
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	See above comment.
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	The Payment for Performance element was the only joint risk share within our BCF. This was not seen as influential in terms of improving joint working and no further risk-shares have been agreed for 2016/17.
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Neither agree nor disagree	See also comment for Q1 above. BCF Expenditure Plan was delivered with some minor variations when underspends were identified. This did not impact overall implementation of the programme nor performance against the national metrics.

Section 7: Year End Feedback (Part 2: Successes and Challenges)

Part 2: Successes and Challenges		
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately		
11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response - Please detail your greatest successes	Response category:
Success 1	The Section 75 provided a platform to enhance the existing good working relationships across the health and social care system and challenge some of the preconceived notions of what was and was not possible with regards to a pooled budget.	1. Leading and Managing successful better care implementation
Success 2	Delivery of the BCF in 2015/16 has helped health and social care better understand the various data sources, needs and uses that exist and are required as part of the BCF and other wider transformational changes. This is an area for further development in 2016/17 but only because of the work undertaken during 2015/16.	3. Developing underpinning integrated datasets and information systems
Success 3	As comments in Part 1 have alluded to, the BCF has enabled health and social care to achieve something that had not previously been done in Derbyshire before, namely a S75 with associated Pooled Budget. This has helped challenge traditional ways of working and provides a good platform from which the emerging STP can learn from.	6. Developing organisations to enable effective collaborative health and social care working relationships
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response - Please detail your greatest challenges	Response category:
Challenge 1	A lot of work was undertaken in 2015/16 to look at ways to evaluate and measure the success of the BCF. This has highlighted some key areas where improvements need to be made across all partners associated with the BCF Programme, which are being addressed as the BCF continues in 2016/17.	5. Measuring success
Challenge 2	Maintaining and building on the good working relationships that exist will be key to ensuring the BCF Programme is a success in 2016/17, particularly in light of wider transformational work and challenges facing the system.	1. Leading and Managing successful better care implementation
Challenge 3	Improving our joint approach to risk management and understanding the shared benefits of services delivered through the BCF is an area highlighted within our BCF Plan 2016/17 following a self-assessment towards the end of 2015/16.	4. Aligning systems and sharing benefits and risks

Section 8: New Integration Metrics

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	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

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	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution
From Social Care	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 Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via Open API

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)	01/04/17	01/04/17	not available	01/04/17	01/04/17	01/10/16

Section 8: New Metrics (Continued)

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

Total number of PHBs in place at the end of the quarter	5
Rate per 100,000 population	1
Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	1
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	0%
Population (Mid 2016)	787,581

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 - throughout the 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 - throughout the Health and Wellbeing Board area

Section 9: Narrative

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).

The following provides an update to the narrative submitted for the Q3 reporting period and a reflection on the overall delivery of the BCF in 2015/16.

Q3 to Q4 Update:

A desktop audit was conducted by health and social care to review a sample of cases relating to permanent admissions to residential and nursing care establishments. The exercise highlighted that monitoring and recording of admissions was being undertaken correctly but did not highlight any new areas for learning. Reducing admission rates will continue to be a challenging area for Derbyshire into 2016/17.

Performance against the delayed transfers of care indicator shows that the yearend target was achieved. At Q4 the rate of bed days lost to delayed transfers of care was 839.8 compared to target of 964. Overall this equated to a total of 17,150 bed days lost compared to a target of 24,350. This is in part reflective of the work being undertaken by the health and social care system in Derbyshire.

Review of 2015/16

The BCF Programme Board reviewed the vision and outcomes required within both the North and South Transformation plans, linking these to the future integration agenda and emerging themes from the Sustainable Transformation Programme (STP). In summary the following key themes emerged:

2015/16 was a year of learning and developing:

Consistency in leadership and our mutual decision making over the last 18 months – building and strengthening existing relationships. Finance and performance – learning ‘the rules’ and working to understand how we demonstrate the impact of changes through metrics. Understanding the actual and potential foundations for pooling budgets at scale – we have a Section 75 that works and we can build on.

Some operational successes:

Equipment Services – new posts to clinically challenge decisions have reduced variation resulting in £310,725 savings in first six months. Community Teams have developed at pace. Greater support from social care within acute hospitals to assist discharge and ensure a joined up approach with community services. Investments in Autism services have meant waiting lists will be reduced and further work can be done on developing the future model. Workforce – investment in Advanced Clinical Practitioner training will assist 24/7 access to services.

Areas of learning and development:

There was a need to disinvest or remove projects from the BCF that did not sufficiently contribute to the overall aims and objectives of the BCF Plan. There needed to be a more ‘theme based’ approach to schemes. Agreement for the continuation of existing spend for Carers, Integrated Community Equipment Services (ICES), Dementia and Autism. Schemes for 2016/17 are based around the individual i.e. wrap around services.