

# Quarterly Reporting Template - Guidance

## Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox ([england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangements and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

## Content

The data collection template consists of 4 sheets:

- 1) Cover Sheet** - this includes basic details and question completion
  - 2) A&B** - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
  - 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
  - 4) Narrative** - please provide a written narrative
- To note - Yellow cells require input, blue cells do not.

### 1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

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 4 cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

### 2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.

Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?

If the answer to the above is 'No' please indicate when this will happen.

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

If the answer to the above is 'No' please indicate when this will happen

### 3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track for delivery (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details
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Q4 2014/15
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Health and Well Being Board	Enfield
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completed by:	Richard Young
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e-mail:	richard.young@enfield.gov.uk
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contact number:	07850714757
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Who has signed off the report on behalf of the Health and Well Being Board:	
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Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Enfield

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	No
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If the answer to the above is 'No' please indicate when this will happen	01/04/2015
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Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
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If the answer to the above is 'No' please indicate when this will happen	01/04/2015
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Selected Health and Well Being Board:

Enfield

Data Submission Period:

Q4 2014/15

National Conditions

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

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	A s75 agreement is in place between LBE and Enfield CCG. The BCF programme is governed by a subcommittee of the H&WBB (including providers)
2) Are Social Care Services (not spending) being protected?	Yes	Funding is being deployed to support the delivery of services which prevent admission to residential care and hospital and to support timely and appropriate discharge from
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	7 day working is in place across each of the locality teams, including assessment units and hospital teams. Further work is being done on community based crisis response services.
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	The NHS number is being used as the primary identifier. Adult Social Care compliance is currently at 98% and monthly reconciliations are in place to ensure that any gaps are addressed through the MACS system. The council is also a Registration authority and now has access to the summary care record which is also being used to locate NHS numbers.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	The Council is pursuing open APIs. We have access to the summary care record through N3 and are currently exploring options to deliver a shared care record with GPs, community
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	All information sharing arrangements, including the sharing of data to support Risk Stratification, are in place and agreed by all parties.
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	Multi-disciplinary teams are in place and delivering joint assessment and support planning. There is more work to do with the new locality teams but once these are all in place joint working will be established in all areas of the borough. For support arrangements where there are joint funding arrangements in place, there are accountable professionals. These are at Head of Service level.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	Plans are in place with appropriate governance and representation from all parties involved including patients and patient representatives. All parties are fully signed up to the BCF plan and key stakeholders are represented at a senior level on our Integration Board. More work is needed on how to address the impact of fewer emergency admissions, how the

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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf)

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

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

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

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

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

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

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

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

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate 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.

Selected Health and Well Being Board:

Enfield

Data Submission Period:

Q4 2014/15

Narrative

remaining characters	32,088
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<p>Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.</p> <p>Enfield BCF partnership is on course to deliver most of the targets and trajectories set out in our BCF plan.</p> <p>We have re-based out Emergency admissions reduction target in line with national guidance and appear to be performing well against that metric. In particular, our programme of interventions for Older People appears to be working well and have had significant impact.</p> <p>Levels of performance against the local target for dementia diagnosis had been achieved at 31/3/15.</p> <p>However, our system continues to have significant challenges around DToCs and re-eablement targets. There are recovery plans in place to address these issues across the health &amp; social care system.</p>
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