

## Quarterly Reporting Template - Guidance

### Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund 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 27th November 2015.

### The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preparations for the BCF in 16/17 and register an interest in planning support.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

### Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

### Cell Colour Key

Data needs inputting in the cell

Pre populated cells

Question not relevant to you

### Content

The data collection template consists of 9 sheets:

**Validations** - This contains a matrix of responses to questions within the data collection template.

**1) Cover Sheet** - this includes basic details and tracks question completion.

**2) Budget arrangements**- this tracks whether Section 75 agreements are in place for pooling funds.

**3) National Conditions** - checklist against the national conditions as set out in the Spending Review.

**4) Non-Elective and Payment for Performance** - this tracks performance against NEL ambitions and associated P4P payments.

**5) Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year.

**6) Metrics** - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.

**7) Preparations for the BCF 16-17** - this assesses your current level of planning for next year

**8) New Integration metrics** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care

**9) Narrative** - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

### Validations

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

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

### 2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

**If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?**

**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 to be met through the delivery of your plan (<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 provide a target date when you expect the condition to be met. 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.

### 4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

**Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12**

**Input actual value of P4P payment agreed locally - Cell E23**

**If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box**

**Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46**

### 5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

**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 and Q2**

**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 and Q2**

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

## 6) Metrics

This tab tracks performance against the two national, the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

**An update on indicative progress against the four metrics for Q2 2015-16**

**Commentary on progress against the metric**

Should a local and/or a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

## 7) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

## 8) New Integration Metrics

This tab requests information as part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

### 1. The development and use of integrated care records.

There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

**Proposed metric: Integrated Digital Records.** To be assessed via the following questions:

- In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
- In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
- Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

## 2. Risk stratification

The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

**Proposed metric: Use of Risk Stratification.** To be assessed via the following questions:

- Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
- If yes: Please provide details of how risk stratification modelling is being used to allocate resources
- Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
- What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

## 3. Personal Health Budgets

Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

**Proposed metric: Personal Health Budgets.** To be assessed via the following questions:

- Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
- How many local residents have been identified as eligible for PHBs, per 100,000 population?
- How many local residents have been offered a PHB, per 100,000 population?
- How many local residents are currently using a PHB, per 100,000 population?
- What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

## 9) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Cover and Basic Details

Q2 2015/16

Health and Well Being Board

Surrey

completed by:

Victoria Heald

E-Mail:

victoria.heald@surreycc.gov.uk

Contact Number:

0208 541 7492

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

Helen Atkinson

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	4
5. I&E	14
6. Metrics	10
7. Preparations for BCF 16-17	28
8. New Integration Metrics	23
9. Narrative	1

## Budget Arrangements

**Selected Health and Well Being Board:**

Surrey

**Data Submission Period:**

Q2 2015/16

**Budget arrangements**

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

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

## National Conditions

**Selected Health and Well Being Board:**

Surrey

**Data Submission Period:**

Q2 2015/16

**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 date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If "No" or "No - In Progress" enter estimated date when condition will be met	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	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	01/04/16	7 day work is well established for adult social care services and plans are progressing to establish 7 day working across health and social care services across Surrey. Not all care homes provide assessments at weekends, which means patients
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	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	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	No - In Progress	No - In Progress	01/04/16	Differential progress is being made across Surrey.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	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](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.

**Footnotes:**

Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

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

Selected Health and Well Being Board: Health and Well Being Board

	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 14/15	Q1 15/16	Q2 15/16	Q3 15/16
<b>D. REVALIDATED:</b> HWB version of plans to be used for future monitoring.	24,835	25,113	25,369	26,489	24,586	24,862	25,115	26,224	24,925	26,153	25,236	

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	
Actual payment locally agreed	£0	£0	£0	

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

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£370,025	£374,483	£378,318	
Actual amount of locally agreed unreleased funds	£370,025	£374,483	£378,318	

	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):	acute care	acute care	acute care

**Confirming Q4 2015-16 Non-Elective Admissions figures**

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In

	Q4 15/16 figures	Q4 15/16 confirmed
Plan (taken from original HWB BCF plans)	24,340	24,676
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	24,925	

**Footnotes:**

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\*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:

- a. take the cumulative activity reduction against the baseline at quarter end and divide it by the cumulative Q3 2015/16 target reduction;
- b. multiply that by the size of the performance pot available; and
- c. 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 Q2 payments where over or under payments may have occurred in Q4 2014/15 OR Q1 2015/16 due to changes made to NEA baselines and targets.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each

Selected Health and Well Being Board:

Surrey

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	£22,315,750	£16,368,750	£16,368,750	£16,368,750	£71,422,000	£71,422,000
	Forecast	£0	£16,003,250	£16,003,250	£16,003,250	£48,009,750	
	Actual*	£21,950,250					

Q2 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	£22,315,750	£16,368,750	£16,368,750	£16,368,750	£71,422,000	£71,422,000
	Forecast	£0	£0	£16,003,250	£16,003,250	£32,006,500	
	Actual*	£21,950,250	£16,003,250				

Please comment if there is a difference between either annual total and the pooled fund	The annual total forecast includes the forecasts for 3rd and 4th quarters only, not the actuals for Q1 and Q2. The Total of Actuals (Q1 & Q2) and Forecasts (Q3 & Q4) is lower than the plan by the value of the P4P metric value which we are not planning on receiving this year.
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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	£17,855,564	£17,855,564	£17,855,564	£17,855,308	£71,422,000	£71,421,873
	Forecast	£0	£17,490,064	£17,489,808	£17,489,808	£52,469,680	
	Actual*	£17,490,064					

Q2 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	£17,855,564	£17,855,564	£17,855,564	£17,855,308	£71,422,000	£71,421,873
	Forecast	£0	£0	£15,850,500	£15,850,500	£31,701,000	
	Actual*	£17,490,064	£20,768,936				

Please comment if there is a difference between either annual total and the pooled fund	The annual total forecast includes the forecasts for 3rd and 4th quarters only, not the actuals for Q1 and Q2. The Total of Actuals (Q1 & Q2) and Forecasts (Q3 & Q4) is lower than the plan by the value of the P4P metric value which we are not planning on receiving this year.
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Commentary on progress against financial plan:	
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Footnote:

\*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 Q1 collection previously filled in by the HWB.

## National and locally defined metrics

Selected Health and Well Being Board:

Surrey

<b>Admissions to residential Care</b>	% 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:	Currently projecting a year end result of 1,218 admission for 2015/16 [based on the position as at the end of Sept 2015], this will provide a rate of 556.9 per 100,000 population. While this is not on track to meet the target rate of 547.3 this is lower 2014/15 outturn position rate of 563.
<b>Reablement</b>	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:	Current position is 71% of people remaining at home following discharge from hospital and a period of reablement. While this is not meeting the 2015/16 target of 74.4% this is an improvement from the 2014/15 outturn position of 69% so moving in the right direction.
<b>Local performance metric as described in your approved BCF plan / Q1 return</b>	Estimated diagnosis rate for people with dementia (Surrey target)
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Surrey has achieved 58.2% by the end of 2014/15 which is above the overall BCF target for Surrey. There has been consistent improvement over the last year and if sustained, Surrey is on track to achieve the target for 2015/16. The dementia calculator is currently under review and official data for 2015/16 is yet to be published by NHS England.
<b>Local defined patient experience metric as described in your approved BCF plan / Q1 return</b>	Friends and Family Test (Inpatient) -% recommended
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Surrey has a high baseline of 91.9% for this indicator and has set a statistically significant target of +0.2% for 2015/16. Surrey's performance for the past quarters show an improving trend and above planned figures for 2015/16.

**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.

Preparations for the BCF 16-17

Selected Health and Well Being Board:

Surrey

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	More funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes
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If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Peers to peer learning / challenge opportunities	
Building partnership working	Yes	Case studies or examples of good practice	
Governance development	Yes	Peers to peer learning / challenge opportunities	
Data interpretation and analytics	Yes	Central guidance or tools	
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Central guidance or tools	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Case studies or examples of good practice	
Benefits management (to effectively map the benefits of their BCF strategy to ensure a coherent programme the delivers at the scheme level and in aggregate)	Yes	Other	
Other (please specify the area)	No		

## New Integration Metrics

Selected Health and Well Being Board:

Surrey

### 1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	No	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	Yes	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes
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Comments:	Differential progress is being made across the county. To determine the answer for a countywide response was "if any of the providers answered no, this was the answer included".
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### 2. Proposed Metric: Use of Risk Stratification

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	No
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	

Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)	
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What proportion of local residents currently identified as in need of preventative care have been offered a care plan? (%)	
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Comments:	All CCGs are using risk tools for case finding but not necessarily to analyse local population needs. The individual CCGs have identified different levels of risk for GPs to undertake multi-disciplinary case reviews as described in the narratives below. As a result of these differences one figure cannot be included in the above template for the whole of Surrey.
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### 3. Proposed Metric: Personal Health Budgets

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	Completed
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How many local residents have been identified as eligible for PHBs during the quarter?	2
Rate per 100,000 population	0

How many local residents have been offered a PHB during the quarter?	36
Rate per 100,000 population	3

How many local residents are currently using a PHB during the quarter?	17
Rate per 100,000 population	1

What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter? (%)	100.0%
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Comments:	Used Continuing Healthcare adults data.
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Population (Mid 2015)	1,171,224
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#### 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->

## Narrative

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q2 2015/16

Narrative

Remaining Characters	32,438
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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).

We have six local joint commissioning groups around the CCGs with plans delivering the Surrey BCF. We have pooled budgets funding the plans and the S75s finalised and agreement at our last Surrey BCF Board to sign at the end of November . The plans are progressing well and delivering local integration of health and social care.

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