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Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 7th September, 2015

Place
Diamond Room 2 - Council House

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting** (Pages 3 - 8)

   (a) To agree the minutes of the meeting held on 6th July, 2015

   (b) Matters Arising

4. **Electronic Patient Record Systems** (Pages 9 - 12)

   Report of Juliet Hancox, Coventry and Rugby Clinical Commissioning Group on behalf of the Information Sharing Board

   To receive presentations from Alec Price-Forbes, University Hospitals Coventry and Warwickshire and Kevin O'Leary, Coventry and Warwickshire Partnership Trust.

5. **System Wide Transformation - Progress Report** (Pages 13 - 16)

   Report of Phil Evans, Coventry and Rugby Clinical Commissioning Group

6. **Appointments of the City Council - Coventry Health and Well-being Board** (Pages 17 - 20)

   Report of the Executive Director of Resouces

7. **Quarter 1 2015-16 Better Care Fund Submission** (Pages 21 - 34)

   Report of the Mark Greenwood, Coventry Council on behalf of the Better Care Programme Board

8. **Any other items of public business**

   Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Thursday, 27 August 2015

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073 Email: liz.knight@coventry.gov.uk

Membership: S Allen, S Banbury, S Brake, Councillor K Caan (Deputy Chair), A Canale-Parola, Councillor J Clifford (By Invitation), G Daly, A Hardy, S Kumar, R Light, D Long, Councillor A Lucas, J Mason, J Moore, M Reeves, Councillor E Ruane, J Spencer, Councillor K Taylor, B Walsh, J Waterman and D Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm on Monday, 6 July 2015

Present:

Board Members:	Councillor Caan Councillor Gingell (Chair) Councillor Lucas Councillor Taylor Mark Godfrey, Coventry City Council Dr Jane Moore, Director of Public Health Dr Steve Allen, Coventry and Rugby CCG Stephen Banbury, Voluntary Action Coventry Dr Adrian Canale-Parola, Coventry and Rugby CCG Jane Hodge, Warwick University Ruth Light, Coventry Healthwatch Danny Long, West Midlands Police John Mason, Coventry Healthwatch Josie Spencer, Coventry and Warwickshire Partnership Trust Rebecca Southall, University Hospitals Coventry and Warwickshire David Williams, NHS Area Team
By Invitation:	Simon Brake, Coventry and Rugby GP Federation
Other representative:	Juliet Hancox, Coventry and Rugby CCG

Employees (by Directorate):

Chief Executive's:	V De-Souza, R McHugh
People:	M Godfrey
Resources:	L Knight
Apologies:	Councillor Ruane Andy Hardy, University Hospitals Coventry and Warwickshire Professor Kumar, Warwick University Martin Reeves, Coventry City Council (by invitation) Brian Walsh, Coventry City Council

Public Business

1. **Welcome**

The Chair, Councillor Gingell welcomed members to the first Board meeting in the new municipal year including Danny Long, West Midlands Police and David Williams, NHS Area Team who were attending their first meeting.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting**

The minutes of the meeting held on 20th April, 2015 were signed as a true record. There were no matters arising.

4. **Health and Well-being Strategy Progress Report**

The Board considered a report and received a presentation of the Director of Public Health, Dr Jane Moore which detailed the timetable for the development of the next Health and Well-being Strategy for 2016-2020. To support the development of priorities for this strategy, the Joint Strategic Needs Assessment (JSNA) process was to be repeated. A copy of the Review of the Joint Health and Well-being Strategy for Coventry 2012 was set out at an appendix to the report.

A Steering Group had been established to oversee the process of redeveloping the strategy through to March, 2016, with the first meeting scheduled for 17th July. Members would be expected to shape the process to ensure that the strategy reflected a fair balance of priorities across partners on the Board, building on the commitment made to the role as a Marmot city and acting further to reduce health inequalities within Coventry. Membership of the Group was detailed. Work was to be undertaken in four phases up until March 2016. The Strategy was to be submitted to the Health and Well-being Board for sign-off. The final phase included the development of an action plan to ensure that strategy priorities were addressed.

The presentation referred to the four key areas in the 2012 strategy which were developed prior to Marmot; highlighted the process for moving forward; and highlighted the following six key areas from Marmot which would underpin the strategy:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

Members of the Board raised a number of issues including:

- How the strategy would include actions for dealing with obesity
- If anything could be done to extend distances between schools and the nearest takeaways
- The importance of schools promoting healthy eating and being active
- Information on the work undertaken with local schools
- A suggestion that it would be appropriate for the Board to focus efforts on one or two key priorities rather than address all the work themes, which would enable significant differences to be made
- Further details about increasing levels of domestic violence and rape attacks and the work with the local universities to ensure that students were safe.

RESOLVED that a report be submitted to a future Board meeting setting out options for future key priorities from the new Health and Well-being Strategy for 2016-2020.

5. **Health and Care in Coventry**

The Board considered the 'Health and Care in Coventry' report from Healthwatch Coventry and received a presentation from Ruth Light, Healthwatch Chief Officer on this report which highlighted the top concerns from Coventry residents over the last 12 months; summarised the work which Healthwatch had done to raise concerns and influence action; summarised the work of other organisations to address these concerns; and highlighted further actions needed.

The central function of Healthwatch was to argue for the interests of patients, carers and the public in NHS and social care services. This report had been published as a sister report to the Healthwatch annual report.

The presentation set out the role of healthwatch and detailed how insight was obtained from local people. The following issues had been identified:

- The NHS complaints process
- Support for people with dual diagnosis of mental health and substance misuse
- Capacity within mental health services
- Putting in place good quality GP services
- Access to GP appointments
- Getting to the hospital
- Hospital discharge
- Good engagement practice.

The Steering Group of Healthwatch were recommending that the Health and Well-being Board in its strategic role, commissioners and providers of local NHS services must work to address these issues and add the specific calls for action highlighted into their priorities and work plans.

The Board were informed of the Steering Group's intention to produce these reports on a six monthly basis.

The Board discussed what were the most important issues for residents and the partner representatives informed how they were responding to calls for action. Particular issues discussed included actions to improve patient discharge and measures to ensure good quality GP services. Attention was drawn to the fact that the NHS belonged to the public who needed to respect the service and ensure it was used appropriately. This issue of the significant costs associated with missed GP and hospital appointments was highlighted as an area which required public support to remedy.

The Chair, Councillor Gingell thanked Ruth Light, John Mason and Healthwatch Coventry for all their work undertaken to support Coventry residents.

RESOLVED that, the report be noted and consideration be given to holding a seminar for all Board members before the end of the municipal year to

consider the progress made for ensuring good quality GP services for the city.

6. **Next Steps for the Health and Well-being Board**

The Board considered a report of Dr Jane Moore, Director of Public Health which sought approval for proposed changes to the Board's membership and to additional support arrangements.

The report referred to the national policy affecting health and care which included a greater focus on achieving integration between health and social care, ensuring services from multiple agencies were co-ordinated around the needs and expectations of individuals. Consequently, there was a need for increased capacity to support the expanding work of the Health and Well-being Board.

An existing post in the City Council's Insight team had been re-designated to provide additional capacity to drive the work of the Board including improving accountability; ensuring that delivery of the Health and Well-being Strategy was monitored; and considering emerging national policy with implications for the Board.

The report also set out the proposed new membership of the Board which including the addition of Martin Reeves, Chief Executive of the City Council and Simon Brake, Chair of the Coventry and Rugby GP Federation.

Following the recent Local Elections, the post of Chair of the Board had been separated from the post of Cabinet Member for Health and Adult Services. Councillor K Caan, the Cabinet Member was now taking on the new role of Deputy Chair of the Board.

It was suggested that, in light of the joint working and pooled budgets, it would be appropriate for one of the representatives of the partner health organisations to be considered for the position of Deputy Chair of the Board.

RESOLVED that:

(1) Approval be given to the revisions to the Board's membership and new support arrangements to reflect feedback from the Health and Social Care Scrutiny Board (5), recent local election changes and national policy direction.

(2) Further considerations be given to the position of Deputy Chair of the Board and the issue be discussed at the next Board meeting on 7th September, 2015.

7. **NHS Quality Premium Incentive Scheme 2015/16 Measures**

Juliet Hancock, Coventry and Rugby Clinical Commissioning Group (CCG) introduced this report of Chris Wood, Head of Corporate Delivery, which provided a summary of the NHS 2015/16 Quality Premium Incentive Scheme measures chosen for Coventry and Rugby CCG.

The financial incentive to the CCG for achieving these quality premium measures was £2.4m. The measures, which covered a combination of national and local priorities, were:

- Reducing potential years of lives lost through causes considered amenable to healthcare – 10% of the Quality Premium
- Urgent and emergency care: (i) reducing avoidable emergency admissions – 20% and (ii) reducing NHS delayed transfers of care – 10%
- Mental health measures – reduction in the number of people with severe mental illness who smoke – 30%
- Prescribing measures – improving antibiotic prescribing – 10%
- Two local measures: (i) reduction in residential and nursing home non elective admissions – 10% and (ii) reduction in end of life hospital admissions in the last three months of life – 10%.

The report set out the individual financial incentives for achieving the above measures and highlighted the penalties for not achieving NHS constitution performance measures. Reference was made to the monitoring arrangements.

The Board discussed the challenges associated with meeting the measures and the reasons behind the need to reduce the number of antibiotics prescribed in both primary and secondary care.

RESOLVED that the Quality Premium measures chosen by Coventry and Rugby CCG for 2015/16 and the factors that will directly affect the financial incentive should the measures be achieved be noted.

8. **Better Care Fund Update**

The Board considered joint report of Mark Godfrey, Coventry Council and Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG) which provided an update on progress towards delivering the Better Care Coventry Programme. The report referred to the development of three specific elements of the programme: (i) social prescribing/ social navigation (ii) integrated neighbourhood teams and (iii) information sharing. The Board also viewed a video which highlighted a successful case where a patient with multi-complex needs was supported by a team from the different partner agencies.

The report set out the background to the introduction of the Better Care Fund which was a single pooled budget for health and social care services to work more closely together in local areas based on a plan agreed between the NHS and Local Authorities. The current value of the fund was £5.3m.

The purpose of social prescribing/ social navigation was to improve the health and well-being of people who were in contact with their GP, who didn't require medical intervention but required support to minimise their social isolation. A social navigator would work with individuals assisting them to maximise their independence through accessing support from the voluntary and community sectors. The service was commissioned by the CCG and Public Health were providing 'pump prime' to support the first two years. It was proposed to establish a 'hub' to act as a link between GP practices and social navigators. The report detailed how the hub would operate. The procurement process was to take place

in August 2015 with initial implementation between September and December 2015 and a full roll out to all GP practices in January 2016.

Integrated Neighbourhood Teams (INTs) comprised of staff from across health and social care organisations, working in a multi-disciplinary way to support people with multi complex needs to maximise their independence and prevent avoidable admissions to hospital. Pilots had been operating at the Forum and Jubilee GP practices since July 2014. The report set out the positive impacts that the INTs were having on people and services. It was proposed that three INTs be established across the city with every GP practice being allocated to one of these teams. All referrals would be sent to the Hub who would undertake an assessment as to whether the patient required INT support, social navigation or both.

The sharing of information between health and social care staff across the city was a key enabler to deliver integrated arrangements to improve outcomes for Coventry people. The positive benefits of this approach were detailed. An Information Sharing Board had been set up to oversee this project and all partner organisations had agreed and signed an Information Sharing Protocol.

Members questioned how it would be possible to have senior employee input into each individual patient assessment for the INTs when the project was expanded across the city and there would be a significant increase in patient numbers. The use of best practice for the social prescribing model involving a single point of access was welcomed. Discussion centred on whether the procurement process would involve a formal tender or a financial grant and the importance of ensuring the best use of financial resources.

RESOLVED that a further update report on progress towards delivering the Better Care Coventry Programme be submitted to the next Board meeting on 7th September, 2015.

9. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.55 pm)

Report

To: Coventry Health and Wellbeing Board **Date: 7th September 2015**

From: Information Sharing Board

Subject: Electronic Patient Record Systems

1. Purpose:

To inform the Health and Well Being Board of the activities undertaken by the Information Sharing Board

To demonstrate the opportunities arising from the new electronic patient record systems that are being put in place in our two NHS Trusts (University Hospital Coventry and Warwickshire, and Coventry and Warwickshire Partnership Trust)

2. Recommendations:

The Health and Well Being Board to note that there is a national requirement to develop digital records to support patient centred care

Partner agencies are asked to support the ongoing work and vision of the information sharing board

3. Background:

Coventry and Rugby Clinical Commissioning Group (CRCCG), Coventry City Council (CCC), Coventry and Warwickshire Partnership Trust (CWPT) and University Hospitals Coventry and Warwickshire (UHCW) have developed a programme with the key aim to facilitate the sharing of information between partner organisations to improve the level of service to the patient / client.

The sharing of patient / service user information between health and social care organisations is seen as a key enabler to improving their care and support. Some of the key drivers are:

- Improving patient experience – patient doesn't have to repeat their story over and over again because the professional has access to the notes from their interactions with other agencies

- Reducing duplication – saving money on repeat diagnostics and investigations by having access to the results from the latest tests

- Reducing medication errors – visibility of all past and current medications, allergies and contraindications in a range of settings

- Enabling true integrated working – across health and social care by enabling real-time, multi-agency care planning

4. National Requirements

A number of publications from national bodies have set out the aspiration to use electronic records to support improved patient care.

The Health and Social Care Bill 2011 requires :

Putting patients and public first:

We will put patients at the heart of the NHS, through an information revolution and greater choice and control: Shared decision-making will become the norm: no decision about me without me. Patients will have access to the information they want, to make choices about their care. They will have increased control over their own care records.

The NHS Information Strategy launched in 2012 urges Health and Social Care services to make full use of online technologies to put patients in control of their health and health records.

The strategy puts particular emphasis on the creation of portals for patients, health professionals, commissioner and researchers to enable the capturing data just once at the point of care.

The document states that as part of this transformation, information must become “regarded as a health and social care service in its own right.”

The National Information Board (NIB) published a framework for action ‘Personalised Health and Care 2020’ in November 2014.

A series of proposals are set out that will:

- ‘**enable me to make the right health and care choices**’ – citizens to have full access to their care records and access to an expanding set of NHS-accredited health and care apps and digital information services;

- ‘**give care professionals and carers access to all the data, information and knowledge they need**’ – real-time digital information on a person’s health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability;

- ‘**make the quality of care transparent**’ – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say;

- ‘**build and sustain public trust**’ – ensure citizens are confident about sharing their data to improve care and health outcomes;

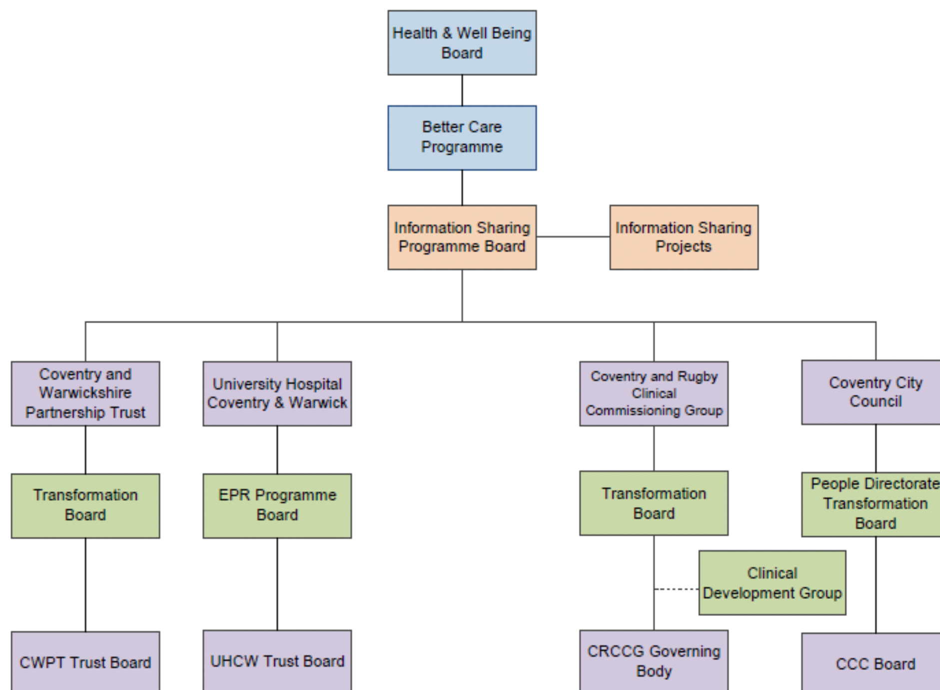
- '**bring forward life-saving treatments and support innovation and growth**' – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in light of breakthroughs in genomic science to combat long-term conditions including cancer, mental health services and tackling infectious diseases

- '**support care professionals to make the best use of data and technology**' – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information;

- '**assure best value for taxpayers**' – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting.

5. Where we are now

Our Governance structure



Across our organisations we have many (hundreds) of patient or client electronic record systems. This has created a challenge in how we share information in order to deliver patient care. We have agreed a vision that will underpin how we work together going forward.

Our Vision

To deliver a system that enables us to become the healthiest community in the UK

- Self-care management
- Helps professionals to manage and deliver care
- Integrated electronic records

To enable the move over time to implement accountable care and outcomes based care models.

We have acknowledged that it will take time to move from a system which uses many different electronic record systems to our ideal, which will be to have a single shared patient record used by all those involved in a patients care and to maximise the use of patient portals to enable citizens to make the right health and care choices.

The programme board have agreed that the vision will be delivered in phases over time, and have identified some key work streams for initial development:

- Federated GP Practices
- Discharge from Hospital
- Integrated Neighbourhood Teams
- Urgent Care

Early implementation of these work streams has been part funded from the Better Care Fund.

We have identified interim solutions that will allow some of our existing systems to 'talk' to each other and to share patient information. Information governance requirements and patient consent to share data, are key considerations for the board in going forward.

In the meantime, UHCW and CWPT have progressed with renewing their electronic patient record systems in line with national guidance. These new systems will give us the opportunity to start to move towards more sharing of patient information and to explore the use of patient portals.

Presentation:

UHCW-Alec Price-Forbes CCIO and Lead for EPR programme
CWPT- Kevin O'Leary Associate Director of Operations – Clinical System Project

Report Author(s): Juliet Hancox

Name and Job Title: Chief Operating Officer

Directorate: Coventry & Rugby CCG

Telephone and E-mail Contact:

Enquiries should be directed to the above person.

Report

To: Coventry Health and Wellbeing Board **Date: 7th September 2015**

From: System Wide Transformation

Subject: Progress Report

1 Purpose

This report provides the Coventry Health and Wellbeing Board with an update on progress for the System Wide Transformation Programme provide an overarching, high-level description of the transformation method and the governance arrangements that will be used to deliver the planned and urgent care programme.

2 Recommendations

The Coventry Health and Wellbeing Board is asked to:

- Approve the strategic aims of the System Wide Transformation Programme;
- Provide strategic direction going forward

3 Background

The 'Five Year Forward View' describes a position that without transformative system change, the local health and social care economy will not be able to address the key challenges we are facing. The NHS and Local Authorities are going through the biggest financial squeeze in history. The delivery of productivity improvements between 2010 and 2015 (i.e. over the course of the previous Parliament) has proved challenging and previous 'go to' options are largely exhausted

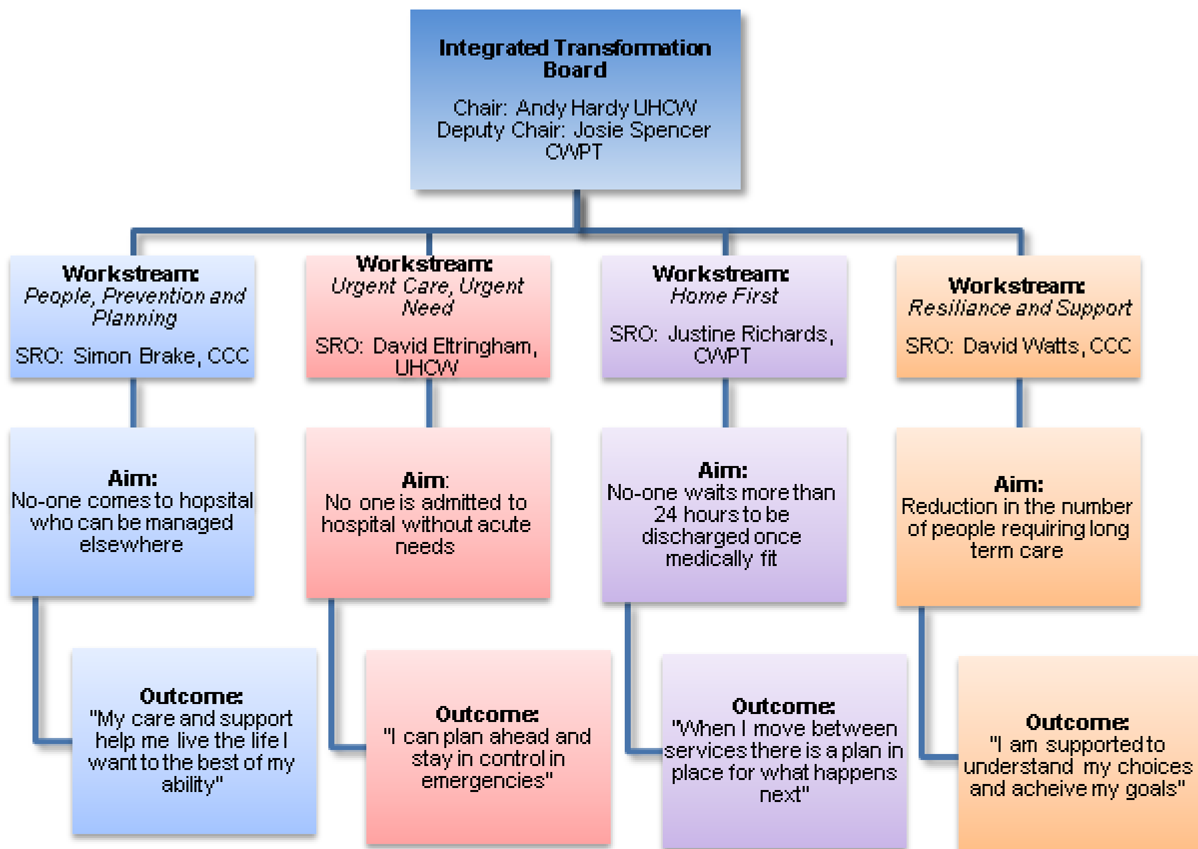
At the same time, demand for services has sky rocketed; key targets, such as Referral To Treatment or 4 hour A&E waiting time, are being missed across the country and the pressure on community and mental health services is mounting.

This is highlighted by the current delayed Transfers of Care pressures on the local health and social care system that are being experienced by all partners. As a consequence a radical refocus of the way health and social care partner's work together has been proposed.

A system wide transformation programme has been conceived that is tasked with designing and delivering fundamental changes across the local health and social care economy. The programme will encompass existing change programmes that are being delivered across health and social care including the local Better Care Coventry programme and the Urgent Care Programme.

4 System Transformation

Introduction
As a system leadership team we believe that to improve patient care and outcomes, the following strategic aims and system wide objectives must be achieved through the Transformation Programme made up of four key workstreams :



- **No-one comes to hospital who can be managed elsewhere**
    - Led by Simon Break, Director of Primary Care Sustainability & Integration
- **No-one is admitted to hospital without an acute hospital need**
    - Led by David Eltringham Chief Operating Officer, UHCW
- **No-one waits more than 24 hours to leave hospital once they are medically fit for discharge**
    - Led by Justine Richards Interim Director Strategy & Business Support, CWPT
- **Reduce the number of people requiring long term care**
    - Led by David Watts Assistant Director – Adult Social Care Operations, CCC

The vision and purpose places the patient at the centre of what we do and ensures we have a single view of the patient throughout their health and social care journey.

We must transform the way that our people think and how they deliver services in the future – taking a 'bottom-up', empowered and process focused approach to change.

The leadership team believes that by focusing on quality, patient value and embedding a culture of team-based continuous improvement - underpinned by Systems Thinking we will:

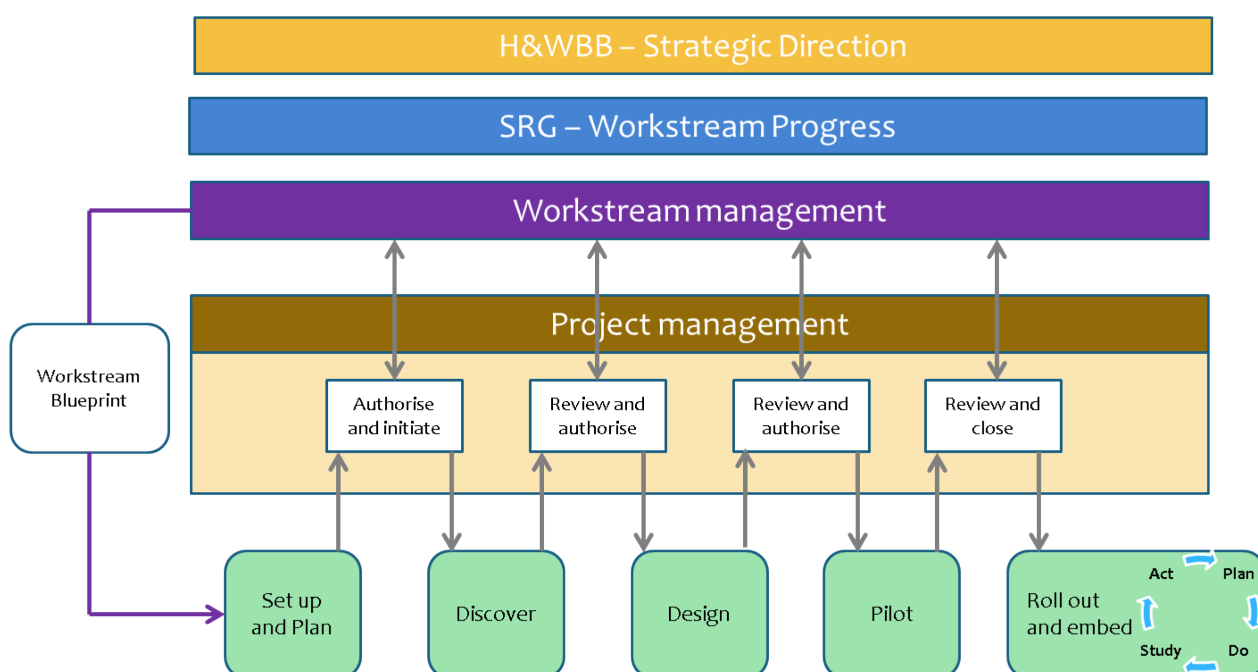
- Improve health and wellbeing, demonstrated though increased life expectancy, improved clinical indicators and increased disability free life-years.
- Improved employment outcomes
- An agreed single programme of support and service based on clinical and local population need, outcomes and care pathways, not on an organisational, sector or location basis,.
- A financially sustainable system infrastructure that supports the delivery of agreed health and social care outcomes for the population.
- A system wide regulatory, commissioning and provision system that plans, co-produces and oversees all health and social care capacity with professional, elected and the public making up its membership.

5 Governance

Each workstream is supported by a programme management office in turn feeding into the Programme Director

Monthly progress is reported through SRG where check and challenge is provided on progress

Strategic direction will be provided by H&WBB



5 Next steps

- **Agree three transformation programmes per workstream**
- **Agree the governance structure that makes it clear which organisations are accountable for each aspect of delivery**
- **Agree high level timeline and milestones for the programmes**
- **Agree common metrics for defining success by programme, and monitoring performance against them on a regular basis, we can them move towards and develop system KPI's that feed into mouthy dashboards shared with all organisations in the system.**

Report Author(s):

Phil Evans – Programme Director system wide change Coventry and Rugby

Telephone and E-mail Contact: (07881337551) phil.evans@coventryandrugbyccg.nhs.uk

Enquiries should be directed to the above person.

Public report

Health and Well-being Board 7 September, 2015
Council 8 September, 2015

Name of Cabinet Member:
Cabinet Member for Policy Leadership and Governance – Councillor Lucas

Executive Director Approving Submission of the report:
Executive Director of Resources

Ward(s) affected:
Not Applicable

Title:
Appointments of the City Council - Coventry Health and Well-being Board

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Is this a key decision?
No

Executive Summary:

Following the resignation of the current Chair of the Health and Well-being Board, Councillor Alison Gingell, this report seeks approval to appoint a new Chair and Deputy Chair for the Board along with a replacement Council Member to fill the current vacancy created by Councillor Gingell's resignation.

Recommendations:

Health and Well-Being Board

(1) That the Board makes a nomination of a representative from one of the partner organisations to serve as Deputy Chair on the Health and Well-being Board for the remainder of the municipal year 2015/16.

Council

(1) That the City Council appoints Councillor Kamran Caan as the Chair of the Health and Well-being Board for the remainder of the municipal year 2015/16.

(2) That the City Council accepts the nomination from the meeting of the Health and Well-being Board on 7th September, 2015, (and which will be reported orally at the Council meeting on 8 September), to serve as Deputy Chair of the Board for the remainder of the municipal year 2015/16.

(3) That the City Council appoints Councillor Joseph Clifford to take the place of Councillor Alison Gingell on the Health and Well-being Board for the remainder of the municipal year 2015/16.

List of Appendices included:

None

Useful background papers:
None.

Has it or will it be considered by Scrutiny?

No

Has it, or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

Yes – 8 September, 2015

Report title: Appointments of the City Council – Coventry Health and Well-being Board

1. Context (or background)

1.1 Following the decision of Councillor Gingell to resign with immediate effect from the Health and Well-being Board, it is necessary to seek a new Chair for the Board for the remainder of the current municipal year. It also appropriate to seek a replacement Council Member, on the nomination of the Leader of the Council, Councillor Lucas.

1.2 At the last meeting of the Health and Well-being Board on 6th July, 2015, the Board considered the report 'Next Steps for the Health and Well-being Board'. This report highlighted recent changes to the Board's representation including, for the first time, the appointment of a Deputy Chair of the Board. Members of the Board from the partner organisations suggested that, in light of all the joint working and pooled budgets, it would be appropriate for one of the representatives of the partner health organisations to be considered for the position of Deputy Chair of the Board.

2. Options considered and recommended proposal

2.1 It is proposed that Councillor Kamran Caan, the Cabinet Member for Health and Adult Services and the current Deputy Chair of the Board, be appointed Chair for the remainder of the municipal year.

It is also proposed that Councillor Joseph Clifford, the Deputy Cabinet Member for Health Services be appointed as a member of the Board on the nomination of Councillor Lucas.

It is further proposed that at their meeting on 7 September, 2015, the Health and Well-being Board nominates a representative from the partner organisations to serve as Deputy Chair of the Board. This nomination will then be reported orally to the City Council at their meeting on 8 September, 2015.

3. Results of consultation undertaken

3.1 Not applicable

4. Timetable for implementing this decision

4.1 The appointments will take effect from the date of the Council Meeting.

5. Comments from the Executive Director of Resources

5.1 Financial implications

Not applicable

5.2 Legal implications

The Health and Wellbeing Board is a committee of the Council and under its terms of reference, the appointment of its Chair and Deputy Chair must be made by full Council.

6. Other implications

Not applicable

Report author:

Name and job title:

Liz Knight, Governance Services Officer

Directorate:

Resources

Tel and email contact:
Tel: 024 7683 3073
E-mail: liz.knight@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Adrian West	Members and Elections Manager	Resources	26/08/15	26/08/15
Robina Nawaz	Corporate Policy Officer	Chief Executives	26/08/15	26/08/15
Suzanne Bennett	Governance Services Team Leader	Resources	26/08/15	26/08/15
Carol Bradford	Solicitor	Resources	26/08/15	26/08/15
Names of approvers for submission: (Officers and Elected Members)				
Helen Lynch	Legal Services Manager (Place and Regulatory)	Resources	26/08/15	27/08/15
Chris West	Executive Director, Resources	Resources	26/08/15	
Councillor Lucas	Leader of the Council		26/08/15	27/08/15

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Report

To: Coventry Health and Wellbeing Board **Date: 7th September 2015**

From: Marc Greenwood, Programme Delivery Manager, on behalf of the Better Care Programme Board

Subject: Quarter 1 2015/16 Better Care Fund Submission

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1 Purpose

The purpose of the report is to provide the Health and Wellbeing Board with an overview of the latest Better Care Fund (BCF) submission, as required by the Department of Health and NHS England. The due date for the submission was the 28th August and therefore this item is for information only.

2 Recommendations

Health and Wellbeing Board is recommended to acknowledge the content of the report and current status of the Better Care Coventry Programme as detailed here in.

3 Information/Background

The BCF submission covers six key areas:

i. **Budget arrangements** – whether a section 75 agreement is in place, which it is in Coventry;
ii. **National Conditions** – Nationally pre-determined conditions that are expected to be met as part of the implementation of BCF across local areas;
iii. **Non-elective admissions and payment for performance calculations** – This covers the latest quarter's non elective admissions rate and locally agreed payment for performance figures;
iv. **Income and expenditure profile** – The latest income and expenditure profiles;
v. **Performance against local metrics** – Local performance metrics were agreed at the beginning of the programme and progress is recorded here;
vi. **Understanding support needs** – This is a new section for this quarter's return and seeks the views of local areas on what type of support would be helpful from the national BCF team.

The primary aim of the submission is to provide assurance to the Department of Health, Local Government Association and NHS England that local areas have arrangements for managing joint budgets and improvements, as measured against the national conditions, and they are beginning to be delivered.

3.1 National Conditions

The National Conditions were set at the beginning of the Better Care Fund process and all local areas across the country are measured against them. The submission provides insight into whether local areas have plans fully operational, in the progress of being developed or no plans in place to deliver the conditions.

Within Coventry we have made good progress in delivering against the National Conditions. Five of the conditions are now in place and there are three that are currently in the process of being developed, which are:

- Delivery of 7 day services to support discharge and prevent unnecessary admission.
- Use of the NHS number as the primary identifier across all partner organisations.
- The development of a joint assessment and care planning approach with a lead accountable professional.

Progress is being made against these conditions and they are planned to be met by the end of the calendar year.

3.2 Summary

Overall the submission demonstrates positive progress locally towards delivery of the Better Care Fund priorities. Further updates will be provided to the Health and Wellbeing board at future meetings.

Report Author(s): Marc Greenwood

Name and Job Title: Programme Delivery Manager

Directorate: People

Telephone and E-mail Contact: 024 7683 2122

Enquiries should be directed to the above person.

Appendices

- Copy of the Quarter 1 Better Care Fund Submission

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) by midday on 28th August 2015

This Excel data collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support. Details on future data collection requirements and mechanisms will be announced ahead of the Q2 2015/16 data collection.

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.

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) Local metrics - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans.
7) Understanding support needs - this asks what the key barrier to integration is locally and what support might be required.
8) Narrative - this allows space for the description of overall progress on 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

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the 2014-15 Q4 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously you can selection 'Not Applicable' this time.
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

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 Q4. Three figures are required and one question needs to be answered:
Input actual Q1 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell L12
Input actual value of P4P payment agreed locally - Cell D23
If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box
Input actual value of unreleased funds agreed locally

This section also requires indication of the area of spend that unreleased funds have been spent on for Q4 and Q1 using a drop-down list. If no funds were left unreleased then 'Not Applicable' should be selected.

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:
Planned and forecast income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1
Planned and forecast expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure into the pooled fund in Q1

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) Local metrics

This tab tracks performance against the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In both cases the metric is set out as defined in the approved plan for the HWB and **the following information is required for each metric:**
Confirmation that this is the same metric that you wish to continue tracking locally
Confirmation of planned performance for each quarter of 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)
Confirmation of actual performance for Q1 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)
Commentary on progress against the metric and details of any changes to the metric including reference to reasons for changing

7) Understanding Support Needs

This asks what the key barrier to integration is locally and what support might be required in delivering the six key aspects of integration set out previously. This section builds upon the information collected through the BCF Readiness Survey in March 2015. HWBs are asked to:
Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan
Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

8) 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.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

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

Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

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?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	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?	6) 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

Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Comments	Any unreleased funds were used for: Q4 14/15	Any unreleased funds were used for: Q1 15/16
Yes	Yes	Yes	Yes	Yes

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 total yearly plan and the pooled fund
Income to	Plan	Yes	Yes	Yes	Yes	Yes
	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual					
Expenditure From	Plan	Yes	Yes	Yes	Yes	Yes
Expenditure From	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual					
	Commentary	Yes				

Local Metrics

Same local performance metric in plan?	If the answer is No details
Yes	Yes

	Plan Q4 14/15	Plan Q1 15/16	Plan Q2 15/16	Plan Q3 15/16	Actual Q4 14/15	Actual Q1 15/16
Local performance metric plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes					

Same local performance metric in plan?	If the answer is No details
Yes	Yes

	Plan Q4 14/15	Plan Q1 15/16	Plan Q2 15/16	Plan Q3 15/16	Actual Q4 14/15	Actual Q1 15/16
Local patient experience plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes					

Understanding Support Needs

Area of integration greatest challenge	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

Narrative

Brief Narrative
Yes

Cover and Basic Details

Q1 2015/16

Health and Well Being Board	Coventry
completed by:	Marc Greenwood
E-Mail:	marc.greenwood@coventry.gov.uk
Contact Number:	024 7683 2122
Who has signed off the report on behalf of the Health and Well Being Board:	Cllr Clifford

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	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Coventry

Data Submission Period:

Q1 2015/16

Budget arrangements	
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 Q4 data collection previously filled in by the HWB.

National Conditions

Please select
Yes
No
No - In Progress

Selected Health and Well Being Board:

Coventry

Data Submission Period:

Q1 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	Please Select (Yes, No or No - In Progress)	"No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment			
1) Are the plans still jointly agreed?	Yes			1	1	1
2) Are Social Care Services (not spending) being protected?	Yes			1	1	1
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Dec-15	A demand and capacity review is currently being undertaken across the acute and community setting. This review will identify any current gaps in 7 day provision and allow local plans to be enhanced.	1	1	1
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	Oct-15	Implementation of the NHS Spine is in progress. It is estimated this will be completed by October 2015.	1	1	1
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes			1	1	1
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes			1	1	1
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	Dec-15	The Integrated Neighbourhoods Team model has recently been piloted wihtin two GP practices. Approval has now been given for the scale up of this approach that will enable city wide delievery of joint assessment and suport planning for high risk individuals. Full rollout is planned for December 2015.	1	1	1
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes			1	1	1

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 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.

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

Selected Health and Well Being Board: Coventry

	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
D. REVALIDATED: HWB version of plans to be used for future monitoring	8,145	8,496	8,589	8,589	8,292	8,455	7,813	8,150	7,413	7,567		

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	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
				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			
D. REVALIDATED: HWB version of plans to be used for future monitoring	3.3%	1,108	£1,651,629	-147	-108	670	1108	£0	£0	£998,227	£653,402	732	929			£0	£0			£1,651,629	£6,294,000	£0

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
Quarterly payment taken from above	£0	£0		
Actual payment locally agreed	£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 Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	£0		
Actual amount of locally agreed unreleased funds	£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		

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 at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

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: Coventry

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	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	£12,994,750	£12,994,750	£12,994,750	£12,994,750	£51,979,000	£51,979,000
	Forecast	£12,994,750	£12,994,750	£12,994,750	£12,994,750		
	Actual*	£12,994,750					

Please comment if there is a difference between the total yearly plan and the pooled fund	

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	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	£12,994,750	£12,994,750	£12,994,750	£12,994,750	£51,979,000	£51,979,000
	Forecast	£12,994,750	£12,994,750	£12,994,750	£12,456,750		
	Actual*	£10,623,777					

Please comment if there is a difference between the total yearly plan and the pooled fund	

Commentary on progress against financial plan:	Work is underway on a number of schemes and it is expected that these will start to deliver some of the expected savings in the Q2 forecast which will be managed in line with agreement

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 Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board: Coventry

Local performance metric as described in your approved BCF plan	The outcome of short-term services: sequel to service
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local performance metric plan and actual	60	0	0	0	70	0		

Please provide commentary on progress / changes:	This is a percentage target and is based on the annual ASCOF 2d indicator derived from the SALT Return for 2014-15. As this is derived and calculated annually the recent Q&A guidance states that we should enter 0 in the quarters other than Q4.

Local defined patient experience metric as described in your approved BCF plan	Proposal that the family and friends scores for A+E and inpatients are used until a measure of user experience that better reflects an integrated system view can be developed.
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local defined patient experience metric plan and actual:	0	0	0	0	0	0		

Please provide commentary on progress / changes:	In the absence of a national measure this is planned trial extension of the NHS Friends and Family test into the short term home based enablement service. Targets yet to be agreed - rollout to be undertaken in September 2015 and await intial response rates and scores to enable this to take place.

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.

<u>Support requests</u>

Selected Health and Well Being Board: Coventry

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)?	3.Developing underpinning integrated datasets and information systems

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	Yes	Case studies or examples of good practice	Examples of good pracitice, particluarly in relation the the administration of CHC and joint assessments would be benefical.
3. Developing underpinning integrated datasets and information systems	Yes	Central guidance or tools	take place to allow helaht and socal care organisations to understand the full patient journey and where improvements can be made when seen through a genuine single pathway.
4. Aligning systems and sharing benefits and risks	Yes	Case studies or examples of good practice	Examples of how other local areas are achieveing alingment of systems and benefits sharing would be beneficial.
5. Measuring success	Yes	Case studies or examples of good practice	Examples of how others have accruately measured the benefits and success across helath and social care systems will be beneficial.
6. Developing organisations to enable effective collaborative health and social care working relationships	No		

Narrative

Selected Health and Well Being Board:

Coventry

Data Submission Period:

Q1 2015/16

Narrative		Remaining Characters	32,238

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.
A perfect week was recently held at University Hospital Coventry and Warwickshire and resulted in an improvement in the admission and discharge rates. The learning from the perfect week is being used to continue to improve the DToC levels that remain high. The national BCF support team visited Coventry recently and attended the programme board. The visit provided the BCF team with the opportunity to listen to the experiences of board to date and to take away learning for the on-going development of the national programme.

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