

Template for BCF submission 3: due on 03 May 2016

Better Care Fund 2016-17 Planning Template

Sheet: 1. Cover Sheet

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. The selection of your Health and Wellbeing Board (HWB) on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

All data that has been pre-populated in the yellow cells has been taken from submission 2 templates submitted by Health and Well-Being Boards, where a submission 2 template was not received the submission 1 data has been used instead."

On the cover sheet please enter the following information:

- The Health and Wellbeing Board;
- The name of the lead contact who has completed the report, with their email address and contact number for use in resolving any queries regarding the return;
- The name of the lead officer who has signed off the report on behalf of the CCGs and Local Authority in the HWB area. 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 6 cells are green should the template be sent to england.bettercaresupport@nhs.net

You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

It presents a summary of the first BCF submission and a mapped summary of the NEA activity plans received in the second iteration of the "CCG NHS Shared Planning Process".

Health and Well Being Board	Barnsley
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completed by:	Jamie Wike
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Who has signed off the report on behalf of the Health and Well Being Board:	Rachel Dickinson and Lesely Jane Smith
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Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

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Sheet: 2. Summary of Health and Well-Being Board 2016/17 Planning Template

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2016/17

2. Summary and confirmations

This sheet summarises information provided on sheets 2 to 6, and allows for confirmation of the amount of funding identified for supporting social care and any funds ring-fenced as part of risk sharing arrangement. To do this, there are 2 cells where data can be input.

On this tab please enter the following information:

- In cell E37, please confirm the amount allocated for ongoing support for adult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the 'HWB Expenditure Plan' tab. If this is the case then cell F37 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F47 please indicate the total value of funding held as a contingency as part of local risk share, if one is being put in place. For guidance on instances when this may be appropriate please consult the full BCF Planning Requirements document. Cell F44 shows the HWB share of the national £1bn that is to be used as set out in national condition vii. Cell F45 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the 'HWB Expenditure Plan' tab. Cell F49 will show any potential shortfall in meeting the financial requirements of the condition. The rest of this tab will be populated from the information provided elsewhere within the template, and provides a useful printable summary of the return.

3. HWB Funding Sources

	Gross Contribution
Total Local Authority Contribution	£2,330,936
Total Minimum CCG Contribution	£18,263,441
Total Additional CCG Contribution	£0
Total BCF pooled budget for 2016-17	£20,594,378

Specific funding requirements for 2016-17	Select a response to the questions in column B
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes

4. HWB Expenditure Plan

Summary of BCF Expenditure (*)

	Expenditure
Acute	£1,700,000
Mental Health	£0
Community Health	£6,718,000
Continuing Care	£0
Primary Care	£0
Social Care	£12,176,378
Other	£0
Total	£20,594,378

Please confirm the amount allocated for the protection of adult social care

Expenditure
£12,176,378

If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool (**)

	Expenditure
Mental Health	£0
Community Health	£6,718,000
Continuing Care	£0
Primary Care	£0
Social Care	£0
Other	£0
Total	£6,718,000

BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share

	Fund
Local share of ring-fenced funding	£5,189,952
Total value of NHS commissioned out of hospital services spend from minimum pool	£6,718,000
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£0
Balance (+/-)	£1,528,048

5. HWB Metrics

5.1 HWB NEA Activity Plan

	Q1	Q2	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	8,182	7,687	8,023	7,895	31,787
HWB Quarterly Additional Reduction Figure	0	0	0	0	0
HWB NEA Plan (after reduction)	8,182	7,687	8,023	7,895	31,787
Additional NEA reduction delivered through the BCF					£0

5.2 Residential Admissions

		Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	675.8

5.3 Reablement

		Planned 16/17
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual %	86.0%

5.4 Delayed Transfers of Care

		Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	146.5	147.0	146.5	145.6

5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 return)

	Metric Value
	Planned 16/17
Proportion of people who feel they are supported to manage their long term conditions	70.0

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 return)

	Metric Value
	Planned 16/17
The proportion of people reporting poor experience of General Practice and Out-of-Hours Services (average number of negatives reponse per 100 patients)	5.3
Numerator and Denominators are not available on the Levels of Ambition Atlas.	

6. National Conditions

National Conditions For The Better Care Fund 2016-17	Please Select (Yes, No or No - plan in place)
1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services (not spending)	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes
4) Better data sharing between health and social care, based on the NHS number	Yes
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	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan	Yes

Footnotes

* Summary of BCF Expenditure is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

**** Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;

Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)

Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)

Source of Funding = CCG Minimum Contribution

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Sheet: 3. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2016/17

3. HWB Funding Sources

This sheet should be used to set out all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2016-17. It will be pre-populated with the minimum CCG contributions to the Fund in 2016/17, as confirmed within the BCF Allocations spreadsheet. <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan>

These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

On this tab please enter the following information:

- Please use rows 16-25 to detail Local Authority funding contributions by selecting the relevant authorities and then entering the values of the contributions in column C. This should include all mandatory transfers made via local authorities, as set out in the BCF Allocations spreadsheet, and any additional local authority contributions. There is a comment box in column E to detail how contributions are made up or to allow contributions from an LA to split by funding source or purpose if helpful. Please note, only contributions assigned to a Local Authority will be included in the 'Total Local Authority Contribution' figure.
- Please use cell C42 to indicate whether any additional CCG contributions are being made. If 'Yes' is selected then rows 45 to 54 will turn yellow and can be used to detail all additional CCG contributions to the fund by selecting the CCG from the drop down boxes in column B and enter the values of the contributions in column C. There is a comment box in column E to detail how contributions are made up or any other useful information relating to the contribution. Please note, only contributions assigned to an additional CCG will be included in the 'Total Additional CCG Contribution' figure. - Cell C57 then calculates the total funding for the Health and Wellbeing Board, with a comparison to the 2015-16 funding levels set out below. - Please use the comment box in cell B61 to add any further narrative around your funding contributions for 2016-17, for example to set out the driver behind any change in the amount being pooled. The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.
- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Local Authority Contribution(s)	Gross Contribution
Barnsley	£2,330,936
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
<Please Select Local Authority>	
Total Local Authority Contribution	£2,330,936

Comments - please use this box clarify any specific uses or sources of funding
This represents the DFG allocation.

CCG Minimum Contribution	Gross Contribution
NHS Barnsley CCG	£18,263,441
Total Minimum CCG Contribution	£18,263,441

Are any additional CCG Contributions being made? If yes please detail below; **No**

Additional CCG Contribution	Gross Contribution
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
Total Additional CCG Contribution	£0

Comments - please use this box clarify any specific uses or sources of funding

Total BCF pooled budget for 2016-17 **£20,594,378**

Funding Contributions Narrative
 Contributions are set at minimum as per national allocations announcement.

The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.
 - Please use column C to respond to the question from the dropdown options;
 - Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Specific funding requirements for 2016-17	Select a response to the questions in column B	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	Yes	
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	

4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?

Yes

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Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well-Being Board:

Barnsley

Data Submission Period:

2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:

- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the areas of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme;
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Scheme Name	Scheme Type (see table below for descriptions)	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Expenditure					2016/17 Expenditure (£)	New or Existing Scheme	Total 15-16 Expenditure (£) (if existing scheme)	
					Commissioner	If Joint % NHS	If Joint % LA	Provider	Source of Funding				
Support for 7 day working services	7 day working		Acute		CCG				NHS Acute Provider	CCG Minimum Contribution	£1,700,000	Existing	£1,700,000
Intermediate Care Services	Intermediate care services		Community Health		CCG				NHS Community Provider	CCG Minimum Contribution	£6,718,000	Existing	£6,718,000
Reablement and Social Services	Reablement services		Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£3,249,000	Existing	£3,249,000
Maintaining Eligibility Criteria for Social Care (Core Services)	Other	Social Care	Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£3,591,000	Existing	£3,591,000
Maintaining Eligibility Criteria for Social Care (Demographics)	Other	Social Care	Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£1,244,000	Existing	£1,244,000
Additional Reablement Funding	Reablement services		Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£49,000	Existing	£49,000
Disabilities Facilities	Assistive Technologies		Social Care		Local Authority				Local Authority	Local Authority Social Services	£2,331,000	Existing	£2,331,000
Provision of Funding to Carer's Groups	Support for carers		Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£51,000	Existing	£51,000
Short-Term Residential Care	Support for carers		Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£710,000	Existing	£710,000
Care Act Implementation	Other	Social Care	Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£700,000	Existing	£700,000
Intermediate Care Services	Improving healthcare services to care homes		Social Care		Local Authority				Local Authority	CCG Minimum Contribution	£344,378	Existing	£439,000

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Sheet: 5. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:
Barnsley

Data Submission Period:
2016/17

5. HWB Metrics

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2016-17. This should build on planned and actual performance on these metrics in 2015-16. The BCF requires plans to be set for 4 nationally defined metrics and 2 locally defined metrics. The non-elective admissions metric section is pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2016-17. There is then the option to adjust this by indicating how many admissions can be avoided through the BCF plan, which are not already built into CCG operating plan assumptions. Where it is decided to plan for an additional reduction in NEA activity through the BCF this option is also provided within the template to set out an associated risk sharing arrangement. Once CCG have made their second operating plan activity uploads via Unity this data will be populated into a second version of this template by the national team and sent back in time for the second BCF submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets again based on the new data. The full specification and details around each of the six metrics is included in the BCF Planning Requirements document. Comments and instructions in the sheet should provide the information required to complete the sheet.

Further information on how when reductions in Non-Elective Activity and associated risk sharing arrangements should be considered is set out within the BCF Planning Requirements document.

5.1 HWB NEA Activity Plan

- Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)
- If you have answered Yes in cell E43 then in cells G45, I45, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.
- In cell E49 please confirm whether you are putting in place a local risk sharing agreement (Yes/No)
- In cell E54 please confirm or amend the cost of a non elective admission. This is used to calculate a risk share fund, using the quarterly additional reduction figures.
- Please use cell F54 to provide a reason for any adjustments to the cost of NEA for 16/17 (if necessary)

	% CCG registered population that has resident population in Barnsley	% Barnsley resident population that is in CCG registered population	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total (Q1 - Q4)	
			CCG Total Non-Elective Admission Plan**	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan**	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan**	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan**	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan**	HWB Non-Elective Admission Plan**
Contributing CCGs												
NHS Barnsley CCG	94.4%	98.2%	8,539	8,061	8,018	7,568	8,368	7,900	8,235	7,774	33,156	31,304
NHS Doncaster CCG	0.3%	0.3%	9,391	25	9,494	25	9,494	25	9,287	25	37,666	100
NHS Greater Huddersfield CCG	0.2%	0.2%	6,352	11	6,347	11	6,594	12	6,445	12	25,738	46
NHS Rotherham CCG	0.3%	0.3%	6,960	21	6,733	20	7,231	22	7,010	21	27,934	85
NHS Sheffield CCG	0.2%	0.4%	13,672	23	13,324	23	13,940	24	13,399	23	54,335	93
NHS Wakefield CCG	0.4%	0.6%	10,533	40	10,533	40	10,533	40	10,534	40	42,133	159
Totals		100%	55,447	8,182	54,447	7,687	56,160	8,023	54,910	7,895	220,964	31,787

Are you planning on any additional quarterly reductions?	No
If yes, please complete HWB Quarterly Additional Reduction Figures	
HWB Quarterly Additional Reduction Figure	
HWB NEA Plan (after reduction)	
HWB Quarterly Plan Reduction %	

Are you putting in place a local risk sharing agreement on NEA?	No
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share ***	£5,189,952

Cost of NEA as used during 15/16 ****	£2,216	Please add the reason, for any adjustments to the cost of NEA for 16/17 in the cell below.
Cost of NEA for 16/17 ****		

Additional NEA reduction delivered through the BCF					
HWB Plan Reduction %					

** This is taken from the latest CCG NEA plan figures included in the Unity2 planning template, aggregated to quarterly level, extracted on 12th April 2016.

** This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

*** Within the sum subject to the condition on NHS out of hospital commissioned services/risk share, for any local area putting in place a risk share for 2016/17 as part of its BCF planning, we would expect the value of the risk share to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of data: <https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx>

**** Please use the following document and amend the cost if necessary in cell E54. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477919/2014-15_Reference_costs_publication.pdf

5.2 Residential Admissions

- In cell G69 please enter your forecasted level of residential admissions for 2015-16. In cell H69 please enter your planned level of residential admissions for 2016-17. The actual rate for 14-15 and the planned rate for 15-16 are provided for comparison. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

	Annual rate	Actual 14/15****	Planned 15/16****	Forecast 15/16	Planned 16/17	Comments
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population		697.5	628.7	657.8	675.3	Our approved target for 2016/17 is a rate of 675 admissions per 100,000, which based on the population estimated below equates to 308 admissions. This appears to reflect a slight increase in planned admissions from 2015/16 however this is to reflect changes to the calculation. Historically where a person comes out of residential or nursing care within a set time period these have not been counted as permanent admissions. The figures will now include all cases where there is an intention to admit permanently and therefore, based on current rates this would mean an increase of around 5% so the 16/17 target is in effect set to maintain current rates
	Numerator	307	281	294	303	
	Denominator	44,015	44,694	44,694	45,574	

****Actual 14/15 & Planned 15/16 collected using the following definition - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population. Any numerator less than 6 has been suppressed in the published data and is therefore showing blank in the numerator and annual rate cells above. These cells will also be blank if an estimate has been used in the published data. Planned 15/16 rate has been amended for 6 HWBs to show the rate as calculated by using the numerator and denominator shown in the table.

5.3 Reablement

- Please use cells G82-83 (forecast for 15-16) and H82-83 (planned 16-17) to set out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services) and the numerator figure in cell G82/H82 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell G81/H81. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Actual 14/15****	Planned 15/16	Forecast 15/16	Planned 16/17	Comments	
	Annual %	81.8%	85.0%	85.0%	86.0%	We are currently forecasting to achieve the 2015/16 target and work is ongoing to finalise year end performance.
	Numerator	165	170	241	244	
	Denominator	205	200	283	283	

****Any numerator or denominator less than 6 has been suppressed in the published data and is therefore showing blank in the cells above. These cells will also be blank if an estimate has been used in the published data.

5.4 Delayed Transfers of Care

- Please use rows 92-95 (column L for Q4 15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figures in cells L94-P94 (the Delayed Transfers Of Care (delayed days) from hospital) needs entering. The rate will be calculated for you in cells L93-P93. Please add a commentary in column Q to provide any useful information in relation to how you have agreed this figure.

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	15-16 plans				15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures				16-17 plans				Comments		
	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)			
	Quarterly rate	183.6	224.4	54.6	127.0	126.8	231.3	212.7	228.7	146.5	147.0	146.5		145.6	2016/17 plans are for DTO to be in line with the level set out in the target for 2015/16
	Numerator	346	423	103	241	239	436	401	434	276	270	278			
	Denominator	188,489	188,489	188,489	189,785	188,489	188,489	188,489	189,785	189,785	189,785	189,785		190,862	

5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 return)

- Please use rows 105-107 to update information relating to your locally selected performance metric. The local performance metric set out in cell C105 has been taken from your BCF 16-17 planning submission 2 template - these local metrics can be amended, as required.

Proportion of people who feel they are supported to manage their long term conditions	Planned 15/16	Planned 16/17	Comments	
	Metric Value	70.0	70.0	Based on the most recent performance period the planned performance in 2015/16 is unlikely to be achieved however this remains an important area of work and therefore the target will be retained for 2016/17
	Numerator	1,208.0	1,208.0	
	Denominator	1,725.0	1,725.0	

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 return)

- You may also use rows 117-119 to update information relating to your locally selected patient experience metric. The local patient experience metric set out in cell C117 has been taken from your BCF 16-17 planning submission 2 template - these local metrics can be amended, as required.

The proportion of people reporting poor experience of General Practice and Out-of-Hours Services (average number of negatives response per 100 patients)	Planned 15/16	Planned 16/17	Comments	
	Metric Value	5.3	5.3	The baseline used for originally setting the target for this measure was 2012/13 and performance was 5.3. This was positive compared to comparator CCGs and therefore the aim was to maintain performance. When the 2013/14 survey results were published this showed that prior to commencement of the BCF the performance had dropped to 7.3 meaning to achieve the target over the 2 year period would require substantial improvement and that as the measure is based on experience, the actions being taken would be unlikely to have immediate impact upon responses to the patient survey. The BCF target set out for 2015/16 is unlikely to be achieved however the ongoing investment in and development of primary care are expected to have a positive impact and therefore the target has been retained for 2016/17.
	Numerator	0.0	0.0	
	Denominator	0.0	0.0	

Template for BCF submission 3: due on 03 May 2016

Sheet: 6. National Conditions

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2016/17

6. National Conditions

This sheet requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2016-17. The conditions are set out in full in the BCF Policy Framework and further guidance is provided in the BCF Planning Requirements document. Please answer as at the time of completion. On this tab please enter the following information:

- For each national condition please use column C to indicate whether the condition is being met. The sheet sets out the eight conditions and requires the Health & Wellbeing Board to confirm either 'Yes', 'No' or 'No - in development' for each one. 'Yes' should be used when the condition is already being fully met. 'No - in development' should be used when a condition is not currently being met but a plan is in development to meet this through the delivery of your BCF plan in 2016-17. 'No' should be used to indicate that there is currently no plan agreed for meeting this condition by 31st March 2017.

- Please use column C to indicate when it is expected that the condition will be met / agreed if it is not being currently.

- Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1) Plans to be jointly agreed	Yes	
2) Maintain provision of social care services (not spending)	Yes	
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	
4) Better data sharing between health and social care, based on the NHS number	Yes	
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	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan	Yes	