

## Overview

The purpose of this template is to collect finance and activity information from CCGs, local authorities, and HWBs in relation to Better Care Fund plans for 2016-17. The template represents the minimum collection required to provide assurance that plans meet the requirements of the Better Care Fund policy framework set out by the Department of Health and the Department of Communities and Local Government [\[INSERT LINK\]](#). This information will be used during the regionally lead assurance process in order to ensure that BCF plans being recommended for sign-off meet technical requirements of the fund.

The information collected within this template is therefore not intended to function as a 'plan' but rather as a submission of data relating to a plan. A narrative plan will also need to be provided separately to regional teams, but this will not be conducted via a centrally submitted template for 2016-17. CCGs, local authorities, and HWBs will want to consider additional finance and activity information that they may wish to include within their own BCF plans that is not captured here.

This tab provides an overview of the information that needs to be completed in each of the other tabs of the template. This should be read in conjunction with Annex J of the NHS Shared Planning Guidance for 2016-17; Better Care Fund Planning Requirements for 2016-17', which is published here: [\[INSERT LINK\]](#).

The full submission timeline is set out as follows:

[\[INSERT TIMELINE\]](#)

## Introduction

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre populated cell

The details of each sheet within the template are outlined below.

## Checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks

- the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
- the 'checker' column (E) which updates as questions within each sheet are completed.

Once all tick-boxes have been selected the 'sheet completed' cell will change to green and contain the word "Yes".

The checker column (E) has been coloured so that if a value is missing from the sheet it refers to, the cell will be Red and contain the word "No" - once completed the cell will change to Green and contain the word "Yes".

Once the checker column contains all cells marked "Yes" the 'Incomplete Template' cell (B6) will change to 'Complete Template'.

Please ensure that all boxes on the checklist tab are green before submission.

## 1. Cover

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 on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

On the cover sheet please **enter the following information:**

- The Health and Well Being 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 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 6 cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

## 2. Summary and confirmations

This sheet summarises information provided on sheets 2 to 5, 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 D29 ,please confirm the amount allocated for ongoing support 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 E29 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F39 please indicate the total value of funding held as a contingency as part of local risk share, if appropriate. For guidance on instances when this may be appropriate please consult the full BCF Planning Requirements document. Cell F36 shows the HWB share of the national £1bn that is to be used as set out in national condition 6. Cell F37 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the 'HWB Expenditure Plan' tab. Cell F39 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.

### 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. [\[INSERT LINK\]](#) These cannot be changed.

On this tab please **enter the following information:**

- Please use rows 15-24 to detail Local Authority funding contributions by selecting the relevant authority from the drop down in column B 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 provided to detail how contributions are made up.
- Please use cell C41 to indicate whether any additional CCG contributions are being made. If 'Yes' is selected then rows 44 to 53 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.

Cell C56 then calculates the total funding for the Health and Wellbeing Board.

### 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 B68 - C76); 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 area 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.

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.

### 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 national metrics and 2 local metrics. The non-elective admissions metric does not currently require any input of data during the first submission - once CCG plans have been collected this data will be populated into this template by the national team and sent back in time for the second submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets. 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.

On this tab please **enter the following information:**

- In cell F48 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 G to provide any useful information in relation to how you have agreed this figure.
- Please use cell F57-59 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 F59 (the planned total number of older people (65 and over) discharged from hospital into reablement/ rehabilitation services) and the numerator figure in cell F58 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell F57. Please add a commentary in column G to provide any useful information in relation to how you have agreed this figure.
- Please use rows 74-76 to update information relating to your locally selected performance metric. The local performance metric set out in cell B74 has been taken from your 2015/16 approved BCF plan and 2015/16 Q1 return - these local metrics can be amended, as required.
- You may also use rows 82-84 to update information relating to your locally selected patient experience metric, although this is no longer a national requirement. The local patient experience metric set out in cell B82 has been taken from your 2015/16 approved BCF plan and 2015/16 Q1 return.

## 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 [\[INSERT LINK\]](#) and further guidance is provided in the BCF Planning Requirements document [\[INSERT LINK\]](#). 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, or will be by 31st March 2016. 'No - plan in place' should be used when a condition is not currently being met but a plan is agreed to meet this through the delivery of your BF plan in 2016-17. 'No' should be used to indicate that there is currently no plan agreed for meeting this condition.
- Please use column C to indicate when it is expected that the condition will be met 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.

## CCG - HWB Mapping

The final tab provides details of the CCG to HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity plans.

# Better Care Fund 16/17 Planning Template

## Data collection checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks

- the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
- the 'checker' column (E) which updates as questions within each sheet are completed. Once all tick-boxes have been selected the 'sheet completed' cell will change to green and contain the word "Yes". The checker column (E) has been coloured so that if a value is missing from the sheet it refers to, the cell will be Red and contain the word "No" - once completed the cell will change to Green and contain the word "Yes". Once the checker column contains all cells marked "Yes" the 'Incomplete Template' cell (B6) will change to 'Complete Template'. Please ensure that all boxes on the checklist tab are green before submission.

### 1. Cover

	Cell Reference	Complete?	Checker
Health and Well Being Board completed by:	<a href="#">C9</a>	<input type="checkbox"/>	Yes
e-mail:	<a href="#">C12</a>	<input type="checkbox"/>	Yes
contact number:	<a href="#">C14</a>	<input type="checkbox"/>	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	<a href="#">C16</a>	<input type="checkbox"/>	Yes
	<a href="#">C18</a>	<input type="checkbox"/>	Yes

Tab Completed:	No
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### 2. Summary and confirmations

	Cell Reference	Complete?	Checker
Summary of BCF Expenditure : Please confirm the amount allocated for the protection of adult social care : Expenditure (£000's)	<a href="#">D29</a>	<input type="checkbox"/>	Yes
Summary of BCF Expenditure : If the figure in cell D29 differs to the figure in cell C29, please indicate the total amount from the BCF that has been allocated for the protection of adult social care services	<a href="#">E29</a>	<input type="checkbox"/>	Yes
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	<a href="#">F39</a>	<input type="checkbox"/>	No

Tab Completed:	No
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### 3. HWB Funding Sources

	Cell Reference	Complete?	Checker
Local authority Social Services: <Please Select Local Authority>	<a href="#">B16 : B25</a>	<input type="checkbox"/>	
Gross Contribution: £000's	<a href="#">C16 : C25</a>	<input type="checkbox"/>	
Are any additional CCG Contributions being made? If yes please detail below;	<a href="#">C42</a>	<input type="checkbox"/>	
Additional CCG Contribution: <Please Select CCG>	<a href="#">B45 : B54</a>	<input type="checkbox"/>	
Gross Contribution: £000's	<a href="#">C45 : C54</a>	<input type="checkbox"/>	
Comments (if required)	<a href="#">E16</a>	<input type="checkbox"/>	N/A

Tab Completed:	No
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**4. HWB Expenditure Plan**

	Cell Reference	Complete?	Checker
Scheme Name	B17 : B66	<input type="checkbox"/>	Yes
Scheme Type (see table below for descriptions)	C17 : C66	<input type="checkbox"/>	Yes
Please specify if 'Scheme Type' is 'other'	D17 : D66	<input type="checkbox"/>	Yes
Area of Spend	E17 : E66	<input type="checkbox"/>	Yes
Please specify if 'Area of Spend' is 'other'	F17 : F66	<input type="checkbox"/>	Yes
Commissioner	G17 : G66	<input type="checkbox"/>	Yes
if Joint % NHS	H17 : H66	<input type="checkbox"/>	Yes
if Joint % LA	I17 : I66	<input type="checkbox"/>	Yes
Provider	J17 : J66	<input type="checkbox"/>	Yes
Source of Funding	K17 : K66	<input type="checkbox"/>	Yes
2016/17 (£000's)	L17 : L66	<input type="checkbox"/>	Yes
New or Existing Scheme	M17 : M66	<input type="checkbox"/>	Yes

Tab Completed:	No
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**5. HWB Metrics**

	Cell Reference	Complete?	Checker
Residential Admissions : Numerator : Planned 16/17	F48	<input type="checkbox"/>	Yes
Comments (if required)	G47	<input type="checkbox"/>	N/A
Reablement : Numerator : Planned 16/17	F58	<input type="checkbox"/>	Yes
Reablement : Denominator : Planned 16/17	F59	<input type="checkbox"/>	Yes
Comments (if required)	G57	<input type="checkbox"/>	N/A
Delayed Transfers of Care : 16/17 Plans : Q1	L67	<input type="checkbox"/>	Yes
Delayed Transfers of Care : 16/17 Plans : Q2	M67	<input type="checkbox"/>	Yes
Delayed Transfers of Care : 16/17 Plans : Q3	N67	<input type="checkbox"/>	Yes
Delayed Transfers of Care : 16/17 Plans : Q4	O67	<input type="checkbox"/>	Yes
Comments (if required)	P66	<input type="checkbox"/>	N/A
Local Performance Metric	B74	<input type="checkbox"/>	Yes
Local Performance Metric : Planned 15/16 : Metric Value	D74	<input type="checkbox"/>	Yes
Local Performance Metric : Planned 15/16 : Numerator	D75	<input type="checkbox"/>	Yes
Local Performance Metric : Planned 15/16 : Denominator	D76	<input type="checkbox"/>	Yes
Local Performance Metric : Planned 16/17 : Metric Value	E74	<input type="checkbox"/>	Yes
Local Performance Metric : Planned 16/17 : Numerator	E75	<input type="checkbox"/>	Yes
Local Performance Metric : Planned 16/17 : Denominator	E76	<input type="checkbox"/>	Yes
Comments (if required)	F74	<input type="checkbox"/>	N/A
Local defined patient experience metric	B82	<input type="checkbox"/>	Yes
Local defined patient experience metric : Planned 15/16 : Metric Value	D82	<input type="checkbox"/>	Yes
Local defined patient experience metric : Planned 15/16 : Numerator	D83	<input type="checkbox"/>	Yes
Local defined patient experience metric : Planned 15/16 : Denominator	D84	<input type="checkbox"/>	Yes
Local defined patient experience metric : Planned 16/17 : Metric Value	E82	<input type="checkbox"/>	Yes
Local defined patient experience metric : Planned 16/17 : Numerator	E83	<input type="checkbox"/>	Yes
Local defined patient experience metric : Planned 16/17 : Denominator	E84	<input type="checkbox"/>	Yes
Comments (if required)	F82	<input type="checkbox"/>	N/A

Tab Completed:	No
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6. National Conditions

	Cell Reference	Complete?	Checker
1) Plans to be jointly agreed	C14	<input type="checkbox"/>	Yes
2) Maintain provision of social care services (not spending)	C15	<input type="checkbox"/>	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	C16	<input type="checkbox"/>	Yes
4) Better data sharing between health and social care, based on the NHS number	C17	<input type="checkbox"/>	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	C18	<input type="checkbox"/>	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	C19	<input type="checkbox"/>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	C20	<input type="checkbox"/>	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	C21	<input type="checkbox"/>	Yes
1) Plans to be jointly agreed, Comments	D14	<input type="checkbox"/>	Yes
2) Maintain provision of social care services (not spending), Comments	D15	<input type="checkbox"/>	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, Comments	D16	<input type="checkbox"/>	Yes
4) Better data sharing between health and social care, based on the NHS number, Comments	D17	<input type="checkbox"/>	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, Comments	D18	<input type="checkbox"/>	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans, Comments	D19	<input type="checkbox"/>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services, Comments	D20	<input type="checkbox"/>	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan, Comments	D21	<input type="checkbox"/>	Yes

Tab Completed:	No
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**Cover and Basic Details - Better Care Fund Planning Template**

2016/17

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 on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

On the cover sheet please enter the following information:

- The Health and Well Being 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;
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**Health and Well Being Board** Leicester

**completed by:** David Lewis

**E-Mail:** [David.Lewis@LeicesterCityCCG.nhs.uk](mailto:David.Lewis@LeicesterCityCCG.nhs.uk)

**Contact Number:** 0116 295 1481

**Who has signed off the report on behalf of the Health and Well Being Board:** Councillor Rory Palmer, Chair of Leicester City Health and Well

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

	No. of questions answered
1. Cover	5
2. HWB Funding Sources	#REF!
3. HWB Expenditure Plan	11
4. HWB P4P Metric	21
5. HWB Metrics	16
Summary	2



## Summary of Health and Well-Being Board 2016/17 Planning Template

Selected Health and Well Being Board:

Leicester

Data Submission Period:

2016/17

### 3. HWB Funding Sources

This sheet summarises information provided on sheets 2 to 5, 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 D29, please confirm the amount allocated for ongoing support 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 E29 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F39 please indicate the total value of funding held as a contingency as part of local risk share, if appropriate. For guidance on instances when this may be appropriate please consult the full BCF Planning Requirements document. Cell F36 shows the HWB share of the national £1bn that is to be used as set out in national condition 6. Cell F37 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the 'HWB Expenditure Plan' tab. Cell F39 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.

	Gross Contribution
Total Local Authority Contribution	£0
Total Minimum CCG Contribution	£21,861,000
Total Additional CCG Contribution	£0
<b>Total Contribution</b>	<b>£21,861,000</b>

### 4. HWB Expenditure Plan

	Expenditure	Expenditure	
<b>Summary of BCF Expenditure</b>			Please confirm the amount allocated for the protection of adult social care If the figure in cell D29 differs to the figure in cell C29, please indicate the total amount from the BCF that has been allocated for the protection of adult social care services
Acute	£1,926,540		
Mental Health	£314,927		
Community Health	£2,581,195		
Continuing Care	£0		
Primary Care	£2,600,292		
Social Care	£14,075,289	£14,075,289	
Other	£362,757		
<b>Total</b>	<b>£21,861,000</b>		

#### Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

	Expenditure
Mental Health	£0
Community Health	£0
Continuing Care	£0
Primary Care	£0
Social Care	£0
Other	£0
<b>Total</b>	<b>£0</b>

#### Summary of use of local share of £1 billion previously linked to performance fund

	Fund
Local share of £1 billion	£6,180,000
Total value of NHS commissioned out of hospital services spend from	£0
Total value of funding held as contingency as part of local risk share	
<b>Balance (+/-)</b>	<b>-£6,180,000</b>

### 5. HWB Metrics

#### HWB NEA Activity plan

	Q1	Q2	Q3	Total
Total HWB Planned Non-Elective Activity	0	0	0	0

#### 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	634.3848857

#### Reablement

		Planned 16/17
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual %	90%

#### Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
		566.8	532.1	497.4	460.2

#### Local performance metric (as described in your approved BCF plan / Q1 return)

	Metric Value
	Planned 16/17
Number of patients on dementia registers as % of the estimated dementia prevalence (national indicator)	0.700030239

#### Local defined patient experience metric (as described in your approved BCF plan / Q1 return)

	Metric Value
	Planned 16/17
Taken from GP Survey (For respondents with a long-standing health condition)	8.8

#### 6. National Conditions

Condition	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	No - in development
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



Health and Well-Being Board Better Care Fund Metrics

**Selected Health and Well Being Board:**  
Leicester

**Data Submission Period:**  
2016/17

**Better Care Fund Metrics**

**HWB NEA Activity plan**

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 national metrics and 2 local metrics. The non-elective admissions metric does not currently require any input of data during the first submission - once CCG plans have been collected this data will be populated into this template by the national team and sent back in time for the second submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets. 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. On this tab please enter the following information:

- In cell F48 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 G to provide any useful information in relation to how you have agreed this figure.
- Please use cell F57-59 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 F59 (the planned total number of older people (65 and over) discharged from hospital into reablement/ rehabilitation services) and the numerator figure in cell F58 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell F57. Please add a commentary in column G to provide any useful information in relation to how you have agreed this figure.
- Please use rows 74-76 to update information relating to your locally selected performance metric. The local performance metric set out in cell B74 has been taken from your 2015/16 approved BCF plan and 2015/16 Q1 return - these local metrics can be amended, as required.
- You may also use rows 82-84 to update information relating to your locally selected patient experience metric, although this is no longer a national requirement. The local patient experience metric set out in cell B82 has been taken from your 2015/16 approved BCF plan and 2015/16 Q1 return.

Contributing CCGs	% CCG registered population that has resident population in	% Leicester resident population that is in CCG registered population	Quarter 1		Quarter 2		Quarter 3		Total (Q1 - Q3)	
			CCG Total Non-Elective Activity Plan*	HWB Non-Elective Activity Plan**	CCG Total Non-Elective Activity Plan*	HWB Non-Elective Activity Plan**	CCG Total Non-Elective Activity Plan*	HWB Non-Elective Activity Plan**	CCG Total Non-Elective Activity Plan*	HWB Non-Elective Activity Plan**
NHS East Leicestershire and Rutland CCG	2.5%	2.2%		0		0		0		0
NHS Leicester City CCG	92.5%	95.2%		0		0		0		0
NHS West Leicestershire CCG	2.6%	2.6%		0		0		0		0
<b>Totals</b>		<b>100%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* This should match CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level  
 \*\* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see tab CCG - HWB Mapping)

**Residential Admissions**

		Actual 14/15***	Planned 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	Annual rate	727.7	671.4	634.4	Please add comments, if required
	Numerator	287	270	260	
	Denominator	39,438	40,216	40,985	

\*\*\*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'

**Reablement**

		Actual 14/15	Planned 15/16	Planned 16/17	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	85.1%	90.0%	90%	Please add comments, if required
	Numerator	200	252	198	
	Denominator	235	280	220	

**Delayed Transfers of Care**

		15-16 actuals				15-16 plans				16-17 plans			
		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)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	541.1	364.2			1167.6	1314.9	1054.5	1208.1	566.8	532.1	497.4	460.2
	Numerator	1,395	939			3,010	3,390	2,718	3,133	1470	1380	1290	1200
	Denominator	257,793	257,793			257,793	257,793	257,793	259,335	259,335	259,335	259,335	260,752

**Local performance metric (as described in your approved BCF plan / Q1 return)**

		Planned 15/16	Planned 16/17	Comments
Number of patients on dementia registers as % of the estimated dementia prevalence (national indicator)	Metric Value	0.7	0.7	2016-17 Proposed figures based on 2014-15 QOF results
	Numerator	2285	2315	
	Denominator	3410	3307	

**Local defined patient experience metric (as described in your approved BCF plan / Q1 return)**

		Planned 15/16	Planned 16/17	Comments
Taken from GP Survey (For respondents with a long-standing health condition)	Metric Value	8.8	8.8	2016-17 Figures based on CQC Inpatient Survey at University Hospitals of Leicester (published on 21 May 2015)
	Numerator	Not available	Not available	
	Denominator	Not available	Not available	

## National Conditions

**Selected Health and Well Being Board:**

Leicester

**Data Submission Period:**

2016/17

**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 [INSERT LINK] and further guidance is provided in the BCF Planning Requirements document [INSERT LINK]. 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, or will be by 31st March 2016. 'No - plan in place' should be used when a condition is not currently being met but a plan is agreed to meet this through the delivery of your BF plan in 2016-17. 'No' should be used to indicate that there is currently no plan agreed for meeting this condition.

- Please use column C to indicate when it is expected that the condition will be met 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?	Comments
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	No - in development	To be aligned with CCG planning assumptions
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	