

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

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

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?	4) Is the NHS Number being used as the primary identifier for health and care services?	5) Are you pursuing open APIs (i.e. systems that speak to each other)?	6) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	7) 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?	8) 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
	Forecast	Yes	Yes	Yes	Yes	
	Actual	Yes				
	Actual	Yes				
Expenditure From	Plan	Yes	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes	
	Actual	Yes				
	Actual	Yes				
Commentary		Yes				

Local Metrics

Local performance metric plan and actual	Same local performance metric in plan?		If the answer is No details				
	Yes	Yes	Plan	Plan	Actual	Actual	
Local performance metric plan and actual	Yes	Yes	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
Commentary	Yes						
Local patient experience plan and actual	Same local performance metric in plan?		If the answer is No details				
	Yes	Yes	Plan	Plan	Actual	Actual	
Local patient experience plan and actual	Yes	Yes	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
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

Southampton

completed by:

Donna Chapman

E-Mail:

donna.chapman@southamptoncityccg.nhs.uk

Contact Number:

023 80 29 6004

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

Councillor David Shields

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:

Southampton

Data Submission Period:

Q1 2015/16

Budget arrangements

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

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Please select
Yes
No
No - In Progress

Selected Health and Well Being Board:

Southampton

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)	If the answer is "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		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	01/01/2016	Hospital discharge team have increased their weekend working to support timely discharge on a 7 day basis. This is showing an impact on discharges; Social care and community nursing staff already supporting 7 day discharges; Aiming to have integrated Rehab/Reablement/Discharge service in place with 7 day access from later in
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		

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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:

Southampton

	Baseline				Plan				Actual				% 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 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				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
D. REVALIDATED: HWB version of plans to be used for future monitoring	6,943	7,190	6,994	7,253	6,901	6,953	6,937	7,213	6,884	6,944	6,994	7,253	1.7%	476	£709,240	142	379	438	478	£211,580	£353,130	£84,930	£59,600	79	246					£117,710	£366,540	£709,240	£4,429,000	£0

Which data source are you using in section D? (MAR, SUS, Other) MAR If other please specify

Cost per non-elective activity £1,480

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£117,710	£366,540		
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) Southampton has gone at risk and invested the totality of its BCF financial commitment upfront into the pooled fund. This includes the element relating to the payment for performance fund. This money has been invested in a project to provide additional Over 75s nurses to work in a preventative capacity with primary care to keep people out of hospital and expedite discharge, which in turn forms part of the Cluster Scheme.

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£93,870	£13,410		
Actual amount of locally agreed unreleased funds	£211,580	£353,130		

Confirmation of what if any unreleased funds were used for (please use drop down to select): community car community car

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:

Southampton

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	£14,497,000	£14,497,000	£14,497,000	£14,497,000	£57,988,000	£132,718,000
	Forecast	£14,368,000	£14,540,000	£14,540,000	£14,540,000		
	Actual*	£14,368,000					

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

Southampton has taken the decision to pool over time the majority of health and social care resources on community services bringing the total BCF to £132,718,000. This is higher than the nationally required minimum contribution of £15.325m revenue funds plus £1.526m capital. It has always been the intention to increase the pooled fund on a phased basis, starting first in 15/16 with 3 of the schemes which make up the 5 schemes described in our BCF Plan. The total value in year 1 (1/4/2015 - 31/3/2016) is £57,988,000.

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	£14,497,000	£14,497,000	£14,497,000	£14,497,000	£57,988,000	£132,718,000
	Forecast	£14,368,000	£14,540,000	£14,540,000	£14,540,000		
	Actual*	£14,368,000					

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

Southampton has taken the decision to pool over time the majority of health and social care resources on community services bringing the total BCF to £132,718,000. This is higher than the nationally required minimum contribution of £15.325m revenue funds plus £1.526m capital. It has always been the intention to increase the pooled fund on a phased basis, starting first in 15/16 with 3 of the schemes which make up the 5 schemes described in our BCF Plan. The total value in year 1 (1/4/2015 - 31/3/2016) is £57,988,000.

Commentary on progress against financial plan:

There is a slight (0.9%) underspend YTD which will recover by year end.

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:

Southampton

Local performance metric as described in your approved BCF plan	Injuries due to falls in people aged 65 and over
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Is this still the local performance metric that you wish to use to track the impact of your BCF	Yes
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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	234	231	225	233	264	258		

Please provide commentary on progress / changes:

The data above relates to actual falls as opposed to a rate. Reducing the numbers of injuries due to falls remains challenging for a number of reasons:
1. Introducing falls exercise has an evidenced based lag effect of at least 6 months as individuals need to build core stability strength and maintain this over time. On a population basis significant numbers of individuals need to have improved and maintained their core stability and strength and avoided falls over time to impact on the

Local defined patient experience metric as described in your approved BCF plan	Percentage of people who feel supported to manage their Long Term Conditions
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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:	1	1	1	1	1	0		

Please provide commentary on progress / changes:

This indicator is measured via a patient survey undertaken by local providers and the CCG has received a report annually. Currently this information is not available on a quarterly basis but the CCG is discussing with providers whether a quarterly return could be produced. It should also be noted that the indicator relates to a percentage. This has been entered into the table above but the formatting does not allow this to be shown as such.

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.

Support requests

Selected Health and Well Being Board:

Southampton

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)?

4. Aligning systems and sharing benefits and risks

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	No		
3. Developing underpinning integrated datasets and information systems	Yes	Workshops or other face to face learning opportunities	
4. Aligning systems and sharing benefits and risks	Yes	Workshops or other face to face learning opportunities	Support/advice around benefit and risk sharing linked to alternative contracting models in both NHS and Social Care
5. Measuring success	Yes	Peers to peer learning / challenge opportunities	
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Peers to peer learning / challenge opportunities	

Narrative

Selected Health and Well Being Board:

Southampton

Data Submission Period:

Q1 2015/16

Narrative

Remaining Characters

30,066

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.

Southampton established its BCF pooled fund under a S75 Partnership Agreement on 1 April 2015, initially pooling 3 schemes: supporting carers (£1.334m), cluster teams (£30.634m) and Rehab/Reablement and supported discharge (£26.015m). As mentioned earlier, these schemes bring together a total pooled resource of £57.99m which exceeds the national minimum requirement of £16.85m and reflects Southampton's ambition to integrate at scale. Ultimately Southampton is seeking to pool the totality of community based health and social care resources to achieve a total pooled fund of over £132m. The Southampton Commissioning Partnership Board oversees the performance of the BCF, reporting to the HWBB and is receiving detailed reports on each of the schemes.

With regard to carers, an assessment service has been procured from the voluntary sector and recently went live (June 15). We are already seeing a significant increase in numbers of carers identified.

With regard to Rehab, Reablement and supported discharge, an integrated health and social care service is being developed and is about to go out to formal consultation (Aug - November). This will formally integrate staff teams, systems and processes (e.g. assessment, care planning) and management structures to provide a streamlined redesigned service capable of better responding to crisis and supporting timely discharge, with a greater focus on promoting and maintaining independence in people's own homes to reduce hospital admissions and admissions to residential and nursing homes.

Under the clusters scheme, we now have agreed operational policies for integrated working and established Cluster Leadership groups in each of the 6 localities. 4486 Care plans have been up-loaded on to the Hampshire Health Record and cluster performance dashboards have been developed to measure change and target future interventions. We are currently trialling a model of Community Navigation, working with a voluntary sector partner, in 2 cluster areas as part of our strategy to build community capacity and target need earlier to prevent pressure on specialist services and protect social services.

In terms of performance, as at Q1 we are successfully delivering on our target to reduce NEL admissions. Reducing falls is proving more challenging, despite the significant progress which has been made in redesigning services to create a falls liaison function (in place since Jan 15) and establish a falls exercise programme with voluntary sector partners (went live Jul 15); however impact is known to take time. Monitoring systems are in place for all other BCF indicators and being regularly reported to the Integration Board and HWB.