

Cover

Q2 2016/17

Health and Tameside

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Who has si Members of the Health and Wellbeing Board

Question Completion - when all questions have been answered and the

	No. of questions answered
1. Cover	5
2. Budget A	1
3. National	36
4. I&E	15
5. Support	13
6. Addition	63
7. Narrativ	1

Budget Arrangements

Selected Health and Well Being Board:

Tameside

Have the funds been pooled via a s.75 pooled budget?	Yes
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If it had not been previously stated that the funds had been pooled can you confirm that they have now?	No
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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 a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board:

Tameside

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 have been met, 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 an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (Please refer to the detailed definition)	Q1 Submission Response	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)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	
1) Plans to be jointly agreed	Yes	Yes			1
2) Maintain provision of social care services	Yes	Yes			1
3) In respect of 7 Day Services - please confirm:					
i) 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	Yes			1
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes			1
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	No - In Progress	No - In Progress	01/02/2017	The fixed dark fibre connection between Tameside MBC and Tameside Hospital Four	1
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes			1
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes			1
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes			1
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	Yes			1
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes			1
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes			1
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes			1

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful 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 consistent 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

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 named care coordinator, 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,

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in

Selected Health and Well Being Board:

Tameside

Income

Previously returned data:

51 52 53 54
55 56 57 58
59

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Actual*	£3,855,000				

Q2 2016/17 Amended Data:

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Actual*	£3,855,000	£3,855,000			

Please comment if one of the following applies:
- There is a difference between the forecasted annual total and the pooled fund
- The Q2 actual differs from the Q2 plan and / or Q2 forecast

Expenditure

Previously returned data:

61 62 63 64
65 66 67 68
69

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Actual*	£3,365,751				

Q2 2016/17 Amended Data:

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756
	Actual*	£3,365,751	£3,401,754			

Please comment if one of the following applies:
- There is a difference between the forecasted annual total and the pooled fund
- The Q2 actual differs from the Q2 plan and / or Q2 forecast

The Council do not enter monthly accruals, on this basis the timing of spend differs slightly between quarters, this is simply a phasing issue and will resolve itself in subsequent quarters.

Commentary on progress against financial plan:

It is expected that the allocation will be fully utilised by the end of March 2017

Footnotes:

*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 quarterly collection previously filled in by the HWB. Pre-populated Plan, Forecast and Q1 Actual figures are sourced

National and locally defined metrics

Selected Health and Well Being Board:

Tameside

Non-Elective Admissions	Reduction in non-elective admissions
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Our focus on Home First builds on our schemes to avoid Non-elective admissions. We have seen a 9% increase against plan in regards to Ambulatory Emergency Care and the Alternative to Transfer and Integrated Urgent Care Team are providing alternatives to A&E attendance

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
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Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Work is taking place to clarify the reporting and establish if the figure includes the community beds being managed by the ICFT Our Home First model includes a Discharge to Assess process that will reduce DTOCs significantly. The early adopter wards are significantly

Local performance metric as described in your approved BCF plan	Newly diagnosed patients on primary care dementia registers
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Our Dementia Diagnosis rate for 16/17 is not yet available however our practices are continuing their work to identify new patients and provide appropriate support.

Local defined patient experience metric as described in your approved BCF plan	Overall satisfaction of people who use services with Their Care and Support. The original submission used financial years building on a baseline of 61.6 from 2012/13 and had a Q4 15/16 position of 64.6
If no local defined patient experience metric has been specified, please give details of the local defined patient	

Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Annual - Adult Social Care Survey The information in the template needs to be amended, the 61.6 relates to 2013-14 out-turn and the 64.51 relates to 2014-15 out-turn. No

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	1st Quarter 2016-17 permanent admissions to residential and nursing care 65+ currently stands at 83 for the three month period.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
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Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	This indicator is an annual indicator and no further data is available, the measure captures all service users 65+ who have been discharged from hospital into reablement / rehabilitation service for the period October 2016 - December 2016 and then a follow up review is

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a

Narrative

Selected Health and Well Being Board Tameside

Remaining Characters

32,222

Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Our Transformation Plans are being implemented at both commissioner and provider levels.

The Single Commission comprising NHS Tameside and Glossop CCG and TMBC has been operational since April 2016. The Tameside and Glossop Integrated Care NHS Foundation Trust remains in shadow form until April 2017.

Our Integrated Neighbourhood and Home First plans are providing a strong foundation for improving the health and wellbeing of our local population and supporting people who need additional care to remain at home for as long as possible.'