<u>Cover</u>

Q2 2016/17

Health and	Tameside
completed	Ali Rehman
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Contact Nu	0161 366 3207
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. Supporti	13
6. Addition	63
7. Narrativ	1

Budget Arrangements

Tameside

Selected Health and Well Being Board:

 Have the funds been pooled via a s.75 pooled budget?
 Yes

 If it had not been previously stated that the funds had been pooled can you confirm that they have now?
 No

 If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
 Image: Comparison of the above is 'No' please indicate when this will happen (DD/MM/YYYY)

Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

			National Conditions		
Selected Health and Well Being Board:	1	Tameside			
elected Health and Well Being Board:		Tameside			
he Spending Round established six natio					
		ndition as to whether these have been m	iet, as per your final BCF plan.		
rther details on the conditions are spec		evelopation as to why the condition was	not mot within this guarter (in line with	signed off plan) and how this is being addressed?	
No of No - In Progress is selected for a	any of the conditions please include and	explanation as to wrig the condition was	not met within this quarter (in-line with	signed on plan) and now this is being addressed:	
			If the answer is "No" or "No - In		
		Please Select ('Yes', 'No' or 'No - In	Progress" please enter estimated date when condition will be met if not	If the answer is "No" or "No - In Progress" please provide an explanation as to why	
n (please refer to the detailed definition	Q1 Submission Response	Progress')	already in place (DD/MM/YYYY)	the condition was not met within the quarter and how this is being addressed:	
1) Plans to be jointly agreed	Yes			· · · · · · · · · · · · · · · · · · ·	
Maintain provision of social care		Yes			
services	Yes				
3) In respect of 7 Day Services - please cor i) Agreement for the delivery of 7-day	ntirm:	Yes			
services across health and social care		15			
to prevent unnecessary non-elective					
admissions to acute settings and to					
facilitate transfer to alternative care					
settings when clinically appropriate	Yes				
ii) Are support services, both in the	Yes	Yes			
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				
4) In respect of Data Sharing - please confi i) Is the NHS Number being used as the		No - In Progress	01/02/2013	The fixed dark fibre connection between tameside MBC and Tameside Hospital Foun	
 Is the NHS Number being used as the consistent identifier for health and 		No - III Flogress	01/02/2017	The fixed dark hore connection between tameside wibc and rameside Hospital Fount	
social care services?	No - In Progress				
ii) Are you pursuing Open APIs (ie		Yes			
system that speak to each other)?	Yes				
iii) Are the appropriate Information Governance controls in place for		Yes			
information sharing in line with the					
revised Caldicott Principles and					
guidance?					
	Yes				
iv) Have you ensured that people have	Yes	Yes			
clarity about how data about them is	Yes	Yes			
clarity about how data about them is used, who may have access and how	Yes	Yes			
clarity about how data about them is used, who may have access and how	Yes	Yes			
larity about how data about them is sed, who may have access and how hey can exercise their legal rights? i) Ensure a joint approach to		Yes			
 clarity about how data about them is used, who may have access and how hey can exercise their legal rights? c) Ensure a joint approach to ussessments and care planning and 					
clarity about how data about them is used, who may have access and how they can exercise their legal rights? 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for					
clarity about how data about them is used, who may have access and how they can exercise their legal rights? 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will					
Larity about how data about them is used, who may have access and how hey can exercise their legal rights? () Ensure a joint approach to ussessments and care planning and ensure that, where funding is used for integrated packages of care, there will					
clarity about how data about them is used, who may have access and how they can exercise their legal rights? 5) Ensure a joint approach to assessments and care planning and manuer that, where funding is used for ntegrated packages of care, there will be an accountable professional b) Agreement on the consequential	Yes				
clarity about how data about hem is used, who may have access and how they can exercise their legal rights? 5) Ensure a ploit approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional 6) Agreement on the consequential impact of the changes on the providers	Yes	Yes			
clarity about how data about them is used, whom may have access and how they can exercise their legal rights? 5) Foruse a joint approach to assessments and care planning and former that, where the uning is used for integrated packages of care, there will be an accontable professional 5) Agreement on the consequential impact of the changes on the providers hat are predicted to be substantially	Yes	Yes			
clarity about how data about them is used, whom may have access and how they can exercise their legal rights? 5) Foruse a joint approach to assessments and care planning and former that, where the uning is used for integrated packages of care, there will be an accontable professional 5) Agreement on the consequential impact of the changes on the providers hat are predicted to be substantially	Ves Yes	Yes			
clarly about how data about them is used, whom apy have access and how they can exercise their legal rights? 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integratel packages of care, there will be an accountable professional legal and the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes			
clarity about how data about them is used, whom aph was access and how they can exercise their legal rights?) I snure a joint approach to assessments and care planning and ensure that, where finding is used for integrated packages of care, there will be an accountable professional) Agreement on the consequential mpact of the charges on the providers that are predicted to be substantially frected by the plans.	Ves Yes	Yes			
clarly about how data about them is used, whom aphy was access and how they can exercise their legal rights? 5) Fosure a joint approach to assessments and care planning and ensure that, where finding is used for integrated packages of care, there will be an accountable professional 6) Agreement on the consequential impact of the charges on the provides that are predicted to be substantially affected by the plans. 7) Agreement to invest in NHS commissioned out-of-hospital services	Ves Yes	Yes Yes			
clarky about how data about them is used, how may have access and how used, how may have access and how search and the search of the search of the search of the search of the search of the ensure that, where funding is used for integrated packages of care, there will be an accountable professional inspact of the changes on the providers that are predicted to be substantially affected by the plans 7) Agreement to invest in NHS commissioned out-of-hospital services 8) Agreement to a local target for	Ves Ves Ves	Yes			
clarly about how data about them is used, whom aphy was access and how they can exercise their legal rights? 5) Fosure a joint approach to assessments and care planning and ensure that, where finding is used for integrated packages of care, there will be an accountable professional 6) Agreement on the consequential impact of the charges on the provides that are predicted to be substantially affected by the plans. 7) Agreement to invest in NHS commissioned out-of-hospital services	Ves Ves Ves	Yes Yes			

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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:

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
	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	£17,300,756
Please provide , plan , forecast, and actual of total income into the fund for each quarter to	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	
year end (the year figures should equal the total pooled fund)	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
	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	£17,300,756
Please provide, plan, forecast and actual of total income into the fund for each quarter to	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	
year end (the year figures should equal the total pooled fund)	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:

reviously retained 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
	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	£17,300,756
Please provide , plan , forecast, and actual of total income into the fund for each quarter to	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	
year end (the year figures should equal the total pooled fund)	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
	Plan	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	£17,300,756
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter	Forecast	£3,855,000	£3,855,000	£4,795,000	£4,795,756	£17,300,756	
to year end (the year figures should equal the total pooled fund)	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 Counc	il do not ente	r monthly acc	ruals, on this b	asis the timir	ig of spend diffe	rs slightly
- The Q2 actual differs from the Q2 plan and / or Q2 forecast	between o	quarters, this i	is simply a pha	ising issue and	l will resolve i	tself in subsequ	ent quarters.

It is expected that the allocation will be fully utilised by the end of March 2017 Commentary on progress against financial plan:

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

Tameside

Selected Health and Well Being Board:

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

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

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

Local defined patient experience metric as described in	Overall satisfaction of people who use services with Their Care and Support. The original submission used financial years building on a					
your approved BCF plan	paseline 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	Data not available to assess progress					
the metric?	Data not available to assess progress					
	Annual - Adult Social Care Survey					
Commentary on progress:	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+)	
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 t	he three month period.

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

				Additional Meas	0.995	
bringed Health and Weil Bring Board	No. of a second					
	Contraction (Contraction)					
marodne Data Shalon (Monoures 5 1) I. Reposed Measure: Use of NMI number as primary identifier across care settings						
	rat .	Second Second	And the Party Party	Canadian	Advantal Results	Searching callship
NMI Number is used as the constituent identifier on all relevant correspondence relating to the processor of health and care services to an individual						-
the first sectors and use and use and use the sector as sector as from the short sector as the Matthe short	test	14	Test.	96.C	144	204
5. Proposed Westure: Instituting of Dann MPs across sam settings						
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Selected Health and Well Being Boa 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:
 32,222

 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.'