

Cover

Q4 2015/16

Health and Well Being Board

Stockton-on-Tees

completed by:

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

Cllr Beall

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

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Budget Arrangements

Selected Health and Well Being Board:

Stockton-on-Tees

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 now confirm that they have now?	
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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:

Stockton-on-Tees

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 the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	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	No - In Progress	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	No - In Progress	Yes	Yes	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	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

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 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.

Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously returned by the HWB.

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:

Stockton-on-Tees

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£3,315,518	£3,074,518	£3,683,518	£4,191,445	£14,265,000	£14,265,000
	Forecast	£3,315,518	£3,174,518	£3,683,518	£4,091,445	£14,265,000	
	Actual*	£3,315,518	£3,174,518	£3,683,518			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£3,315,518	£3,074,518	£3,683,518	£4,191,445	£14,265,000	£14,265,000
	Forecast	£3,315,518	£3,174,518	£3,683,518	£4,091,445	£14,265,000	
	Actual*	£3,315,518	£3,174,518	£3,683,518	£4,091,445	£14,265,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	n/a
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Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£2,608,768	£2,608,768	£4,034,268	£5,013,195	£14,265,000	£14,265,000
	Forecast	£2,608,768	£2,743,768	£3,999,268	£4,913,195	£14,265,000	
	Actual*	£2,608,768	£2,743,768	£3,999,268			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£2,608,768	£2,608,768	£4,034,268	£5,013,195	£14,265,000	£14,265,000
	Forecast	£2,608,768	£2,743,768	£3,999,268	£4,913,195	£14,265,000	
	Actual*	£2,608,768	£2,743,768	£3,999,268	£4,913,195	£14,265,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	n/a
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Commentary on progress against financial plan:	n/a
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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.

Non-Elective Admissions

Selected Health and Well Being Board:

Stockton-on-Tees

	Baseline				Plan					Actual				
	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 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	5,023	5,072	5,041	5,337	5,108	4,753	4,726	5,013	4,957	4,957	4,817	4,916	4,784	5,512

Please provide comments around your full year NEA performance	North Tees and Hartlepool NHS FT have implemented a new patient access system in October 2015. This change in system has created some issues with MAR submissions and the Trust have had to resubmit data within quarter 3. The figure for quarter 3 should now be 5,167. Based on the updated figures this gives a total number of emergency admissions for 2015/16 of 20,412 which is a reduction of 0.1% on 14/15 emergency admissions.
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Footnotes:

Source: For the Baselines and Plans 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 of 26th February 2016.

National and locally defined metrics

Selected Health and Well Being Board:

Stockton-on-Tees

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target <div style="width: 80%; height: 10px; background-color: #ffff00; border: 1px solid black;"></div>
Commentary on progress:	N/A

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target <div style="width: 80%; height: 10px; background-color: #ffff00; border: 1px solid black;"></div>
Commentary on progress:	N/A

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework 2.6.i)
Please provide an update on indicative progress against the metric?	On track to meet target <div style="width: 80%; height: 10px; background-color: #ffff00; border: 1px solid black;"></div>
Commentary on progress:	N/A

Local defined patient experience metric as described in your approved BCF plan / Q1 / Q2 return If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	Aggregate of 3 Measures (percentage): Measure 1 - ASCOF 3A: Overall satisfaction of people who use services with their care and support. Measure 2 - ASCOF 3B: Overall satisfaction of carers with social services. Measure 3 - Percentage of patients responding 'very good' or 'fairly good' out of the total patients responding to
Please provide an update on indicative progress against the metric?	On track to meet target <div style="width: 80%; height: 10px; background-color: #ffff00; border: 1px solid black;"></div>
Commentary on progress:	Some of the data required for this measure is collected bi-annually. This metric is being reported using the most up to date data available.

Footnotes:

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.

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board:

Stockton-on-Tees

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	All our schemes are implemented - currently as pilots.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree	Our pilots have been live since October and we are achieving positive outcomes
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	We have achieved our NEL target with a combination of BCF and other local strategies
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	We have no DTOC attributable to ASC and have set up a task and finish group to look at the wider aspects of DTOC
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	We have good performance in this area and we have also recently reviewed the services to strengthen even further
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	As a result of early intervention and prevention we are able to prevent admissions in the longer term. We continually monitor this performance and we are in line with our targets.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	One of our strengths is our partnership working across all organisations in the sector including the VCSE
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	As above - co-created and co-commissioned
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Agree	We have clear agreements in place everyone understands and approves the agreements
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Strongly Agree	We have good financial management for the budget and spend is in line with our plans

Part 2: Successes and Challenges

Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response - Please detail your greatest successes	Response category:
Success 1	Partnership working - we have worked closely on all aspects of the plans & then worked closely to deliver the plans. There is a shared vision across all partners. We have strong programme and project management in place and strong overall governance provided by the Pooled Budget Partnership Board.	1. Leading and Managing successful better care implementation
Success 2	The Multi-Disciplinary Service and Dementia strands are both delivering strong outcomes for people enabling us to meet our performance targets. We are continually assessing and reviewing these pilots to ensure we are meeting our aims and objectives and we will be building on our successes in our next plan.	2. Delivering excellent on the ground care centred around the individual
Success 3	We have started to integrate services across health and social care and we have ambitions to do more in 2016/17. This again is building on the strong relationships we have for delivery of services. We are a demonstrator site for Integrated Personal Commissioning and this is another area where we are working closely with all professionals and the VCSE to build capacity to deliver at scale.	6. Developing organisations to enable effective collaborative health and social care working relationships

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response - Please detail your greatest challenges	Response category:
Challenge 1	Measuring success has been difficult at a local level. We are clear that the schemes deliver good outcomes but need to develop full business cases to justify the return on investment. We have been fortunate to have been allocated support from PPL as part of the BCF support package and hope that this will provide us with a Balanced SCorecard framework which we can deploy across all our schemes and projects.	5. Measuring success
Challenge 2	We have started our ambitious ICT / Information / Digital integration project with the implementation of the Medical Interoperability Gateway but we would like to be further than we are.	3. Developing underpinning integrated datasets and information systems
Challenge 3	We do not yet have a solution for pseudonymised data. We are working closely with the CSU to develop a solution to meet our needs. IG issues are being resolved now we have a dedicated IG officer, but there remain challenges when using data for secondary purposes which are often needed to inform risk stratification and targeting of specific groups.	3. Developing underpinning integrated datasets and information systems

Footnotes:

Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

New Integration Metrics

Selected Health and Well Being Board:

Stockton-on-Tees

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	31/05/16	01/04/17	01/04/17	01/04/17	01/04/17	01/04/17

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot commissioned and planning in progress
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4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	34
Rate per 100,000 population	17
Number of new PHBs put in place during the quarter	27
Number of existing PHBs stopped during the quarter	1
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	21%
Population (Mid 2016)	196,855

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
<http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>
Q4 15/16 population figure has been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Stockton-on-Tees

Remaining Characters

31,309

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).

We have made good progress implementing our plans and all our schemes for 15/16 are now in place. We are currently working with PPL to look at how we can strengthen our local performance information data and constantly reviewing the data quality for our quarterly performance submissions. We have already started to implement new schemes for 15/16 notably: Triage capability in the Health Single Point of Access; New early intervention and prevention Falls service linked to our MDS; extended ICLS services co-located within the MDS. We will be running a stakeholder event in June to look at how we can target people with LTC. We have had several stakeholder / Service user events as part of our communications and engagement strategy & these have been well received. We are using these events to inform future plans.

A Task & Finish Group has been established to assist with the delivery of the new requirements of the 16/17 BCF fund in relation to delayed transfers of care (DTOC). The purpose of the group is to work together to develop more integrated services across health, social and voluntary sector. A requirement of 16/17 BCF plans is the development of an action plan that demonstrates a vision for managing a person's journey through the system that is person-centred, coordinated care, which supports a safe and timely discharge. Meetings have already commenced across partner organisations in relation to the delivery of the BCF action plan.