

Cover and Basic Details

Q1 2015/16

Health and Well Being Board

Surrey

completed by:

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

Helen Atkinson

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to

	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	17
7. Understanding Support Needs	13
8. Narrative	1

## Budget Arrangements

**Selected Health and Well Being Board:**

Surrey

**Data Submission Period:**

Q1 2015/16

**Budget arrangements**

Have the funds been pooled via a s.75 pooled budget? No

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

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY) 11/12/2015

**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

**Selected Health and Well Being Board:**

Surrey

**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	Apr-16	7 day work is well established for adult social care services and plans are progressing to establish 7 day working across health and social care services across Surrey. Not all care homes provide assessments at weekends, which means patients cannot be given care packages.
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		Further progress has been made on information sharing protocols and we are working towards building a collaborative approach
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?	No - In Progress	Apr-16	Differential progress is being made across Surrey.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	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](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

### **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:

Surrey

	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 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	24,834	25,113	25,369	26,489	24,586	24,862	25,115	26,224	24,925	26,153		

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Q3 15/16	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment			
					Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	1.0%	1,018	£1,517,517		248	500	754	1018	£370,025	£374,483	£378,318	£394,691

	Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16			
D. REVALIDATED: HWB version of plans to be used for future monitoring.	-92	-1040			£0	£0			£1,517,517	£18,923,000	£0

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

Cost per non-elective activity

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	#REF!	#REF!		
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)

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds				
Actual amount of locally agreed unreleased funds				

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	Confirmation of what if any unreleased funds were used for (please use drop down to select):	acute care	acute care	

**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:

Surrey

**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	£22,315,750	£16,368,750	£16,368,750	£16,368,750	£71,422,000	£71,422,000
	Forecast	£0	£16,003,250	£16,003,250	£16,003,250		
	Actual*	£21,950,250					

Please comment if there is a difference between the total yearly plan and the pooled fund	
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**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	£17,855,564	£17,855,564	£17,855,564	£17,855,308	£71,422,000	£71,421,873
	Forecast	£0	£17,490,064	£17,489,808	£17,489,808		
	Actual*	£17,490,064					

Please comment if there is a difference between the total yearly plan and the pooled fund	Rounding Errors
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Commentary on progress against financial plan:	As requested, actual and Forecast Expenditure has been completed on the best available information. DFG passed on to the Housing authorities. The financial expenditure actual is based on the expected level of spend on facilities, not the transfer of funding from the pooled fund
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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:

Surrey

Local performance metric as described in your approved BCF plan      Estimated diagnosis rate for people with dementia (Surrey target)

plan?      Yes

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	55	58	61	64	58			

Please provide commentary on progress / changes:      Surrey has achieved 58.2% by the end of 2014/15 which is above the overall BCF target for Surrey. There has been consistent improvement over the last year and if sustained, Surrey is on track to achieve the target for 2015/16. The dementia calculator is currently under review and official data for Q1 is not expected to be released before end September 2015 by NHS England.

Local defined patient experience metric as described in your approved BCF plan      Friends and Family Test (Inpatient) -% recommended

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:	92	92	92	92	95	96		

Please provide commentary on progress / changes:      Surrey has a high baseline of 91.9% for this indicator and has set a statistically significant target of +0.2% for 2015/16. Surrey's performance for the past quarters show an improving trend and all quarters are above planned figures for 2014/15 and 2015/16.

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:

Surrey

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	Yes	Case studies or examples of good practice	
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	
3. Developing underpinning integrated datasets and information systems	Yes	Case studies or examples of good practice	Peers to peer learning / challenge opportunities
4. Aligning systems and sharing benefits and risks	Yes	Case studies or examples of good practice	Peers to peer learning / challenge opportunities
5. Measuring success	Yes	Case studies or examples of good practice	Peers to peer learning / challenge opportunities
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Case studies or examples of good practice	

## Narrative

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q1 2015/16

Narrative

Remaining Characters	32,300
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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.

The CCGs have been contributing to the Section 75 pooled fund since April. Section 75 Agreements have been drafted for all CCGs. These agreements are currently being reviewed by legal advisors, who are seeking to resolve outstanding issues with the agreements. After this process is completed the agreements will be sent out to the chief officers of the CCGs to be given final sign off.

Current local joint plans for all six Surrey CCGs are currently progressing.

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