

Cover

Q1 2016/17

Health and Well Being Board

Surrey

completed by:

Kat Stolworthy

E-Mail:

kat.stolworthy@surreycc.gcsx.gov.uk

Contact Number:

7903777995

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

Helen Atkinson

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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:

Surrey

Have the funds been pooled via a s.75 pooled budget?	No
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If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	16/09/2016
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National Conditions

Selected Health and Well Being Board:

Surrey

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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?

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Condition (please refer to the detailed definition below)	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		
2) Maintain provision of social care services	Yes		
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	No - In Progress		Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and re
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)?	No - In Progress		Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and re
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	31/03/2018	Status across partners mapped across Surrey through Digital Roadmaps and is variable. Plans to implement being developed under delivery of 10 universal pri
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	No - In Progress	01/01/2017	Strategic IG forum being set up, will be established by next quarter. An ISA/data sharing framework has been developed by Surrey health and social care IG M
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?	No - In Progress	30/06/2017	In terms of individual partners, the answer is yes as they all currently have their own robust protocols. A Common Surrey-wide consent and communication m
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	No - In Progress		Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. To date, differential progress has being made across Surrey - a joint a
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

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 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
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	£23,474,751	£16,543,751	£16,543,751	£16,543,751	£73,106,004	£73,106,004
	Forecast	£23,476,334	£16,545,334	£16,545,334	£16,545,334	£73,112,335	
	Actual*	£23,476,334					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	DFG drawn down in full in Q1 and paid to D&Bs. The forecasted total has increased by £5k overall due to a £227k contingency, from Guildford & Waverley, being removed to offset significant over performance on non elective activity within the acute sector at the end of Q1 and a predicted increase in Joint Investment schemes of £232k, which will be funded in line with the section 75 agreement 50% 50% health and social care.
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Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
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	£18,276,500	£18,276,500	£18,276,500	£18,276,500	£73,106,000	£73,106,000
	Forecast	£15,637,821	£19,158,171	£19,158,171	£19,158,171	£73,112,335	
	Actual*	£15,637,821					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	As per income the forecasted outturn is £5k above the annual budget due to a contingency removal of £227k by a CCG partner (for non elective activity within acutes) offset by expected increases in Joint Investment schemes of £232k which is being monitored and will be funded appropriately.
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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 onto the Housing authorities.
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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 and has been rounded to the nearest whole number.

National and locally defined metrics

Selected Health and Well Being Board:

Surrey

Non-Elective Admissions	Reduction in non-elective admissions
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Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Compared to Q1 of the previous year (2015/16), there was a decrease in the number of NEAs in Q1 of this year from 26,153 to 26,145. The Surrey figure is from MAR and not SUS due to not having access to SUS at county level. There was however a slight increase in the MAR figure of just about 1.8% in NEAs compared to Q1 2016/17 planned figures. Work is going on in Surrey to reduce NEAs through interated care, supported

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?	On track for improved performance, but not to meet full target
Commentary on progress:	The rate of DTOC per 100,000 population (18+) for Q1 of this year was 698 which is higher compared to Q1 2015/16 (649) and the planned rate for Q1 2016/17 (542). 79% of the delays where attributable to NHS and 19% to Social Care. The top 3 reasons for delays where 1) Awaiting completion of assessment 2)Patient or Family choice 3)Awaiting further non-acute service. Collaborative work with Trusts will be on-going in Surrey to address

Local performance metric as described in your approved BCF plan	Estimated diagnosis rate for people with dementia (Surrey target)
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Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Surrey acheived a diagnosis rate of 62.6% in Q1 which slightly below the target of 66.7%. To increase the diagnosis rate, Surrey HWB partners are developing strategies in their various localities to continue delivering training to their professionals on early identification of demenia, developing clear pathways for patients diagnosed with dementia, supporting carers and resolving dementia data collection and coding issues.

Local defined patient experience metric as described in your approved BCF plan	Friends and Famiy Test (Inpatient) -% recommended
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Surrey's performance for Quarter 1 (95.7%) exceeds the target for 2016/17 (94.2%).

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 for improved performance, but not to meet full target
Commentary on progress:	Permanent admissions during Quarter 1 figures show the highest number when compared against the same quarter in the previous two years. Using these figures, a full year projection would take us to an annual rate of 571. This would be an improvement against the 15/16 full year, but would exceed the target. However, if the quarterly trend seen in 2015/16 repeats into 2016/17, the end of year projection would inflate as the year goes

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?	On track to meet target
Commentary on progress:	Countywide, the first quarter shows the highest volumes of people supported with a reablement service when compared with the three quarters. Outcomes are also the most favourable since BCF monitoring began; with 74% now at home 91 days later, if this trend continues we will exceed the plan.

Footnotes:

For the local performance metric which is pre-populated, the data is from submission 3 planning returns previously submitted by the HWB.
 For the local defined patient experience metric which is pre-populated, the data is from submission 3 planning returns previously submitted by the HWB.

Additional Measures

Selected Health and Well Being Board:

Surrey

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: 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	No	Yes	Yes	No
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	No

2. Proposed Measure: 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 Open API	Shared via interim solution	Not currently shared digitally			
From Hospital	Shared via interim solution	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally
From Social Care	Not currently shared digitally	Shared via interim solution	Not currently shared digitally			
From Community	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally
From Mental Health	Shared via interim solution	Not currently shared digitally				
From Specialised Palliative	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	Unavailable	In development	In development	Live	Live	Unavailable
Projected 'go-live' date (dd/mm/yy)			01/10/16			

3. Proposed Measure: 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 being scoped
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Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	28
Rate per 100,000 population	2
Number of new PHBs put in place during the quarter	6
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2016)	1,182,136

5. Proposed Measure: 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 2014-based (published May 2016).
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
 Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Surrey

Remaining Characters	32,439
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Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

1. Cover red validation boxes: 3. National Conditions/Rows 16,19,22. 5. Additional Metrics/Row 27. Unable to provide exact date as activity involves multiple organisations, maturity varies and detail of deadlines still being worked out in some areas; confident detail will surface and work will accelerate through STP programme.