

Cover

Q2 2016/17

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

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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 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)	02/12/2016
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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:

Surrey

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?

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Condition (please refer to the detailed definition below)	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		
2) Maintain provision of social care services	Yes	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	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 rea
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	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 rea
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	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	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	No - In Progress	01/01/2017	Strategic IG forum being set up. An ISA/data sharing framework has been developed by Surrey health and social care IG Managers, and is currently in beta testi
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	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 mo
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	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	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	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

Previously returned 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	£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					

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	£23,474,751	£16,543,751	£16,543,751	£16,543,751	£73,106,004	£73,106,004
	Forecast	£23,476,334	£16,447,222	£16,447,222	£16,447,222	£72,818,000	
	Actual*	£23,476,334	£16,477,222				

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

DFG drawn down in full in Q1 and paid to D&Bs.

The forecasted total for Q2-4 shows £288k less spend and income than the original plan. This is due to £583k of contingency, from two of the seven CCGs, being removed to offset significant over performance on non elective activity within the acute sector at the end of Q2 and a predicted increase in Joint Investment schemes of £294k, which will be funded in line with the section 75 agreement 50% 50% health and social care.

Expenditure

Previously returned 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	£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					

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	£18,276,500	£18,276,500	£18,276,500	£18,276,500	£73,106,000	£73,106,000
	Forecast	£15,637,821	£14,681,512	£21,249,333	£21,249,334	£72,818,000	
	Actual*	£15,637,821	£14,681,512				

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

As per income the forecasted outturn is £288k below the annual budget due to contingency removal of £583k by two CCG partners (for non elective activity within acutes) offset by expected increases in Joint Investment schemes of £294k which is being monitored and will be funded appropriately.

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.

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 from the Q1 16/17 return previously submitted by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Surrey

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	NE admissions increased from 26,145 in Q1 to 26,649 in Q2, an increase of 1.9%. Compared to Q2 planned figures, there was an a 3,8% increase in activity. On-going work programmes such as Primary Care in-reach programmes, Out of Hospital Primary Care access and demand and capacity modelling projects are underway in Surrey to help reduce NEAs . (Data source MAR data General and Acute)
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
Commentary on progress:	The number of DToC increased by about 10% in Q2 from Q1. The rate of DToC per 100,000 population (18+) for this current quarter Q2 was 771. This rate was higher than the rate for Q1 of 2016/17 (698) and the planned rate for Q2 2016/17 (649). 79% of the delays were attributable to NHS and 19% to Social Care. The top 3 reasons for delays were 1) Awaiting completion of assessment 2)Patient or Family choice 3)Awaiting further non-acute
Local performance metric as described in your approved BCF plan	Estimated diagnosis rate for people with dementia (Surrey target)
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 achieved a diagnosis rate of 63.7% in Q2 which is below the target of 66.7%. To improve on the diagnosis rate, CCGs in Surrey are deploying a range of measures in Primary care such as improving data quality issues, GP education events, local memory clinics and engaging in collaborative work with colleagues in the community to be aware of symptoms of dementia and routes to diagnosis.
Local defined patient experience metric as described in your approved BCF plan	Friends and Family 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 2 (95.5%) exceeds the target for 2016/17 (94.2%).
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 for improved performance, but not to meet full target
Commentary on progress:	Year to Date Forecast outturn shows a residential rate of 570.8 per 100,000 population. This is slightly above the 2016/17 target of 561.7 per 100,000 population. Quarter 2 data is based on July and August actual admissions only - due to system migration on 13th September. The three months figure provided is a calculation based on two months data (222 admissions) extrapolated to three months.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The proportion of older people supported at home with reablement after discharge from hospital who are still at home 91 days later has increased slightly to 75% in quarter two.

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	Shared via interim solution	Not currently shared digitally				
From Community	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 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	Live	In development	In development	Live	Live	Unavailable
Projected 'go-live' date (dd/mm/yy)			01/01/17			

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	36
Rate per 100,000 population	3.0
Number of new PHBs put in place during the quarter	9
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 (%)	100%
Population (Mid 2016)	1,182,136

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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>
 Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Surrey

Remaining Characters	32,437
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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:

Highlights and successes
What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns
Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support
What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

1. Cover red validation boxes: 3. National Conditions/Rows 15,16,22. 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.