

APPENDIX 1

Cover and Basic Details

Q4 2014/15

Health and Well Being Board

Isle of Wight

completed by:

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

Dr John Rivers

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	0
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Isle of Wight

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	Yes
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If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
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Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
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If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
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Condition	Please Select (Yes, No or No - In Progress)	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	A review of 7 day service provision has been completed by the IOW NHS Trust and some services have been commissioned on a 7 day basis, for example, community physiotherapy. A CQUIN to audit 7 day services in four key areas of Keogh's Clinical Standards for Urgent and Emergency Care has been agreed with the IOW NHS Trust, this will provide more data on gaps in service provision. Challenge remains affordability and therefore cost versus benefit has to be carefully analysed. Further work is required on contractual levers with the residential and domiciliary markets to be able to accept placements and complex packages at weekends.
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Audit has been undertaken of all proviser's use of NHS number as primary identifier. PARIS system is planned to be in place by January 2016 to enable the NHS number to be used as the primary identifier for health and care services.
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	
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	Joint Care Plans are in place for end of life and patients at high risk of admission, coordinated by GPs. There are named GPs for all patients. Multidisciplinary community teams across the 3 localities will be in place by the summer, who will undertake joint assessments on high risk individuals. Where joint packages of care are agreed there is a care manager identified.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	The acute sector was fully involved in the development of the BCF. The Trust has supported the plans and the system trajectories forecasting demand and impact of BCF schemes are closely aligned, with contracts agreed.

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

31,408

Please provide any additional information you feel is appropriate to support the return including explanation of any

Non-elective Activity: Better Care Fund

The updated demand modelling for non-electives has had an impact on the figures in the original Better Care Fund submission (September 2014). The latest figures show that the CCG is now anticipating an increase of 1.8% from calendar year 2014 to 2015.

Our original submission indicated an ambition of -1.5% reduction in calendar year 2015. This is therefore a 3.3% variation to the original submission. The Case for Change ambition set out in the original BCF submission demonstrated that the health economy was expected to achieve a total 5% reduction in non-elective admissions over the calendar years 2014 and 2015 against the year 2013. Achievement in 2014 has been in excess of expectations at -4.21% which was predicted to be -3.6%. Given the ageing population growth and the fact that Quarter 4 2013/14 appears to have been an unpredictably low activity quarter, it would therefore be unreliable to base 2014/15 forecast at the same level in predicting the outcome for 2015. This is despite the impact of QIPP schemes in containing growth and managing need arising from increasing acuity. The overall planned reduction over the two years has therefore been adjusted to -2.5% against the calendar year (2013), with 2015 showing the slight increase of 1.8% compared to an unusually low year in 2014.