

Cover

Q1 2016/17

Health and Well Being Board Isle of Wight

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Who has signed off the report on behalf of the Health and Well Being Board: John Rivers and Steve Stubbings

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:

Isle of Wight

Have the funds been pooled via a s.75 pooled budget?

No

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

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	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	No		<p>In 2015/16 the CCG was able to contribute to the Local Authority £3.513m which was the allocation for the NHS Support to Social Care i.e. the minimum contribution required. As well as this, the CCG gave an additional £3.1m (of which £2.1m is non-recurrent) as the Local Authority had a gap of £3.1m in the finance they were able to allocate to social care.</p> <p>Despite the very difficult position of the CCG in 2016/17, set out in the case for change, the CCG has given the Local Authority £1m from its baseline funding and an estimated £711k slippage from 2015/16 has been identified in the BCF from both organisations. This therefore leaves a gap of £1.4m which needs to be addressed in order for the Council to remain within its allocated budget as agreed by members in February 2016. The CCG has also given £441k for the Care Act as required by NHS England.</p> <p>At the Councils Executive meeting, members reinforced the Council could not spend more than its allocated budget and both organisations needed to work together to identify how the £1.4m gap will be resolved and risks managed (see BCF Plan Narrative, page 26, Risk). This will be discussed at the IOW Health and Wellbeing Board on the 28th September 2016.</p>
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	31/03/2017	<p>Good Progress has been made although some 7 day services are still in development. Services in place: 7 day a week reablement ; 7 day a week night sitting service in development; 7 day a week physio services; 7 day a week 'communications hub'; 7 day a week GP; 7 day a week Crisis Response service; District nurses; Wightcare; respite services; rehabilitation beds. System Resilience plans are in progress that support the enhancement of services and increased access over the week. Further 7 day services will be in place by March 2017.</p>

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	31/03/2017	Some necessary support services are in place 7 days a week. Others are requiring further development in line with the implementation of 7 day services across health and social care. We anticipate that further support services will be in place by March 2017.
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?	Yes		
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?	Yes		
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?	Yes		
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	Yes		

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:

Isle of Wight

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	£7,833,099	£7,833,099	£7,833,099	£7,833,099	£31,332,396	£31,332,396
	Forecast	£7,833,099	£7,833,099	£7,833,099	£7,833,099	£31,332,396	
	Actual*	£7,833,099					

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

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	£7,833,099	£7,833,099	£7,833,099	£7,833,099	£31,332,396	£31,332,396
	Forecast	£8,870,352	£7,487,348	£7,487,348	£7,523,332	£31,368,380	
	Actual*	£8,448,544					

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

Satisfactory progress , small variance to date on forecast expenditure mainly relating to underspend on staffing costs.

Commentary on progress against financial plan:

Satisfactory progress against plan

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.

Additional Measures

Selected Health and Well Being Board:

Isle of Wight

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	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 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 Open API	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Community	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 Mental Health	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Not currently shared digitally	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)	31/03/17	31/03/17	31/03/17	31/03/17	31/03/17	31/03/17

National and locally defined metrics

Selected Health and Well Being Board:

IOW

Non-Elective Admissions	Reduction in non-elective admissions
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Please provide an update on indicative progress against the metric?	No improvement in performance
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Commentary on progress:	68 admissions and 2.3% above target (3.3% against stretch target) at the end of quarter one.
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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
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Commentary on progress:	<p>Q1 16-17 DTOC 1,211 days vs. target 1,139 (calculated for Q1 15-16) = 6% over target but: 1) Q1 not expected to improve (new jt. Discharge Policy only introduced July 16) 2) monthly trend +ve from April to June (i.e. Acute/Comm vs Occupied Bed Days Cumulative basis down from 3.5% to 3.31%; MH 15.66% to 11.63%; overall 5.06% to 4.5%); expect mitigating factors to continue +ve impact.</p>
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Local performance metric as described in your approved BCF plan	Reduction in Community Occupational Therapy waiting time in weeks to First Assessment (95% Percentile).
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Waiting list handed over to Council under section 75 information sharing agreement, Council leading on governance and management of Contrator to provide interventions to meet these clients needs. Waiting time has reduced to within target levels.

Local defined patient experience metric as described in your approved BCF plan	Overall satisfaction of people who use services with their care and support (ASCOF 3a)
If no local defined patient experience metric has been specified, please give details of the	

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Outturn result for 2015/16 saw an increase to 73% - which shows excellent progress during a difficult and challenging period for social care. The annual survey result for 2016/17 will not be issued until Jan 2017 so actual results will not be available until end of 31 March 2017 at the earliest.

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 to meet target
Commentary on progress:	Transition to new recording systems (PARIS and ADAM) from April 2016. Quarter one performance is in line with projected levels and so on track to meet the target set. Close management of residential placements continues alongside review work addressing high cost existing placements where appropriate.

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:	IWC reablement services experienced capacity issues during 2015/16 which have been addressed with the introduction of additional teams to support reablement services in the community and to increase the number of people using reablement as part of the care and support needs. Whilst the measure is slightly under target this quarter it is expected that this will be addressed when teams are fully operational. At 94.2% the measure remains much higher than the national average of 82%.

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	34
Rate per 100,000 population	24
Number of new PHBs put in place during the quarter	24
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)	139,922

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 - throughout the 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 - throughout the 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:

Isle of Wight

Remaining Characters

31,825

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.

The BCF as a pooled fund is part of our much bigger system-wide My Life A Full Life Programme, which is one of the Vanguards for the New Models of Care. The BCF is not being treated as a separate programme but is incorporated within the wider integration agenda. However, while the CCG and Council have agreed the areas and funding to be pooled, due to a gap in the social care budget the Section 75 has not yet been signed. The Council and CCG are meeting formally to determine how this can either be resolved or the impact on services. The next steps have been discussed with NHS England. This will be discussed at the IOW Health and Wellbeing Board on the 28th September 2016.

Improvements continue to be made on most of the supporting metrics, although the non-elective admissions target has not been achieved this quarter and DTOCs, although not achieving in Q1, are showing an improving performance and expected to achieve target in Q2.