

Cover

Q2 2016/17

Health and Well Being Board	Leeds
completed by:	Lesley Newlove
E-Mail:	lesley.newlove@nhs.net
Contact Number:	0113 8431743
Who has signed off the report on behalf of the Health and Well Being Board:	Matt Ward

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](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	15
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Budget Arrangements

**Selected Health and Well Being Board:**

Leeds

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

**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.

# Appendix 1 - Leeds BCF 2016/17 Q2 Reporting Template

## National Conditions

Leeds

Selected Health and Well Being Board:

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?

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 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	01/04/2017	Acute care provider is on track for achieving four of the standards as required in the National trajectory of milestones by April 2017. Nationally full implementation is required by 2020; commissioners are working with the provider to ensure full delivery by 2020.
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? ii) Are you pursuing Open APIs (ie system that speak to each other)? iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? 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? 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 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans 7) Agreement to invest in NHS commissioned out-of-hospital services	No - In Progress	No - In Progress	01/04/2017	There are a number of services in the community, mental health, social care and hospital settings that are already available over 7 days. All commissioning decisions and service specification development now considers what services are required over 7 days. 7 Day primary care service is being evaluated with consideration for roll out in specified areas. Standard 9 is one of the four standards that are due to be achieved by April 2017.
8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan	Yes	Yes		

# Appendix 1 - Leeds BCF 2016/17 Q2 Reporting Template

## National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. 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. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

### 2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also 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) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

### 4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful 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 consistent 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 consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/info.gov/iga>

# Appendix 1 - Leeds BCF 2016/17 Q2 Reporting Template

## 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 named care coordinator, 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 care coordinators, for example dementia advisors.

## 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

## 7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £.1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

## 8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target- agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month).

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

# Appendix 1 - Leeds BCF 2016/17 Q2 Reporting Template

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:

Leeds

**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	£13,980,000	£13,980,000	£13,990,000	£14,008,588	£55,958,588	£55,958,588
	Forecast	£13,980,000	£13,980,000	£13,990,000	£14,008,588	£55,958,588	
	Actual*	£13,980,000					

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	£13,980,000	£13,980,000	£13,990,000	£14,008,588	£55,958,588	£55,958,588
	Forecast	£13,980,000	£13,980,000	£13,990,000	£14,008,588	£55,958,588	
	Actual*	£13,980,000	£13,980,000				

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

**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	£13,989,500	£13,989,500	£13,989,500	£13,989,500	£55,958,000	£55,958,000
	Forecast	£13,989,500	£13,989,500	£13,989,500	£13,989,500	£55,958,000	
	Actual*	£13,276,508					

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	£13,989,500	£13,989,500	£13,989,500	£13,989,500	£55,958,000	£55,958,000
	Forecast	£13,989,500	£13,989,500	£13,989,500	£13,989,500	£55,958,000	
	Actual*	£13,276,508	£13,729,514				

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

Disabilities facilities grant £1299K spend versus £1407K budget, plus £123K underspend on CIC beds

Commentary on progress against financial plan:

Expected that expenditure in underspend areas will be utilised by the end of Q4

**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.

# Appendix 1 - Leeds BCF 2016/17 Q2 Reporting Template

## National and locally defined metrics

Selected Health and Well Being Board:

Leeds

<b>Non-Elective Admissions</b>	Reduction in non-elective admissions
--------------------------------	--------------------------------------

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	As shared with NHSE locally, the changes in coding practice at LHHT continue to affect the performance against the baseline target. Action taken to address performance issues include implementation of an A&E delivery and non-elective admissions action plan and ensuring the STP addresses the strategic issues.

<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
----------------------------------	--

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 levels are currently lower than they were for the same period last year. There is a seasonal trend for DTOC and the summer months do appear to be high with a reduction at this time of year however, this August was exceptionally high. The first two weeks peaked and there has been a reduction since then. We can report an improving picture now which we hope will be reflected in the Q3 results.

<b>Local performance metric as described in your approved BCF plan</b>	Dementia Diagnosis Rate
--	-------------------------

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	We continue to exceed our target

<b>Local defined patient experience metric as described in your approved BCF plan</b>	Individuals accessing health and social care services through integrated health and social care teams will be invited to complete the LTC6 questionnaire post discharge. These questionnaires will be used to generate a patient satisfaction score based on a weighted average for all questions completed. There is a target in place to reach 50 completed questionnaires per quarter for the service as a minimum.
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:	In Q2 2016/17 the Neighbourhoods had a total of 142 completed surveys returned therefore we are on track to meet the target

<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)
---------------------------------------	---

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Data available at the end of quarter 2 show that Leeds ASC is on track to meet targets for, 710 permanent admissions per 100,000 of the over 65 population, and 130,000 bed-weeks commissioned over the year. Trends show that people are coming into residential and nursing care later and for a shorter period of time, whilst admissions to nursing placements are increasing and those to residential have come down.

<b>Reablement</b>	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:	Leeds Adult Social Care is exceeding its target for reablement completions by 44% during the first half of the year. Complete figures for the number of people over 65 who are discharged from hospital and are still at home 91 days later having received short term support from health and ASC are not currently available. The last available figures from quarter 1 showed around 82% still at home, a drop on last year's figures of 84%.

**Footnotes:**

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.  
 For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

Additional Measures

Selected Health and Well Being Board: Leeds

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 interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Community	Shared via interim solution	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 interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution

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	Unavailable	In development	Unavailable	Unavailable
Projected 'go-live' date (dd/mm/yy)	31/03/18	31/03/18	31/03/18	31/03/18	31/03/18	31/03/18

**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 currently underway
---	--------------------------



**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	93
Rate per 100,000 population	11.9
Number of new PHBs put in place during the quarter	6
Number of existing PHBs stopped during the quarter	2
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2016)	778,980

**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 <b>non-acute</b> 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 <b>acute</b> 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.

# Appendix 1 - Leeds BCF 2016/17 Q2 Reporting Template

## Narrative

Selected Health and Well Being Board:

Leeds

Remaining Characters

30,688

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?

Performance against the NEA target remains a challenge. Action has been taken to address this including the implementation of an Integrated Discharge Service (IDS) which started this quarter as planned, following intensive partnership working across Leeds. The IDS is initially focusing on elderly medicine, acute medicine, A&E and assessment units as these had the highest number of delays attributed to them, which impacts on system flow. A system wide A&E delivery action plan has also been implemented.

In noting a reduction in DTOCs, Adult Social Care has identified a significant reduction in the numbers attributable to them.

We have also commissioned a successful pilot delivered by Age UK known as Hospital to Home. This service provides support to frail older people who are generally unaccompanied to transport and settle them back home from A&E and the assessment units. This service also provides independent support to families that are delaying discharge due to waiting for their preferred choice of care home. They have successfully supported patients and families in identifying alternative and suitable places of care. It is worth noting that this Hospital to Home service is featured in the recently published national Discharge to Assess quick guidance.

Leeds is also part of a West Yorkshire Accelerator project for Care Homes which is designed to reduce attendances at A&E from care homes residents. This involves working with all partners across the system/region including YAS. When considering admissions to residential care, we would highlight that locally we tend to focus on total number of bed weeks provided rather than number of admissions; this number is going down which reduces financial impact. Trends show that people are coming into residential and nursing care later and for a shorter period of time, whilst admissions to nursing placements are increasing and those to residential have come down.

A further development since the last quarter is that the Community Respiratory Service has been extended to cover 7 days a week.