

Cover

Q3 2016/17

Health and Well Being Board Leeds

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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 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	17
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 2 - Leeds BCF 2016/17 Q3 Reporting Template

National Conditions

Selected Health and Well Being Board:

Leeds

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	Q2 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	Yes		
2) Maintain provision of social care services	Yes	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	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 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - In Progress	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 services 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.

Appendix 2 - Leeds BCF 2016/17 Q3 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

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/ga>

Appendix 2 - Leeds BCF 2016/17 Q3 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 IGA 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 2 - Leeds BCF 2016/17 Q3 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	£13,980,000				

Q3 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	£13,990,000			

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast	
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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	£13,729,514				

Q3 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	£14,600,500			

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast	Catch up Payments of Disabilities facilities grant from Q1 & Q2
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Commentary on progress against financial plan:	Will be on plan by end of Q4
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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. Pre-populated Plan figures are sourced from the Q1 16/17 collection whilst Forecast, Q1 and Q2 Actual figures are sourced from the Q2 16/17 return previously submitted by the HWB.

Appendix 2 - Leeds BCF 2016/17 Q3 Reporting Template

National and locally defined metrics

Selected Health and Well Being Board:

Leeds

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
Commentary on progress:	As with quarter 2 there is an underlying growth in demand however we continue to challenge the change in coding practice.

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:	There is an improved position this quarter to the same period last year despite unprecedented attendance and admissions. This remains a challenging target for the city with full system resilience support and additional investments made to relieve the situation.

Local performance metric as described in your approved BCF plan	Dementia Diagnosis Rate
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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:	There has been a slight downward turn during the end of Quarter 3 for over 65 dementia diagnosis resulting in 76.3% against a target of 76.9%. It is worthy of note however that the result for all ages is 78.4% against the expected prevalence

Local defined patient experience metric as described in your approved BCF plan	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:	There have been 290 completed questionnaires returned in Q3.

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:	Current figures indicate that there will be an estimated 725 admissions per 100,000. This is a similar figure to the outturn for 2015/16.

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 currently underway
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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	100
Rate per 100,000 population	12.8

Number of new PHBs put in place during the quarter	7
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)	778,980
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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 - 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 - 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 2 - Leeds BCF 2016/17 Q3 Reporting Template

Narrative

Selected Health and Well Being Board:

Leeds

Remaining Characters

30,148

Please provide a brief narrative on overall progress, reflecting on performance in Q3 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?

It is worth noting that although performance against dementia diagnosis is just below the city wide target of 76.9%, Leeds South and East CCG is above the target and 4th nationally. Work is ongoing to explore what more can be done to improve rates, although Leeds performs well overall in comparison to other cities. Performance against the NEA target remains a challenge. As stated last quarter, action has been taken to address this; latest developments include the implementation of an Integrated Discharge Service (IDS), which includes the development of a 'trusted assessor' function and additional investment of £600k into community health, social care and voluntary sector services, working as part of a hospital-based team. The CCGs in Leeds via the A& E plan and System Resilience Assurance Board have made additional community bed capacity available to support winter pressures. Leeds continues to contribute to the West Yorkshire Accelerator Zone work in care homes, we would note that workforce remains a challenge in the Acute and Community sectors which impacts on patient flow. Lessons have been learned and changes to practice have already resulted in positive developments for example linking workforce deployment to patient flow across Leeds communities. Longer term commissioning investment has been secured to improve and enhance community intermediate care inpatient capacity, in readiness for next winter. Plans will increase capacity from 179 beds to 231 beds (factoring in demographic growth up to 2019/20). Approximately 75% of the beds would be retained for Intermediate Care and 25% for a new transfer to assess model. The capacity will meet existing demand as well as meeting the needs of:-

- additional patients currently waiting at home who can't access a CIC bed due to lack of capacity (equivalent to 158 admissions avoided per year)
- at least 50 patients currently waiting in hospital for residential or nursing beds based on Medically Fit For Discharge Data; excludes patients waiting to go home or for complex care - equivalent to 12,500 hospital bed days per year and 4500 excess bed day payments

Picking up on recent BCF themes, it is worthy of note that the 3 CCGs in Leeds commission social prescribing services. An event in celebration of this work was held on 14th February 2017 and opened by the Chair of the Health and Well Being Board. The evaluation will be fed into a wider redesign of voluntary and community sector services in 2018 as part of the Leeds chapter of the STP. These longer term investments will form a key part of our BCF plan in 17/19.