

Clerk:Lisa ATelephone:01803E-mail address:governDate:Tueso

Lisa Antrobus 01803 207013 <u>governance.support@torbay.gov.uk</u> Tuesday, 11 October 2016 Governance Support Town Hall Castle Circus Torquay TQ1 3DR

Dear Member

HEALTH AND WELLBEING BOARD - THURSDAY, 13 OCTOBER 2016

I am now able to enclose, for consideration at the Thursday, 13 October 2016 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No Item

11. Adult Services Better Care Fund

(Pages 83 - 86)

Page

Yours sincerely

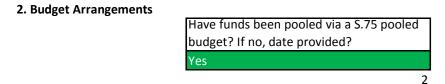
Lisa Antrobus Clerk

Better Care Fund Template Q1 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on be the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes
	1	1	1	1



3. National Conditions

			7 day	y services		D	ata sharing]			
1) A	sre the plans still jointly agreed?	2) Maintain provision of social care services	3i) 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	the daily consultant-led review, can be		4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revise Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, d who may have access and how they can		6) Is there agreement on the consequentia impact of the changes on the providers	commissioned out-of-hospital services, which may include a wide range of services	8) Agreement on local action plan to reduce delayed transfers of care (DTOC), including a locally agreed target
Please Select (Yes, No or No - In Progress) Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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) Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed? Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Income to	Plan		Yes	Yes	Yes
		Yes	fes	res	fes
	Plan				
	Forecast	Yes	Yes	Yes	Yes
	Forecast				
	Actual	Yes			
	Actual				
	Please comment if there is a difference				
	between the annual totals and the pooled				
	fund	Yes			
Expenditure From	Plan	Yes	Yes	Yes	Yes
	Plan				
	Forecast	Yes	Yes	Yes	Yes
	Forecast				
	Actual	Yes			
	Actual				
	Please comment if there is a difference				
	between the annual totals and the pooled				
	fund	Yes			
Commentary on progress against financial plan:		Yes			
	Commentary				

#REF!

#REF!

Supporting Metrics			Diasco provido an undato on indiastiva	
			Please provide an update on indicative	
			progress against the metric?	Commentary on progress
		NEA	Yes	Yes
				1
			Please provide an update on indicative	
			progress against the metric?	Commentary on progress
		DTOC	Yes	Yes
				1
			Please provide an update on indicative	
			progress against the metric?	Commentary on progress
		Local performance metric	Yes	Yes
				1
			Please provide an update on indicative	
		If no metric, please specify	progress against the metric?	Commentary on progress
	Patient experience metric	Yes	Yes	Yes
			1	1
			Please provide an update on indicative	
			progress against the metric?	Commentary on progress
		Admissions to residential care	Yes	Yes
				1
			Please provide an update on indicative	
			progress against the metric?	Commentary on progress
		Reablement	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
IHS Number is used as the consistent						
entifier on all relevant correspondence						
lating to the provision of health and ca						
ervices to an individual		Yes	Yes	Yes	Vac	Voc
	Yes	fes	fes	fes	Yes	Yes
taff in this setting can retrieve relevant						
formation about a service user's care						
rom their local system using the NHS						
lumber	Yes	Yes	Yes	Yes	Yes	Yes
	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
rom GP	Yes	Yes	Yes	Yes	Yes	Yes
		•	•	•	•	



From Social Care	Yes	Yes	Yes
		•	
From Community	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes
	res	fes	fes
From Specialised Palliative	Yes	Yes	Yes
	GP	Hospital	Social Care
Progress status	Yes	Yes	Yes
		•	
Projected 'go-live' date (mm/yy)	Yes	No	No
	1		
Is there a Digital Integrated Care Record			
pilot currently underway in your Health			
and Wellbeing Board area?	Yes		
		3	
	1		
Total number of PHBs in place at the end			
of the quarter	Yes		
		2	
Number of new PHBs put in place during			
the quarter	Yes		
		3	
Number of existing PHBs stopped during			
the quarter	Yes		
Of all residents using PHBs at the end of			
the quarter, what proportion are in receipt			
of NHS Continuing Healthcare (%)	Yes		
		•	
	2		
Are integrated care teams (any team		1	
comprising both health and social care			
staff) in place and operating in the non-			
acute setting?	Yes		
		-	
Are integrated care teams (any team			
comprising both health and social care			
staff) in place and operating in the acute			
setting?	Yes		
	-		
Brief Narrative	Yes	1	
	1		
	L		

7. Narrative

Yes	Yes	Yes
Yes	Yes	Yes
Yes	Yes	Yes
Yes	Yes	Yes
Community	Mental health	Specialised palliative
Yes	Yes	Yes
No	No	No

Template for BCF Submission 4: due on 19th August 2016

	Sheet: 2. Summary of Health and Well-Being Board 2016/17 Planning Template
Selected Health and Well Being Board:	
Torbay	
Data Submission Period:	
2016/17	
2016/17	

2. Summary and confirmations

This sheet summarises information provided on sheets 2 to 6, and allows for confirmation of the amount of funding identified for supporting social care and any funds ring-fenced as part of risk sharing arrangement. To do this, there are 2 cells where data can be input.

On this tab please enter the following information:

- In cell E37 ,please confirm the amount allocated for ongoing support for adult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the 'HWB Expenditure Plan' tab. If this is the case then cell F37 will turn yellow. Please use this to indicate the reason for any variance;

- In cell F47 please indicate the total value of funding held as a contingency as part of local risk share, if one is being put in place. For guidance on instances when this may be appropriate please consult the full BCF Planning Requirements document. Cell F44 shows the HWB share of the national £1bn that is to be used as set out in national condition vii. Cell F45 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the 'HWB Expenditure Plan' tab. Cell F49 will show any potential shortfall in meeting the financial requirements of the condition. The rest of this tab will be populated from the information provided elsewhere within the template, and provides a useful printable summary of the return.

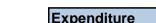
3. HWB Funding Sources

	Gross Contribution
Total Local Authority Contribution	£1,524,090
Total Minimum CCG Contribution	£10,305,028
Total Additional CCG Contribution	£50,000
Total BCF pooled budget for 2016-17	£11,879,119

Specific funding requirements for 2016-17	Select a response to the questions in column B
 Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority? 	No - in development
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	No - in development
3. Is there agreement on the amount of funding that will be dedicated to carer- specific support from within the BCF pool?	No - in development
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	No - in development

4. HWB Expenditure Plan

Summary of BCF Expenditure (*)



	Exponditatio
Acute	£0
Mental Health	£0
Community Health	£6,929,029
Continuing Care	£0
Primary Care	£0
Social Care	£4,950,090
Other	£0
Total	£11,879,119

Please confirm the amount allocated for the protection of adult social care Expenditure	If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.
£2,050,000	
	DFG's & Carers Act Support Funding

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool (**)

	Expenditure
Mental Health	£0
Community Health	£6,929,029
Continuing Care	£0
Primary Care	£0
Social Care	£3,376,000
Other	£0
Total	£10,305,029

	Fund
Local share of ring-fenced funding	£2,928,397
Total value of NHS commissioned out of hospital services spend from minimum pool	£10,305,029
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£0
Balance (+/-)	£7,376,632

share

BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk

Summary of BCF Expenditure from Minimum CCG Contribution

	Expenditure
Acute	£0
Mental Health	£0
Community Health	£6,929,029
Continuing Care	£0
Primary Care	£0
Social Care	£3,376,000
Other	£0
Total	£10,305,029

5. HWB Metrics

5.1 HWB NEA Activity Plan					
	01	02	02	04	Tetal
	QT	QZ	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	4,787	4,836	4,312	4,246	18,182
HWB Quarterly Additional Reduction Figure	130	132	117	115	494
HWB NEA Plan (after reduction)	4,657	4,704	4,195	4,131	17,688
Additional NEA reduction delivered through the BCF	£234,000	£237,600	£210,600	£207,000	£889,200

5.2 Residential Admissions

		Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission		
to residential and nursing care homes, per 100,000 population	Annual rate	565.3

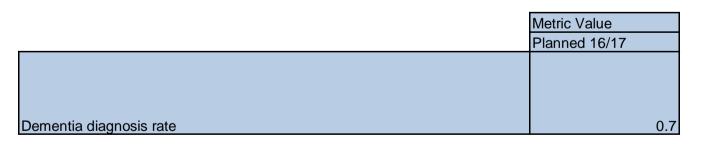
5.3 Reablement

		Planned 16/17
Proportion of older people (65 and over) who were still at home 91 days after		
dischange from beeniteligte verbler ent (uch chilitetien comisee	Americal O/	70 70/

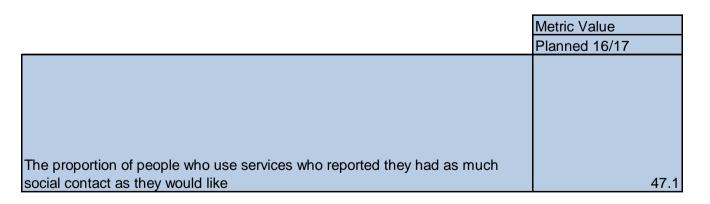
discharge from hospital into reablement / rehabilitation services [Annual %] 79.7%

5.4 Delayed Transfers of Care						
Delayed Transfers of Care (delayed days) from hospital per 100,000 population		Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	
(aged 18+).	Quarterly rate	506.4	445.7	686.5		812.4

5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 return)



5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 return)



6. National Conditions

National Conditions For The Better Care Fund 2016-17	Please Select (Yes, No or No - plan in place)
1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services (not spending)	No - in development
 3) 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 4) Better data sharing between health and social care, based on the NHS number 	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 professional	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	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development

Footnotes

* Summary of BCF Expenditure is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where: Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where; Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute) Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value) Source of Funding = CCG Minimum Contribution