

BRIEFING NOTE

TO: Health Scrutiny Panel
DATE: 10th January 2006

RE: Impact of Strategic Health Authority 'Bank' on the Local Area Agreement

Purpose

To provide the Health Scrutiny Panel with an update on the impact of the tPCT 'bank' on health and social care as recorded in the Local Area Agreement , Healthy Communities and Vulnerable Adults Pillar

tPCT 'Bank'

In January 2006, the Government instructed tPCTs to reduce their planned expenditure in 2006-7 by contributing to a Strategic Health Authority 'bank' to address overall deficits. Walsall tPCT was required to contribute 3.2% of it's budget; equivalent to just under £10 million, with interest paid and the possibility that up to £4 million would be repaid at year end. This means that the planned increase in expenditure during 2006-7 is £20 million rather than £30 million. The impact of this is being monitored through the Partnership Executive Groups and Local Area Agreement (LAA) There will also be a request from the NHS Bank for additional funds in 07/08 which is the subject of discussion at present. It is not anticipated that any service nor the delivery of the outcomes as detailed on the LAA will be affected. The LDP (Local Delivery Plan, which details service and financial intentions over 07/08) for the tPCT goes to Trust Board for approval on the 25th January 2207

LAA Performance Monitoring

Walsall Borough Strategic Partnership provides performance reporting on the LAA; it has been a challenge to collate performance data from several different sources across the breadth of health social care and other services. A performance management system is now in place to track performance within the year and ensure corrective action is taken where necessary.

The LAA 6 monthly "Refresh" meeting has taken place with Government Office (December 2006) who have approved the Targeted Action Plans that identify the corrective activities that need to take place

The final "Refresh" document that identifies agreed further action, any changes in Indicators, or data sources is currently being produced.

If Members wish, following the LDP sign off on 25th January 2007, Stella Forsdike Director of Performance and Commissioning, tPCT would be happy to attend the next Scrutiny Committee for additional information

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(10.1.07)

3.3 Healthy Communities and Older People LAA

3.3.1 Summary table

Performance	Direction of travel		
	Improving	Worsening	No Change
Red rated indicators	1	1	3
Amber rated indicators	1	0	3
Green rated indicators	10	0	1
Annual	10		

3.3.2 Assessment

Performance	G
Progress	G
Direction of Travel	G

We have rated overall *performance* in this Pillar as green. Two of the three outcomes are green with the other amber. Within the outcomes it has been possible to RAG rate half the targets, and of those, over two-thirds are on target to be achieved.

At this stage of the LAA it is difficult to judge whether overall progress is on target. However, we have rated *progress* as green. All TAPs have been developed and there is no reason to assume that the majority of mandatory outcomes or stretch targets will not be met; this review contains details of when the remaining gaps will be filled; and, there are no outcomes at risk of serious under-achievement. Indeed, only the three expert patient indicators are at serious risk of under-achievement and this has been highlighted as an issue to be discussed during the Refresh process – see section 3.3.5.

We have rated the *direction of travel* as green. This is based on the fact that two of the three outcomes have experienced positive change since the LAA was signed off.

Five targets are performing strongly as set out below.

2.1.1	Supported admissions of older people to permanent residential and nursing homes, per 10,000 population, aged 65 or over (PAF C26) (*)	Due to successful prevention and use of alternative services such as home care and assistive technology
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2.4	The number of people seen by the Mental Health Primary Care Team	Staff numbers have been increased, access has been improved by locating staff closer to users and improved GP referral pathways. Access by people with low level MH problems from Manor Hospital improved by training hospital staff in assessment tools and accept direct referrals.
2.5	Health and welfare of people in work: Number of clients on the Employment Retention Project	The tailored support for clients is particularly attractive to client and referrers alike for its holistic approach. Furthermore the small team at the service have worked extremely hard to meet the demand and needs of all clients.
3.2	The proportion of older people from BME groups receiving an assessment (PAF E47)	The Council is committed to improving its response to BME communities. Social Care & Inclusion are undertaking Equality Impact Assessments to develop enhanced responsiveness to these communities”
3.3	The proportion of older people from BME groups receiving a service following assessment (PAF E48)	

3.3.2 Under-performing indicators and planned corrective action

Ref	Indicator	Q2 Outturn	Target
1.7.1	Expert Patient Programme: Number of patients / clients completing a programme	37	514 (whole year)
1.7.2	Number of Tutors	11	64
1.7.3	Access in deprived Wards	10	266
Planned Corrective Action			
Recruitment and retention of participants to the course is an issue and extensive publicity and awareness raising continues to be undertaken. This has been highlighted with the senior management team and a detailed action plan is in place (outsource training and further recruitment drive). It is understood that the same issue is evident across the West Midlands in terms of numbers.			

Ref	Indicator	Q2 Outturn	Target
3.1	The number of infants born in Walsall who weigh less than	10.8	9.0 at year end

	2500 grams at birth, expressed as a percentage of all live births in Walsall (*)		
Planned Corrective Action			
<p>Data in Q1 showed a small increase since the base of 0.1%. A project, funded by NRF, is currently underway to look at LBW. It will gather an understanding of which babies have LBW; any potential causes and what can be done to address it. A scoping exercise is currently underway and the project is due to be completed in December.</p> <p>LBW is the result of a number of factors. Action to address these is currently happening; the NRF project will ensure that action is better co-ordinated and focused on particular action pertinent to the Walsall area. In addition to this, the tPCT is currently looking at infant mortality to address the recent rise; this will impact positively on action to address LBW.</p>			

3.3.3 TAP Progress

March 2007 Appendix 2 highlights indicators where TAPs have been developed. TAPs have been completed for all targets in this Pillar.

3.3.4 Filling the Gaps

The LAA, as signed off, contained a number of gaps in the precise wording of indicators, baseline data and/ or targets. Progress in filling the gaps is set out below.

Ref	Indicator	Gap	Progress
1.6	Prevalence of obesity in adults	Baseline to be agreed on QoF data	Insufficient GPs have made BMI returns to establish a reliable baseline. Agreement has been reached with GO to defer this until March 2007
2.6.2	% adults participating in 30 minutes of moderate intensity sport and recreational physical activity, on 3 or more days per week	Baseline, targets and trajectory	Agreed – see Appendix 1
2.6.3	% of year 9 students participating in at least 2 hours of sport and physical activity, per week, in and around the curriculum.	Baseline, targets and trajectory	Agreed – see Appendix 1

3.3.5 Issues for Refresh

Ref	Indicator	Issues
1.7.1 1.7.2 1.7.3	Expert Patient Programme: Number of patients / clients completing a programme Number of Tutors Access in deprived Wards	<p>The Expert Patient programme target was set by the SHA and the tPCT advise that the target may be unattainable and should be re-negotiated to a realistic level</p> <p>Corrective Action Plan in place through the tPCT that has divided the targets across its Directorates and includes an assertive publicity/marketing campaign both for professional and community members through external organisations(i.e. acute hospital) and community venues(i.e. Temples,Mosques etc).</p>