

## HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

13 SEPTEMBER 2017

	<b>Report for Information</b>
<b>Title:</b>	Better Care Fund Quarterly Performance Report
<b>Lead officer(s):</b>	Maria Principe, Director of Contracting and Transformation, Nottingham City Clinical Commissioning Group
<b>Author and contact details for further information:</b>	Petra Davis, Project Officer, Out of Hospital Care, Nottingham City Clinical Commissioning Group and Nottingham City Council
<b>Brief summary:</b>	This report provides information in relation to the Better Care Fund (BCF) performance metrics for Quarter 4 2016/17
<b>Is any of the report exempt from publication?</b> <i>If yes, include reason</i>	No

### **Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:**

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

- a) note the performance in relation to the Better Care Fund performance metrics for Quarter 4 2016/17; and
- b) note the quarterly return which was submitted to NHS England on 20.06.17 and was authorised virtually by the Health and Wellbeing Board Chair – Cllr Nick McDonald, and Vice Chair, Dr Marcus Bicknell

### **Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
<b>Aim:</b> To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	<p>The main objectives of our Better Care Fund Plan are to: -</p> <ul style="list-style-type: none"> <li>- Remove false divides between physical, psychological and social needs</li> <li>- Focus on the whole person, not the condition</li> <li>- Support citizens to thrive, creating independence - not dependence</li> <li>- Services tailored to need - hospital will be a place of choice, not a default</li> <li>- Not incur delays, people will be in the best place to meet their need</li> </ul>
<b>Aim:</b> To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
<b>Outcome 1:</b> Children and adults in Nottingham adopt and maintain healthy lifestyles	
<b>Outcome 2:</b> Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
<b>Outcome 3:</b> There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and	The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the

manage ill health well	organisations/different parts of the system delivering it.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	<p>By 2020, the aspiration is that: -</p> <ul style="list-style-type: none"><li>- People will be living longer, more independent and better quality lives, remaining at home for as long as possible</li><li>- People will only be in hospital if that is the best place – not because there is nowhere else to go</li><li>- Services in the community will allow patients to be rapidly discharged from hospital</li><li>- New technologies will help people to self-care</li><li>- The workforce will be trained to offer more flexible care</li><li>- People will understand and access the right services in the right place at the right time.</li></ul> <p>The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision making.</p>
<b>How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health</b>	
A core element of the Integrated Care model is the integration of mental health services which is being progressed through the Mental Health Integration Steering Group. This steering group oversees a work plan which will be supported by task and finish groups. Clinical assurance has been delegated to the Clinical Strategic Commissioning Group. Commissioning assurance has been delegated to the Mental Health Joint Commissioning Group.	

<b>Reason for the decision:</b>	n/a
<b>Total value of the decision:</b>	n/a
<b>Financial implications and comments:</b>	Quarterly finance is included within the appendix attached to this report. The reported financial position aligns to the Quarterly Budget Monitoring Reports presented to Commissioning Sub Committee.
<b>Procurement implications and comments (including where relevant social value implications):</b>	n/a
<b>Other implications and comments, including legal, risk management, crime and disorder:</b>	n/a
<b>Equalities implications and comments:</b>	n/a

<i>(has an Equality Impact Assessment been completed? If not, why?)</i>	
<b>Published documents referred to in the report:</b> <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	Nottingham City BCF Quarterly Return - Quarter 1 2016/17 Nottingham City BCF Quarterly Return - Quarter 2 2016/17 Nottingham City BCF Quarterly Return - Quarter 3 2016/17
<b>Background papers relied upon in writing the report:</b> <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
<b>Other options considered and rejected:</b>	n/a