

## HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

27<sup>th</sup> March 2019

	<b>Report for Information</b>
<b>Title:</b>	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports
<b>Lead officer(s):</b>	Claire Kent, Head of Service Improvement & BCF, Greater Nottingham Clinical Commissioning Partnership
<b>Author and contact details for further information:</b>	Clare Rourke, Service Improvement Officer, Greater Nottingham Clinical Commissioning Partnership
<b>Brief summary:</b>	This report provides information in relation to the Better Care Fund (BCF) performance metrics for Q3 18/19
<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 performance in relation to the BCF performance metrics for Q3 18/19; and
- b) Note that there was no Improved Better Care Fund (iBCF) reporting requirements in Q3 18/19; and
- c) Note the quarterly return which was submitted to NHS England on 22/01/2019 and authorised by Councillor Webster

### **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: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities</b>	<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> <p>The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it.</p> <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</li> </ul>
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
<b>Outcome 2: 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: There will be a	

healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	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.
<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>	N/A
<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>	<p><b>BCF Q3 Report</b></p> <p><b>1. National conditions and section 75</b> We have successfully met all national conditions in Quarter 3 and for the year.</p> <p><b>2. Metrics</b> The metrics for Residential Admissions and Reablement are on track for Quarter 3, and has consistently remained on track throughout the year.</p> <p>The metrics for Delayed Transfers of Care and Non-Elective Admissions are not on track to meet target for Quarter 3. Please refer to Tab 3 in the quarterly return for Achievements and Challenges.</p> <p><b>3. High Impact Change Model</b> Our performance against the 8 expected elements of the High Impact Change Model is good, with a score of 'Established' for 7 of the 8 mandated elements. For Change 6, Trusted Assessors, plans are in place, with a pilot currently being undertaken at Sherwood</p>

	<p>Forest Hospitals, to determine how this could be rolled out across the system.</p> <p>The additional, non-mandated Red Bag Scheme element is good, with a score of 'Established'. This has been in place since 2017.</p> <p><b>4. Narrative</b> In the progress against local plan for the integration of health and social care, we have highlighted the ongoing management and partnership working to support the current under-achievement of DTOC and NEL admissions.</p> <p>The narrative for the success story focuses on additional winter pressure funding, which was used to help alleviate capacity for DTOC and improve system flow.</p> <p><b>5. iBCF</b> There is no requirement to report on iBCF spend this quarter.</p>	
<b>Equalities implications and comments:</b>	N/A	
<b>Published documents referred to in the report:</b> <i>legislation, statutory guidance, previous Sub Committee reports /minutes</i>	<p>Nottingham City BCF Quarterly Return - Quarter 1 2018/19</p> <p>Nottingham City BCF Quarterly Return - Quarter 2 2018/19</p>	
<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