



'To Follow' Agenda Items

This is a supplement to the original agenda and includes reports that were marked 'to follow'.

Nottingham City Council

Health and Wellbeing Board: Commissioning Sub-Committee

Date: Wednesday 29 January 2020

Time: 4:00pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Adrian Mann **Direct Dial:** 0115 8764305

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Health and Wellbeing Board: Commissioning Sub-Committee 29 January 2020

	Report for Resolution
Title:	Better Care Fund Quarter 3 Reporting Template 2019/20
Lead officer(s):	Sarah Fleming
Author and contact details for further information:	Naomi Robinson naomi.robinson2@nhs.net 0115 8839320
Brief summary:	<p>This paper presents the Better Care Fund Quarter 3 Reporting Template 2019/20 for agreement. This a quarterly reporting requirement as set out in the NHS England Better Care Fund Planning guidance 2019/20.</p> <p>The template confirms the status of continued compliance against the requirements of the fund and provides information about challenges, achievements and support needs in progressing the delivery.</p> <p>The reporting template includes narrative on performance against the four national BCF metrics:</p> <ul style="list-style-type: none"> i. Non-elective admissions ii. Admissions to residential and care homes iii. Effectiveness of reablement iv. Delayed transfers of care (DToC) <p>Following sign-off by Dr Hugh Porter, Councillor Eunice Campbell-Clark and Councillor Adele Williams, the Better Care Fund Quarter 3 Reporting Template was submitted on Friday 24 January 2020.</p>
Is any of the report exempt from publication? <i>If yes, include reason</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this an Executive decision?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p>Executive decisions are subject to call in unless otherwise stated here.</p>

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

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

- a) **approve** the Better Care Fund Quarter 3 Reporting Template 2019/20;
- b) **delegate** the authorisation of the Better Care Fund quarterly returns to NHS England, on an ongoing basis, to:
 - (i) the Nottingham City Council Portfolio Holder with responsibility for health;
 - (ii) the Nottingham City Council Portfolio Holder with responsibility for adult social care; and
 - (iii) the Chair of the NHS Nottingham City Clinical Commissioning Group.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	<p>The 2019/20 Better Care Fund Plan key objectives continue to be:</p> <ul style="list-style-type: none"> • Remove false divides between physical, psychological and social needs; • Focus on the whole person, not the condition; • Support citizens to thrive, creating independence – not dependence; • Services tailored to need – hospital will be a place of choice, not a default; • Not incur delays – people will be in the best place to meet their need; • The vision is that in five years' time care is integrated so that the citizen has no visibility of the organisations / different parts of the system delivering it. <p>By 2020, the aspiration is that:</p> <ul style="list-style-type: none"> • People will live longer, be more independent and have better quality lives, remaining at home for as long as possible; • People will only be in hospital if that is the best place – not because there is nowhere else to go; • Services in the community will allow patients to be rapidly discharged from hospital;
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.	
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.	
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.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

	<ul style="list-style-type: none"> • 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. <p>The 2019/20 BCF plan will be building on achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole system perspective.</p>
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	
<p>Mental health and wellbeing will need to be a core element of a truly integrated care model. Leadership to this agenda is provided by the Mental Health and Wellbeing Steering Group and consideration to giving equal value to mental and physical health is embedded within individual schemes.</p>	

Reason for the decision:	Formal agreement is needed for the Better Care Fund Quarter 3 Reporting Template 2019/20
Total value of the decision:	N/A
Financial implications and comments:	N/A
Procurement implications and comments (including where relevant social value implications):	N/A
Other implications and comments, including legal, risk management, crime and disorder:	N/A
Equalities implications and comments:	The decision does not represent a change to a policy, service or function.
Published documents referred to in the report:	Better Care Fund Planning Requirements for 2019/20: https://www.gov.uk/government/publications/better-

	care-fund-planning-requirements-for-2019-to-2020
Background papers relied upon in writing the report:	None
Other options considered and rejected:	None, as this report is a statutory requirement.

Better Care Fund Template Q3 2019/20**3. National Conditions & s75 Pooled Budget**

Selected Health and Wellbeing Board:

Nottingham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" 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? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Better Care Fund Template Q3 2019/20

4. Metrics

Selected Health and Wellbeing Board:

Nottingham

**Challenges and
Support Needs
Achievements**

Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans
Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	At planning stage the main local Acute provider identified a coding and counting change that inflated the 19/20 plan. In year the expected increase in activity volume has not been seen yet, resulting in significant	Activity below Plan
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Performing well (see right).	There have been 178 recorded permanent admissions (459.9 per 100,000 population to date) for people aged 65+ during Q1-Q3 2019/20. This is performing ahead of the target set for 380 (982 per 100,000) during
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Performing well (see right).	Reablement according to this metric has been recorded at 90.1% of people still at home 91 days after discharge for the period from 1st April to 30th November 2019 (performing above the target of 80%).
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	Not on track to meet target	Focus is on delivering the HICM effectively as described in tab 5 and pathways relating to housing needs including homelessness.	Improvements have been seen in October and November 2019, however, high performance in the early part of the year may mean it is difficult to get back on target for the remainder of the year.

Better Care Fund Template Q3 2019/20

5. High Impact Change Model

Selected Health and Wellbeing Board:

Nottingham

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

			Narrative		
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Increase in community bed requests and waiting list for patients that are termed ‘enhanced’. Greater focus required to support P1 - home care and reablement	Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a “simple” or “supported discharge”.
Chg 2	Systems to monitor patient flow	Established		Dashboard and systems to monitor flow in place - currently a manual process across the system.	All system partners now have access to nerve centre on their laptops via VDI apps, giving staff direct access to NUH data to view and edit. - - Interoperability project at NUH
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established		Challenges to maintain the reduction of DSTs in hospital to <15%. Work progressing with stroke to reduce the requests for DSTs and mental health patients. Commissioning decision	Weekly long patient stay review in place by senior partners. - Transfer Action Groups within NUH across the Divisions are in place. - Transfer Action groups also in place
Chg 4	Home first/discharge to assess	Established		Increased demand for home care package as part of Home First. Specific work around pathway for housing needs and issues relating to no recourse to public funds	Weekly supported discharge target of 250 has been consistently achieved. - Home First ethos continues to be embedded with supporting materials for setting expectations

Chg 5	Seven-day service	Established		Workforce change to support 7 day services. Whilst some services are in place to support 7-day working it is recognised there are gaps.	IDT provide the service 6 days a week (includes Sunday). - Home First group looking at how to get to a 7 day integrated discharge function across the system.
Chg 6	Trusted assessors	Plans in place		Recruitment challenges in NUH for Trusted Assessor at NUHT	Trusted Assessment model is being developed as part of the IDF work Review of Transfer of Care (TOC) underway that will include specifics around 'enhanced' / challenging cohort
Chg 7	Focus on choice	Established		Continual support for staff when implementing the discharge policy. Implementation challenges in the community.	Review of policy anticipated as part of the IDF work and Excellence and Discharge Programme. - Joint approach of social worker and ward staff to implement the policy,
Chg 8	Enhancing health in care homes	Established		Enhanced care service to care homes in County. Need to monitor if any impact, i.e. increased ED activity.	Urgent & Emergency Care Group agreed to prioritise 'frequent activity' in all areas, which includes care homes. - Spot purchase care home bed framework and escalation being

Hospital Transfer Protocol (or the Red Bag scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		Ongoing work to ensure repatriation of red bags to care homes following the death of a resident in hospital.	Red bag scheme rolled out across care homes. All frail older patient care homes aware and engaging with project. Many using the red bag as well as all the accompanying paperwork

Better Care Fund Template Q3 2019/20

6. Integration Highlight

Selected Health and Wellbeing Board:

Nottingham

Remaining Characters:

18,881

Integration success story highlight over the past quarter:

Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

The Nottinghamshire Health and Care Portal is a system designed to improve information sharing across health and care organisations throughout the county. It is a read only view of information held across systems and organisations that allows staff involved in the provision of Direct Care to view other patient data held in another system without needing full access. Information is currently shared into the portal by Nottingham University Hospitals (NUH) Trust, Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare Foundation Trust (Mental Health information only) and GPs from Mid-Notts, South Notts and Nottingham City.

The system is being developed for implementation across the ICS and plans in place to achieve integration with Adult Social Care staff across a range of services in Nottingham and Nottinghamshire. ASC staff in Nottinghamshire have access to the portal and training is being rolled out and in Nottingham City discussion has established plans to roll this out to ASC staff in the City, in the meantime ASC staff have been enabled access to 'Nerve Centre' at NUH to view patient data.

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type Other (or multiple schemes)

Brief outline if "Other (or multiple schemes)"

The portal will positively impact the effectiveness of a number of programme areas associated with the BCF.

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list

3. Integrated electronic records and sharing across the system with service users

Brief outline if "Other"

Better Care Fund Template Q3 2019/20

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Nottingham

Please provide a brief narrative on progress made towards delivering the Winter Pressures Grant spending plan (as expressed within the BCF planning template 2019-20)

Winter Pressure funding has been invested in the following:

- reablement at home
- Age UK volunteer service
- additional capacity in assessment
- step down social care beds within a residential setting
- additional homecare provision

Please indicate whether the planned spend for the Winter Pressures Grant is on track

On Track

Where "NOT ON TRACK", please indicate actions being planned or in place to get back on track

Have local acute hospital trusts continued to be involved in delivery of the Winter Pressures Grant including any changes in the use of the grant as compared to 2018-19?

Yes

Where 'No' is selected above, please describe how this involvement is being ensured