

HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE - 14 July 2015

Title of paper:	Better Care Fund – Performance report	
Director(s)/ Corporate Director(s):	Maria Principe – Director of Primary Care Development and Service Integration Candida Brudenell, Director Quality and Commissioning, NCC	Wards affected: All
Report author(s) and contact details:	Jo Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council. <u>Joanne.Williams@nottinghamcity.nhs.uk</u>	
Other colleagues who have provided input:	Antony Dixon – Strategic Commissioning Manager Nottingham City Council Charlotte Harris – Project Manager Nottingham City CCG and Nottingham City Council	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		√
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		√
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
This paper provides information on the performance of the Better Care Fund; the Better Care Fund indicator report is included.		
Recommendation(s):		
1	Sub-committee note current performance in relation to BCF metrics as detailed in 2.4	
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	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

1. REASONS FOR RECOMMENDATIONS

- 1.1 To enable Sub-committee to consider current performance of the BCF pooled budget against agreed national and local metrics on behalf of the Health and Well-being Board and consider whether any changes are required to BCF schemes as a result.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Better Care Fund provides for £3.8 billion worth of funding nationally (23.297m Nottingham City) in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change is underway which aims to reshape local services to deliver joined up care. The emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.
- 2.2 Nottingham City's plan was approved In October 2014 and detailed planning for successful implementation has taken place since this date.
- A section 75 pooled budget agreement was approved by both Nottingham City Council and Nottingham City CCG. This includes the governance arrangements for monitoring and reporting on performance and finance as well as the management of risks.
 - A better care fund indicator report has been developed to monitor performance against the national BCF metrics.
 - Logic modelling is underway to better understand how activity funded through the BCF supports expected outcomes. A report will be produced to monitor the impact of individual BCF schemes and inform future BCF planning.
- 2.3 Better Care Fund performance is measured through a set of four nationally developed metrics and two locally developed metrics. These performance metrics assess reductions in non-elective admissions to hospital, reductions in delayed transfers of care, reductions in permanent residential admissions, increased effectiveness of reablement (national metrics) and improvement in citizen outcomes and an increased uptake of assistive technology (local metrics). Locally a Better Care Fund indicator report has been developed to provide information on performance to date to the Health and Wellbeing Board Sub- Committee (appendix A).

The pay for performance element of the plan relates to the target for a reduction in non-elective activity only. On submission Nottingham City's plan stated a planned reduction of 3.5% based on national guidance at that time. In early 2015 NHS England indicated that local areas could revisit their non- elective admissions plan through 15/16 operational planning to take into account actual performance in the year to date (particularly through winter), likely outturn for 14/15 full year, and progress with contract negotiations with providers. The Health and Wellbeing Board

approved a reduction in the target to 1.6% to reflect the expected impact of the BCF schemes. Current understanding of the guidance indicates that performance will be measured against the 3.5% target for Q4 of 2014/15 and 1.6% for Q1-3 of 15-16.

2.4 Summary of performance

Performance against each BCF metric is described below; where applicable performance against the annual target is described first, followed by a description of performance against the monthly target.

Q4 2014/15

Avoiding permanent residential admissions	<p>There were 146 permanent admissions into residential care during 2014/15, this metric over-performed against the BCF target for 14/15 of 242 admissions.</p> <p>During March 2015 32 citizens were permanently admitted into residential care, this metric under –performed against the monthly BCF target of 21 admissions.</p> <p>However, analysis done to reconcile end of year figures suggests that there was under reporting during 2014/15 and that this data quality issue has arisen from business process issues. Local authority analysts are working with business units to revise the business processes.</p>														
Increased effectiveness of reablement	<p>The measure combines data from the Local Authority and CityCare reablement services. During 2014/15 60.8% of citizens offered reablement were at home 91 days after discharge from hospital. Performance against this measure is below the target of 64.1%.</p> <p>Performance during March 2015 under-performed against the target at 48%.</p>														
Reduced delayed transfer of care (DTC)	<p>There were 7,959 delayed days during 2014/15, this metric over -performed against the BCF target of 8,786 delayed days.</p> <p>During March 2015 there were 801 delayed days, this metric under-performed against the BCF monthly target of 666 delayed days.</p>														
Increased uptake of Assistive Technology	<p>The number of users of Assistive Technology at the end of 2014/15 over-performed against the target with 4809 users against the target of 4800.</p>														
Improvement in health and social care outcomes	<p>The first dataset was produced in February 2015, the results showed that 83% off those citizens with long term conditions taking part in the survey reported an improved experience. This will form the baseline for this metric.</p>														
Reduced non-elective activity	<p>Performance during Q4 14/15 demonstrated a downward trend in admissions compared to performance for the same period during 13/14.</p> <p>The finalised dataset for Q4 14/15 is summarised in the table below. The target number of admissions was 7117; there were actually 7211 admissions during this period (94 above the target). However, there was a reduction of 146 admissions against the baseline for this metric.</p> <p>The total value of the payment for performance available this quarter was £360k, the performance against the target releases £220k.</p> <table border="1" data-bbox="427 1720 1150 1998"> <tr> <td>Q4 14/15 Target</td> <td>7117</td> </tr> <tr> <td>Q4 14/15 Actual performance</td> <td>7211</td> </tr> <tr> <td>Variance against target</td> <td>94</td> </tr> <tr> <td>Cumulative number of admissions reduced</td> <td>(146)</td> </tr> <tr> <td>Payment available during quarter</td> <td>£360,580</td> </tr> <tr> <td>Payment achieved</td> <td>£220,520</td> </tr> <tr> <td>Payment not available</td> <td>£140,060</td> </tr> </table>	Q4 14/15 Target	7117	Q4 14/15 Actual performance	7211	Variance against target	94	Cumulative number of admissions reduced	(146)	Payment available during quarter	£360,580	Payment achieved	£220,520	Payment not available	£140,060
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Q1 2015/16

Avoiding	There have been 27 permanent admissions into residential care since the start
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permanent residential admissions	of Q1, this metric has over-performed against the BCF year to date target for 15/16 of 37 admissions. The Local Authority analysts are continuing work with business units to revise reporting processes.
Increased effectiveness of reablement	The target for May 2015 was 66.7% i.e. 66.7% of the citizens who were offered reablement following discharge from hospital were still at home 91 days after discharge. During May performance was below the target at 63%.
Reduced delayed transfer of care (DTC)	There has been a positive reduction in delayed transfers of care. During April 2015 there were 662 delayed days, over-performing against the BCF monthly target for this metric of 805 delayed days. Reports at the provider level show that delays for CityCare have now stabilised as a result of reviewing their reporting processes.
Increased uptake of Assistive Technology	Data on the number of Telecare users was not available for May 2015. There are some on-going data reporting issues within the Telecare service. This issue has been logged and actions are being progressed to resolve reporting problems.
Improvement in health and social care outcomes	The next round of surveys will be analysed at the end of June, an update on this metric should be available in July/August 2015. A recommendation on the target for this metric will be proposed to the CEG in August 2015.
Reduced non-electivity activity	The general trend in admissions is downwards compared to performance for the same period during 2014/15. During April there were 2,406 non-elective admissions, this metric over-performed against the BCF target of 2,442 admissions (target of 1.6% reduction). There is some variation in non-elective activity by CDG. During the last six months a review of the rolling average percentage change shows that there has been an increase in non-elective activity of between 3-5 % in CDGs 1, 2,3,5,6 and 7. There was a significant increase in non-elective activity in CDG 3 during May of 5.4%.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None. Finance comments pertaining to the pay for performance element of the BCF are contained within the BCF Budget monitoring Report.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

This report does not raise any significant legal issues

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

✓

No

□

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

Appendix A – BCF Dashboard



Enc. 3 Better Care
Fund Indicators v3.3

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Health and Wellbeing Board paper 'Better Care Fund Update' October 2014.