

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE -**  
**08 September 2015**

<b>Title of paper:</b>	<b>Better Care Fund – Performance report</b>	
<b>Director(s)/ Corporate Director(s):</b>	Maria Principe – Director of Primary Care Development and Service Integration Candida Brudenell, Director Quality and Commissioning, NCC	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	<b>Jo Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council.</b> <b><u>Joanne.Williams@nottinghamcity.nhs.uk</u></b>	
<b>Other colleagues who have provided input:</b>	<b>Antony Dixon – Strategic Commissioning Manager Nottingham City Council</b> <b>Charlotte Harris – Project Manager Nottingham City CCG and Nottingham City Council</b>	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Strategic Priority:</b>		
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		√
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
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"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<b>This paper provides information on the performance of the Better Care Fund; the Better Care Fund indicator report is included.</b>		
<b>Recommendation(s):</b>		
<b>1</b>	Sub-committee to approve the quarterly return (Q1) submitted to NHS England on 28 August 2015.	
<b>2</b>	Sub-committee note current performance in relation to BCF metrics as detailed in 2.4	
<b>3</b>		

<b>4</b>	
	<b>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'):</b>

## **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, data submitted in July return to confirm our data sets and targets confirms this.

2.4 The quarter one return (appendix A) was submitted to NHS England on 28 August 2015, it includes the following:

<b>NHS England Requirement</b>	<b>Nottingham City position</b>
Budget arrangements – tracks whether section 75s are in place for pooling funds.	We confirmed that a section 75 is in place to manage the pooled budget.
National conditions – the spending round established 6 national conditions to access the fund	We are on track for all 7 national conditions as per our BCF plan.
Non elective and payment for performance	We achieved the target in Q1 with a payment of £183,270
Income and expenditure	Finances have been transacted as detailed in the section 75.
Local metrics	Assistive technology target achieved in Q1 Patient experience is monitored on a 6 monthly basis and is due to report in Q2.
Understanding support needs	Request for support identified to deliver better care as detailed in the plan

## 2.5 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.

Q1 2015/16

Avoiding permanent residential admissions	<p>This metric is under-performing against the year to date BCF target with 84 admissions against a planned 74. During July 28 citizens were permanently admitted into residential care, this metric under-performed against the monthly BCF target of 18 admissions.</p> <p>The Local Authority are working with business units to revise their reporting processes.</p>
Increased effectiveness of reablement	<p>This metric is under-performing against the year to date BCF target, with 57.9% of citizen's still at home 91 days after discharge against a planned 66.7%. During July 56.9% of citizens were still at home 91 days after discharge from hospital, this is under-performing against the monthly BCF target of 66.7%.</p> <p>A clinical utilisation review of both reablement services has been completed by an external organisation. The findings of the review will be presented to the Independence Pathway Implementation Group in September. We expect that this review will capture the complexity of needs the services are treating and enable us to determine if there are inefficiencies in the services and support future commissioning decisions.</p>

Reduced delayed transfer of care (DTC)	This metric is over-performing against the year to date BCF target with 2,340 delayed days against a planned 2,416 delayed days. During July there was 857 delayed days, this metric under-performed against the BCF monthly target of 806 delayed days. Reports at the provider level show that this increase in delayed days has been mainly at NUH.														
Increased uptake of Assistive Technology	<p>This metric is under-performing against the year to date BCF target with 5,002 current AT users aged 65 and over, against a planned 5,200. During July 141 citizens were supported with AT, this metric over-performed against the BCF monthly target of 100 users.</p> <p>There are 2 Telehealth projects under development which once implemented will positively increase the number of users: Four Care Homes will be monitoring their patients using a 'virtual ward round' model to gather regular vital signs in the same way as Telehealth patients already do in their own homes; Secondly, Primary Care is being encouraged to use Flo (text messaging) as a medication reminder or memory tool. We would expect to see patient uptake increase by the end of 2015 as a result of these 2 projects.</p>														
Improvement in health and social care outcomes	The next round of surveys has been returned and are being analysed. This metric will be reported in September 2015, to fit with the quarterly reporting process.														
Reduced non-electivity activity	<p>The general trend in admissions is still downwards compared to performance in previous years. During June there were 2,544 non-elective admissions, this was 13 admissions above the 1.6% reduction target. However, over-performance during April means that the end of Quarter 1 position is positive and the pay for performance target has been met. This means that the full amount can be released into the pooled fund, the performance this quarter and associated payment are detailed below.</p> <p><u>Payment for Performance Fund- Quarter 1 2015/16</u></p> <table border="1"> <tr> <td>Q1 15/16 Target</td> <td>7593</td> </tr> <tr> <td>Q1 15/16 Actual performance QTD</td> <td>7413</td> </tr> <tr> <td>Variance against quarterly target</td> <td>-180</td> </tr> <tr> <td>Cumulative number of admissions reduced</td> <td>-303</td> </tr> <tr> <td>Payment available during Quarter</td> <td>£183,949</td> </tr> <tr> <td>Payment achieved</td> <td>£183,949</td> </tr> <tr> <td>Payment not available</td> <td>£0</td> </tr> </table>	Q1 15/16 Target	7593	Q1 15/16 Actual performance QTD	7413	Variance against quarterly target	-180	Cumulative number of admissions reduced	-303	Payment available during Quarter	£183,949	Payment achieved	£183,949	Payment not available	£0
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Q1 15/16 Actual performance QTD	7413														
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### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

None

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

- 4.1 Council and Health commissioners have proposed a 50/50 split of the risk should the performance related element of the BCF Plan not be delivered. This totals £1,556,052 annually which will be paid proportionately on a quarterly basis dependent on the extent to which the reduction in non-elective emergency admissions to acute care is delivered. BCF planning guidance requires risk sharing arrangements for the performance related element to be detailed within the Plan.

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 – Quarterly return

Appendix B – BCF Dashboard

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

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

Appendix A – Quarterly Return Q1 15/16



FINAL BCF Quarterly  
Data Collection Templ

Appendix B – BCF Dashboard



Better Care Fund  
Indicators v4.3 Augu