

## Better Care Fund Quarterly Return

Q3 2016/17	
Health and Well Being Board	Nottingham
Completed by:	Jo Williams
E-Mail:	joanne.williams@nottinghamcity.nhs.uk
Contact Number:	0115 8839566
Who has signed off the report on behalf of the Health and Well Being Board:	Cllr Norris and Dr Marcus Bicknell

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	17
5. Supporting Metrics	13
6. Additional Measures	63
7. Narrative	1

## Budget Arrangements

Selected Health and Well Being Board:	Nottingham
Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

## National Conditions

Selected Health and Well Being Board:

Nottingham

The Spending Round established six national conditions for access to the Fund.

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Q1 Submission Response	Q2 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or enter estimated date	If the answer is "No" provide an explanation
1) Plans to be jointly agreed	Yes	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes	Yes		
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No	Yes	Yes		
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - In Progress	Yes	Yes		

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the

Selected Health and Well Being Board:

Nottingham

**Income**

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350	£6,464,350				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350	£6,464,350	£6,464,350			

Please comment if one of the following applies:

- There is a difference between the forecasted annual total and the pooled fund
- The Q3 actual differs from the Q3 plan and / or Q3 forecast

There is no difference between the annual total and the pooled fund.

**Expenditure**

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	
	Actual*	£6,286,065	£6,297,538				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,297,538	£6,605,504	£6,668,294	£25,857,401	
	Actual*	£6,286,065	£6,297,538	£6,605,504			

Please comment if one of the following applies:

- There is a difference between the forecasted annual total and the pooled fund
- The Q3 actual differs from the Q3 plan and / or Q3 forecast

Slippage across schemes and initiatives has resulted in a revised forecast and actual spend for Qtr 3 against the original plan. Funding has been reallocated and the revised Qtr 4 forecast reflects the updated levels of spend. (The updated forecast profiles from the Qtr 2 return do not appear to have been brought forward on the template and therefore these have been updated).

Commentary on progress against financial plan:

Planned and forecast expenditure have been phased to reflect proportionally higher expenditure expected in quarters 3 and 4 of this financial year as slippage in schemes has been reallocated to other BCF initiatives. It is expected that the fund is fully spent in the year.

## National and locally defined metrics

<b>Selected Health and Well Being Board:</b>	Nottingham
<b>Non-Elective Admissions</b>	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Quarter 3 saw the winter increase in activity start to become apparent, although the rate of increase in activity is fairly static the plan for a fall in non elective admissions has not materialised.
<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Quarter 3 saw an improvement in performance led by a reduced number of days delayed being recorded at the both the main acute and mental health providers within the locality. Significant work on discharge pathways has been undertaken to help deliver this improvement in performance.
<b>Local performance metric as described in your approved BCF plan</b>	Proportion of the population supported by Assistive Technology
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Quarter 3 performance has not shown the increased rate of performance that had been expected. This metric is still tracking below the year to date target, the service has gone through a significant transition period with preparation for the move to Nottingham City Homes and it is expected that take up rates will increase in quarter 4.
<b>Local defined patient experience metric as described in your approved BCF plan</b>	Proportion of citizens who have long term conditions (including the frail elderly) reporting improved experience of health and social care services. Baseline to be established during October/November 2014 via six monthly postal surveys.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Latest survey figures show that there was a small increase in the satisfaction results and the metric is performing above the target.
<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The beginning of the winter period has seen the rate of admissions to care homes increase after an encouraging performance in the first half of the year. October and November were particularly high but December fell back in line with the monthly target.
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	A fall in performance has been recorded in quarter 3, there were difficulties in contacting some of patients to check their status 91 days after accessing the service. These patients were shown with an unknown status and represented 15% of the denominator for December.

## Additional Measures

Selected Health and Well Being Board:

Nottingham

### Improving Data Sharing: (Measures 1-3)

#### 1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

#### 2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17				

**3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?**

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
---	--------------------------

**Other Measures: Measures (4-5)**

**4. Proposed Measure: Number of Personal Health Budgets per 100,000 population**

Total number of PHBs in place at the end of the quarter	184
Rate per 100,000 population	57.5
Number of new PHBs put in place during the quarter	11
Number of existing PHBs stopped during the quarter	3
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	23%
Population (Mid 2016)	320,056

**5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams**

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the <b>non-acute</b> setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the <b>acute</b> setting?	Yes - throughout the Health and Wellbeing Board area

## Narrative

Selected Health and Well Being Board:

Nottingham

Remaining Characters

27,990

Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

### Assistive Technology & Access and Navigation

#### Highlights and successes

The Integrated Health and Care Point (HCP) launched in January 2017; this provides a simplified response to citizens accessing HCP with direct access to a service advisor to provide information and advice and take referrals where relevant to both health and social care services.

#### Challenges and Concerns

Technical hitches have been experienced, however this was expected and contingency plans were in place to manage any issues.

#### Potential actions and support

Contingency planning is effective at this stage.

### Co-ordinated Care

#### Highlights and successes

The current focus is on multi-disciplinary working and how to ensure an effective and consistent approach across the City and wider Greater Nottingham footprint. This includes some detailed work on risk stratification and expanding the tool to incorporate additional datasets from social care. Another area of focus is the integration of mental health into Care Delivery Groups (CDGs) which is progressing well. A new primary care mental health team is operational and linked to CDGs. Community mental health service are also being redesigned to support CDG locality working.

#### Challenges and Concerns

Understanding the impact of schemes with a number of new initiatives in place is challenging.

#### Potential actions and support

Scheme level measures will be developed to support understanding of impact moving forward.

### Independence Pathway

#### Highlights and Successes

The integrated reablement and urgent care services are now operational; this means that flexibility of the service offer ensures that citizens receive a level of intervention to meet their individual needs. Self-care has been rolled out across the City; the evaluation report is due in mid-march and will inform future planning of our approach to self-care.

#### Challenges and Concerns

Whilst the commissioning budget for reablement and urgent care services is a joint budget (via the BCF pooled budget) the provider budget and contracting arrangements remain separate. This is limiting the level of integration at a provider level despite an operating model being agreed.

#### Potential actions and support

A review of the integration of these services is being planned and a paper will be presented to the Health and Wellbeing Sub-committee. This will present options for future commissioning to drive more successful integration.

### Highlights and successes - What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

In quarter 3 there were an additional 280 citizens supported by assistive technology, in addition there were 160 citizens who previously had equipment but this was removed in the quarter. This is below the quarterly target of 375 additional users however this has been a challenging quarter – see below. This quarter saw significant progress towards the integration of the Telecare and Telehealth services into an integrated Assistive Technology Service delivered through Nottingham City Homes (NCH).

### Challenges and concerns - Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

This was a challenging quarter because of staff vacancies in the Telecare Service as well as potential uncertainty because of the impending but delayed transfer of staff and service from NCC to NCH. The challenge for the coming quarter is for the integration of staff

and services into NCH to bed in smoothly and for an efficient single Service to emerge.

**Potential actions and support - What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?**

The commissioner is working closely with NCH to ensure the smooth transition of services. In addition NCH are putting in place promotion and training in order to raise awareness levels and referral rates as well as working with Nottingham City Council social care teams for shared uptake opportunities to ensure the appropriate number of citizens are supported through assistive technology.

**Carers**

Successful joint procurement of new integrated carers' support services across Nottingham City Council and Nottingham CCG, resulting in a single point of contact for carers and professionals in Nottingham City and Nottinghamshire County. Efficiencies in the service model mean increased numbers of carers can be supported with reduced funding and reduced resources in contract management. Commissioners in the LA and CCG are working closely with providers to support implementation in Q4, for services to commence April 2017.