HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

31 JANUARY 2018

	Report for Information
Title:	Better Care Fund Quarterly Performance Report
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Brief summary:	This report provides information in relation to the Better Care Fund (BCF) performance metrics for Quarter 3 2017/18
Is any of the report exempt from publication? *If yes, include reason*	No

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

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

a) note the performance in relation to the Better Care Fund performance metrics for Quarter 3 2017/18; and

b) note the quarterly return which was submitted to NHS England on 15th January 2018 and was authorised virtually by the Health and Wellbeing Board Chair, Cllr Nick McDonald.

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	The main objectives of our Better Care Fund Plan are to: - - 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 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
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	delivering it. By 2020, the aspiration is that: - - People will be living longer, more independent and 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 - 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. 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.
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	
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.	

Reason for the decision:	N/A
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:	Quarterly reporting is our main external assurance from the national BCF team. The template has altered since last year, reducing the finance reporting requirements and adding more requirements around Delayed Transfers of Care (DToC) and the High Impact Change Model (HICM). This Quarter 3 report is the second quarterly submission of 2017-18; Q1 reporting was

	cancelled due to the delays in the planning round. We are asked to submit a set of information against the following headings: **1. National conditions and Section 75**– assurance that we continue to meet the national conditions set out in the Policy Framework and Planning Guidance (tab 2); **2. Metrics** – assurance against our nationally mandated performance metrics (tab 3); **3. HICM –** assurance around our progress on the 8 elements of the High Impact Change Model (tab 4); and **4. Narrative on progress** - a narrative around progress against our plan and any successes over the quarter (tab 5). **Commentary** **1. National conditions and section 75** We have succesfully met all national conditions in Q2. Our new s75 is in development; work is in progress to agree a S75 pooled budget arrangement that reflects our ongoing joint work around savings and efficiences from the BCF. **2. Metrics** We have 4 national metrics in 2017-18: Reduction in non-elective admissions (NEA); Reduction in residential care home admissions; Reduction in Delayed Transfers of Care; and an increase in the number of patients still at home 91 days after Reablement. Limited data is available for the quarter – due to national deadlines for submission being brought forward, data for October and November was available for residential care home admissions and reablement, and data for October was available for NEA and DToC. The limited data shows us green for the year to date on residential admissions, reablement and NEA, with DToC showing red. Analysis of the reasons for delays shows a bottleneck in waits for homecare packages in social care, and in community bed waits in the NHS. This is related to a 41% rise in demand on community beds, and increased flow through the Integrated Discharge

	function. **3. High Impact Change Model** Our performance against the 8 expected elements of the High Impact Change Model and the additional, non-mandated Red Bag element is good, with a score of Established for Q3 on 7 elements. **4. Narrative on progress** Our progress against plan in Q3 was positive, with milestones around our Integrated Discharge Function, Out of Hospital Reprocurement, Out of Hospital Community Services Reprocurement and Population Health all being met. The success story for this quarter was the implementation of the Integrated Discharge Function and Discharge to Assess pathways.
Equalities implications and comments: *(has an Equality Impact Assessment been completed? If not, why?)*	N/A – performance reporting
Published documents referred to in the report: *e.g. legislation, statutory guidance, previous Sub Committee reports and minutes*	Nottingham City BCF Quarterly Return - Quarter 1 2016/17 Nottingham City BCF Quarterly Return - Quarter 2 2016/17 Nottingham City BCF Quarterly Return - Quarter 3 2016/17 Nottingham City BCF Quarterly Return - Quarter 4 2016/17 No return was required for Q1 2017-18 as the BCF planning round was delayed through that quarter Nottingham City BCF Quarterly Return - Quarter 2 2017/18
Background papers relied upon in writing the report: *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.*	None
Other options considered and rejected:	N/A