

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

26 SEPTEMBER 2018

	Report for Information
Title:	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports 2017/18 Quarter 4
Lead officer(s):	Ciara Stuart, Assistant Director, Out of Hospital Care, Nottingham City Clinical Commissioning Group
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Brief summary:	This report provides information in relation to the Better Care Fund (BCF) and Improved better Care Fund (iBCF) performance metrics for Q4 2017/18
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- a) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 4 2017/18; and
- b) note the quarterly returns which were submitted to NHS England that were authorised virtually by the Vice-Chair and Chair of the Health and Wellbeing Board.

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: <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
Aim: To reduce inequalities in health by targeting the neighbourhoods with the	

lowest levels of healthy life expectancy	meet their need
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	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 delivering it.
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	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.
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	- 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.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	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

<p>Procurement implications and comments (including where relevant social value implications):</p>	<p>N/A</p>
<p>Other implications and comments, including legal, risk management, crime and disorder:</p>	<p><u>BCF Q4 Report</u></p> <ol style="list-style-type: none"> 1. National conditions and section 75 We have successfully met all national conditions in Quarter 4 and for the year. 2. Metrics Residential admissions and Reablement are green for the quarter and for the year; NEA is green for the year to date (only January data available for Q4 at the time of reporting) ; our Delayed Transfers of Care are red for the year (only January data available for Q4 at the time of reporting). Analysis of the reasons for delay 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 6 of the 8 mandated elements and for the Red Bag element. 4. Investment and Expenditure Actual spend matched planned spend for the quarter and the year; where monitoring showed schemes underspending, or where targeted savings were made in year, additional expenditure up to the planned amount was spent on supporting local authority commissioned schemes (£748k) - with the majority spent on external homecare - and CCG commissioned schemes (£78k) spent on housing health co-ordinators. This has increased the spend on social care from the CCG contribution. 5. Year end Feedback Our year end feedback was positive, with response at either Strongly Agree or Agree for all 7 of the delivery statements. Our successes for the year were the excellent performance of the Reablement team and the re-procurement of Out of Hospital Services, and

our challenges were managing the focus on increased integration and transformation alongside the expectation on all partners to deliver programmes of savings and service improvement, and capacity issues within the external Homecare market.

6. Narrative

Our progress against plan this year was good, and the integration success story for the year was the programme of work to reduce residential admissions.

iBCF Q4 report

1. Key successes

The additional funding has helped to reduce the risk of homecare providers withdrawing from operating in the local area; to meet the homecare national living wage; to support the internal complex need service; and to support a reviewing function within lead homecare providers. This has achieved good outcomes, generated additional capacity to support reablement, and allowed key external providers to concentrate on core business.

2. Challenges

As Discharge To Assess has embedded, it has relieved pressure on the acute system, however it has increased pressure in the community. Capacity generated by the reviewing function has not always been redistributable where it is needed and rotas have been a challenge, as has the increased acuity of citizens on discharge.

3. Distribution of additional funding

Funding was distributed across the 3 mandated areas of spend on a 26%/ 24%/ 50% basis.

4. Progress update

The 5 iBCF initiatives have made good progress through the year, with 4 of 5 either completed or in progress and showing results and only Increasing Capacity still awaiting results (partly due to the challenges outlined in s2 above).

5. Metrics

Performance against iBCF metrics was mixed, with 2 metrics showing deterioration across the year, 2 showing no change, and 1 not yet ready to report, reflecting the challenge facing community services

	<p>arising from increased flow and acuity. However, the metric around Reablement throughput shows improvement.</p>
<p>Equalities implications and comments:</p>	<p>N/A</p>
<p>Published documents referred to in the report: <i>legislation, statutory guidance, previous Sub Committee reports /minutes</i></p>	<p>Nottingham City BCF Quarterly Return - Quarter 2 2017/18 Nottingham City BCF Quarterly Return - Quarter 3 2017/18 Nottingham City iBCF Quarterly Return – Quarter 1 2017/18 Nottingham City iBCF Quarterly Return – Quarter 2 2017/18 Nottingham City iBCF Quarterly Return – Quarter 3 2017/18</p>
<p>Background papers relied upon in writing the report: <i>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.</i></p>	<p>None</p>
<p>Other options considered and rejected:</p>	<p>N/A</p>