

a) HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
30 JANUARY 2019

	Report for Information
Title:	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports
Lead officer(s):	Claire Kent, Head of Service Improvement and Better Care Fund, Greater Nottingham Clinical Commissioning Partnership
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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 Quarter 2 2018/19
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 2 2018/19; and
- b) note the quarterly returns which were submitted to NHS England on 18/10/2018 and were authorised by Councillor Webster.

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 meet their need
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	

<p>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</p>	<p>By 2020, the aspiration is that: -</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
<p>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</p>	
<p>Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing</p>	

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.

<p>Reason for the decision:</p>	<p>N/A</p>
<p>Total value of the decision:</p>	<p>N/A</p>
<p>Financial implications and comments:</p>	<p>N/A</p>
<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 Q2 Report</u></p> <ol style="list-style-type: none"> 1. National conditions and section 75 We have successfully met all national conditions in Quarter 2 and for the year. 2. Metrics Residential admissions, Reablement and Delayed Transfers of Care (only July data available for Quarter 1 at

	<p>the time of reporting) are green for quarter 2. Non-elective admissions are amber for the year to date. There is continued focus in addressing the issues in relation to the flow out of hospital with this being supported by the Newton Europe system capacity and flow report due by the end of October.</p> <p>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.</p> <p>4. Narrative – success story The narrative focuses on the carers support service.</p> <p>5. iBCF This section outlines the projects linked to the iBCF spend.</p>
Equalities implications and comments:	N/A
Published documents referred to in the report: <i>legislation, statutory guidance, previous Sub Committee reports /minutes</i>	Nottingham City BCF Quarterly Return - Quarter 1 2018/19
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>	None
Other options considered and rejected:	N/A