



2 March 2016

Agenda Item: 6

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE
COUNTY COUNCIL**

**BETTER CARE FUND PERFORMANCE, 2016/17 UPDATE AND
DRAFT PLAN**

AMENDMENTS TO REPORT

Paragraph	Amendment
10.2	Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions (BCF 5 is a suite of indicators, only one of which is off target))
11	Expenditure is currently below plan, and an underspend of £173,000 is anticipated in 2015/16. Reconciliation of Q1 and Q2 spend is complete.
19	There is in year variance on the financial plan that the HWB have approved. An underspend of £173,000 is anticipated in 2015/16; the minimum pooled fund contributions will be retained as part of the pooled fund and carried forward to be utilised as agreed with all parties.

Completed Appendix 1 appended.

Appendix 1

Budget Arrangements

Selected Health and Well Being Board:

Nottinghamshire

Have the funds been pooled via a s.75 pooled budget?

Yes

National Conditions

Selected Health and Well Being Board:

Nottinghamshire

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes		

ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board:

Nottinghamshire

	Baseline				Plan				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	18,148	21,005	21,032	21,504	20,836	21,517	21,588	21,938	20,925

Actual

Planned Absolute Reduction
(cumulative) [negative values indicate
the plan is larger than the baseline]

				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16							
20,925	20,929	20,935	21,385	-5.1%	-4,190	£0	-2,688	-3,200	-3,756	-4,190

Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0	£0	£0	-2,777	76	97	119	£0	£0	£0	£0

Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed	Q2 Payment locally agreed
£0	£14,375,000	£0	£0	£0

Which data source are you using in section D? (MAR, SUS, Other)	MAR
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If other please specify

Cost per non-elective activity	£1,490
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	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above)*	£0	£0	£0	£0
Actual payment locally agreed	£0	£0	£0	£0

If the actual payment locally agreed is different from the suggested quarterly payment (taken from above) please explain in the comments box (max 750 characters)	N/A
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	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£0	£0	£0	£0
Actual amount of locally agreed unreleased funds	£0	£0	£0	£0

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable	not applicable	not applicable

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 total pooled fund)

Selected Health and Well Being Board:

Nottinghamshire

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,159,385	£14,531,000	£12,642,150	£14,621,465	£57,954,000	
	Actual*	£15,770,948	£14,531,000	-	-		

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,159,385	£14,531,000	£12,642,150	£14,621,465	£57,954,000	
	Actual*	£15,770,948	£14,531,000	£12,642,150	-		

Please comment if there is a difference between either annual total and the pooled fund	The value of the pooled fund has been amended by the Health and Wellbeing Board to £57.954m. This includes the allocation to DFGs.						
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Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	-	-		

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	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	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,007,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	£10,281,252	-		

Please comment if there is a difference between either annual total and the pooled fund	<p>The value of the pooled fund has been amended by the Health and Wellbeing Board to £57.954m. The forecasts provided above align to this change. These figures include the allocation to DFGs.</p> <p>An underspend of £173,000 is anticipated by year end. The minimum pooled fund contributions will be retained as part of the pooled fund and carried forward to be utilised as agreed with all parties.</p>
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Commentary on progress against financial plan:	Q1 and Q2 reconciliation of the fund is now complete. During the reconciliation process we discovered an error (miscoding) which has now been rectified.
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National and locally defined metrics

Selected Health and Well Being Board:

Nottinghamshire

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
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Please provide an update on indicative progress against the metric?	On track to meet target
<p>Commentary on progress:</p>	<p>Overall performance on track and continual improvement on placements remaining under target.</p> <p>Action</p> <p>The admissions targets that Group Managers work to have been reduced for the rest of the financial year and are being reviewed for 2015/16. This will ensure that we remain on target overall.</p> <p>Group Managers are reviewing admissions panel processes, which can differ between localities, in an effort to even out the number of admissions across localities and bring those localities that are not currently on target back in line.</p> <p>Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that a greater number of older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years.</p> <p>Three Care & Support Centres have been identified to remain open for a longer period than was originally proposed to enable joint development of an intermediate care/ assessment / reablement type service that will ultimately lead to the implementation of an integrated Transfer-to-Assess model of provision. This will ensure timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care. This work is all being undertaken as part of the Better Care Fund within the three units of planning.</p> <p>NCC is sharing data with respective CCGs areas to understand and discuss patterns of permanent care admissions to discuss operational means of reducing this pro-rata their population and alongside proactive care planning within the community with their Care Delivery multi-disciplinary teams. Work is underway to embed the adult care and Health strategies around promotion of complex needs management at home and receiving rehab services as opposed to a service being prescribed as part of a hospital stay e.g. residential care.</p> <p>Additional scrutiny applied to all geographies to apply standardised practise at panels allocating funding for perm care – exploring all other options of independent living first.</p>
Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	<p>Overall performance is on target, though the denominator is reducing.</p> <p>Action Ongoing monitoring of performance for service change.</p> <p>It is proposed that internally the data reporting is split to show the outcomes achieved for this indicator by Start Reablement and Intermediate Care schemes, since the data is currently merged. This may give us more useful intelligence about how these different services are being used and the outcomes they achieve. For example, the services may be taking on a high level of people with complex needs, to facilitate speedy hospital discharge, even though these people are not likely to achieve full rehabilitation 91 days after discharge.</p> <p>Work is ongoing to identify services commissioned by health with joint health and social care delivery that would be eligible to be included in the monitoring.</p>

Local performance metric as described in your approved BCF plan / Q1 / Q2 return	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	<p>Social Care across the county are reviewing the district panel processes, to ensure sufficient scrutiny of applications into long term care from hospital settings.</p> <p>Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that more older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years.</p> <p>Three of NCC's Care & Support Centres have been identified to remain open for a longer period than was originally proposed and these CSCs are now providing Assessment beds which enable step-down care for people being discharged from hospital who do not have complex health needs but do need additional OT, physio and social care support to regain their independence and confidence. These beds support timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering</p>

	<p>residential care.</p> <p>The % trajectory for residential is heading downwards which reflects the availability of the assessment and interim bed placements. We would expect admissions to reduce further as this facility / capacity increases. However there is no facility available for nursing care of the same nature, therefore there is no alternative but to place directly from hospital. This situation needs to be discussed further with CCGs around intentions, particularly where there are high proportions of admissions. A report has been produced and this shows that areas with lower direct admissions correlate with an increased number of step-down facilities and also a higher complement of nursing care beds (in some areas). The report identifies that the average number of days for patients waiting to go into a placement from assessment notification is 18 days for nursing care and 12 days for residential care. This is now being addressed by managing capacity and flow and decision-making into step-down assessment units and considering more short-term placements for nursing care.</p>
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Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.
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Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	<p>The methodology for this metric has changed. Work is underway to realign the target.</p> <p>This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.</p>

Support requests

Selected Health and Well Being Board:

Nottinghamshire

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	5.Measuring success
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Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
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1. Leading and Managing successful better care implementation	No		
2. Delivering excellent on the ground care centred around the individual	No		
3. Developing underpinning integrated datasets and information systems	No		
4. Aligning systems and sharing benefits and risks	No		
5. Measuring success	Yes	Wider events, conferences and networking opportunities	Webinar, wider events, networking
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Wider events, conferences and networking opportunities	Webinar, wider events, networking

New Integration Metrics

Selected Health and Well Being Board:

Nottinghamshire

1. Proposed Metric: 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 Metric: 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	Not currently shared digitally	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 Metric: 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
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4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the beginning of the quarter	52
Rate per 100,000 population	6
Number of new PHBs put in place during the quarter	51
Number of existing PHBs stopped during the quarter	28
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2015)	802,758

5. Proposed Metric: 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 non-acute 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 acute setting?	Yes - throughout the Health and Wellbeing Board area

Narrative

Selected Health and Well Being Board:

Nottinghamshire	
Remaining Characters	30,683

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. An extended board meeting with partners is planned in January to review our 2015/16 BCF plan using the Better Care Support Team self-assessment tool to support the development of plans for 2016/17.

Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q3, five performance metrics are on plan, and one off plan (GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

Delayed Transfers of Care (DTOC) are on plan with some concern around data accuracy for Q1 and Q2 with one of our acute trusts as outlined in the Q2 update report. Data from this trust has been received for Q3, and the table below shows 2015/16 plan and activity to date:

2015/16 target	Planned	Actual
Apr 15 – Jun15	1,151.4	550.2
Jul 15 - Sep 15	1,121.4	814.5
Oct 15 – Dec15	1,173.3	1,036.9

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.