

02 December 2015

Agenda Item: 7

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

### **BETTER CARE FUND PERFORMANCE AND UPDATE**

#### **Purpose of the Report**

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and the impact of recent policy changes. The Health and Wellbeing Board is requested to:
  - 1.1. Note the performance exception report for Q2 2015/16 and receive a further report in March 2016.
  - 1.2. Approve the Q2 2015/16 national quarterly performance report.
  - 1.3. Note the process for 2016/17 planning.

#### **Information and Advice**

##### **Performance Update and National Reporting**

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q2 2015/16. In addition the Q2 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.
3. Q2 2015/16 performance metrics are shown in Table 1 below.
  - 3.1. Four indicators are on track (BCF1, BCF2, BCF3, and BCF6)
  - 3.2. Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions)

Table 1: Performance against BCF performance metrics

Performance Metrics	2015/16 Target	2015/16 Q2	RAG rating and trend	Issues
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	2,689 (Q2 15/16)	2,531 (Q2 15/16)	G ↔	On-going development of schemes during 2015/16.
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	657.35	587 (15/16 YTD)	G ↔	Work commencing to explore role of Care Delivery Groups in avoiding care home admissions.
BCF3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	91.95% (15/16 YTD)	G ↑	Whilst target is being achieved, challenge remains regarding the reduction in denominator.
BCF4: Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,121.4 (Q2 15/16)	814.5 (Q2 15/16)	A ↑	Data accuracy issues continue, in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100% (Q2 15/16)	G ↑	

Performance Metrics	2015/16 Target	2015/16 Q2	RAG rating and trend	Issues
BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	68.5%	64.9% (July)	R ↓	
BCF6: 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	33.96%	31.92% 15/16 YTD	G ↑	Reporting now based on actual data rather than sampling process. Work on transfer to assess models during 2015/16 should support reduction in admissions directly from hospital.

4. Expenditure is currently on plan and reconciliation of Q1 and Q2 spend is complete.
5. The BCF Finance, Planning and Performance subgroup monitor all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Programme Board. The Programme Board has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

*Table 2: Risk Register*

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	20	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Programme Board. Weekly oversight by System Resilience Groups.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision	12	Mid Notts has undertaken work with Health Education East Midlands (HEEM) on dynamic systems modelling of workforce implications for moving to seven day services. Mid Notts will share this work with

	is destabilised.		the rest of the County. HWB facilitated a County wide meeting to discuss workforce issues in November 2015.
BCF 014	There is a risk that the Local Authority reduces expenditure on Adult Social Care in 2016/17 resulting in a reduction in future health and social care integration investment.	12	Ongoing leadership from BCF Programme Board. Reallocation of BCF resources where necessary/appropriate.

6. As agreed at the meeting on 7 October 2015, the Q2 2015/16 national report was submitted to NHSE on 27 November as a draft pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed virtually by the BCF Finance, Planning and Performance sub-group and approved via email by the BCF Programme Board. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the Better Care Support Team.

7. Further national reporting is due on the following dates:

7.1. Q3 (2015/16) data returns due 26 February 2016

7.2. Q4 (2015/16) data returns due 27 May 2016

### **Planning for 2016/17**

8. At the date of writing this report, confirmation that the Better Care Fund will continue in 2016/17 has been received. Further details will be available following Spending Review 2015 and a verbal update will be provided when the Board meet.

### **Other options**

9. None

### **Reasons for Recommendations**

10. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

11. To obtain approval for the revisions to the Nottinghamshire BCF plan as outlined above.

### **Statutory and Policy Implications**

12. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Human Resources Implications**

13. There are no Human Resources implications contained within the content of this report.

## **Legal Implications**

14. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

## **RECOMMENDATIONS**

That the Board:

1. To note the performance exception report for Q2 2015/16 and receive a further report in March 2016.
2. To approve the NHSE Q2 2015/16 performance report.
3. Note the process for planning for 2016/17.

**David Pearson, Corporate Director, Adult Social Care, Health and Public Protection,  
Nottinghamshire County Council**

**For any enquiries about this report please contact:**

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## **Constitutional Comments (SMG 10/11/2015)**

15. By virtue of its Terms of Reference, the Health and Wellbeing Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Board, and to perform any specific duties allocated by the Department of Health. The proposals in this report fall within the remit of the Board.

## **Financial Comments (KAS 23/11/15)**

16. There are no financial implications arising from this report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.  
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”

### **Electoral Divisions and Members Affected**

- All

## Appendix 1 – BCF Q2 Performance National Report

Cover and Basic Details	
Q2 2015/16	
Health and Well Being Board	Nottinghamshire
completed by:	Joanna Cooper
E-Mail:	Joanna.Cooper@nottscc.gov.uk
Contact Number:	0115 9773577
Who has signed off the report on behalf of the Health and Well Being Board:	To follow - HWB meeting 2nd December 2015

### Budget Arrangements

Selected Health and Well Being Board:

Nottinghamshire
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Data Submission Period:

Q2 2015/16
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Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
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:

Nottinghamshire
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Data Submission Period:

Q2 2015/16
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National Conditions
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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 are on track 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 a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 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		
2) Are Social Care Services (not spending) being protected?	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		
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		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	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		

6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	
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## 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
<b>D. REVALIDATED:</b> 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

Actual				Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]						
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	% 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
20,925	20,929	20,935		-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		£0	£0	£0	

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

Actual payment locally agreed	£0	£0	£0	
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If the actual payment locally agreed is different from the 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	
Actual amount of locally agreed unreleased funds	£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	

### **Confirming Q4 2015-16 Non-Elective Admissions figures**

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	18,982	20,925
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	20,925	

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	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	
	Actual*	£16,642,000	-	-	-		

**Q2 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	-	-		

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. Phasing of income to be agreed.
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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	£14,064,000	£13,592,000	£14,413,000	£16,852,000	£58,921,000	
	Actual*	£14,064,000	-	-	-		

#### Q2 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	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	-	-		

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. The forecasts provided above align to this change.
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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
<b>Admissions to residential Care</b>	% Change in rate of permanent admissions to residential care per 100,000
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 &amp; 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</p>

	<p>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>
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<b>Reablement</b>	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
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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>

	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.
<b>Local performance metric as described in your approved BCF plan / Q1 return</b>	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
If no local performance metric has been specified, please give details of the local performance metric now being used.	
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 &amp; 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 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</p>

	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.
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<b>Local defined patient experience metric as described in your approved BCF plan / Q1 return</b>	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.
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?	No improvement in performance
Commentary on progress:	This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.

### Preparations for the BCF 16-17

<b>Selected Health and Well Being Board:</b>	Nottinghamshire
Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes
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If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	No		
Building partnership working	Yes	Other	Webinar, wider events, networking
Governance development	No		
Data interpretation and analytics	Yes	Other	Webinar, wider events, networking
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	No		
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	No		
Benefits management (to effectively map the benefits of their BCF strategy to ensure a coherent programme the delivers at the scheme level and in aggregate)	Yes	Other	Webinar, wider events, networking
Other (please specify the area)	No		

## New Integration Metrics

**Selected Health and Well Being Board:**

Nottinghamshire

### **1. Proposed Metric: Integrated Digital Records**

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	Yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes
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Comments:	Unable to answer the question in relation to API's as the options are not as clear cut as "yes" or "no". It is far more complex and often sharing is in place not using open APIs but other methods of access and sharing
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### **2. Proposed Metric: Use of Risk Stratification**

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	The risk stratification tool is used in the management of multidisciplinary care teams for direct care. Practices use the information to manage their active caseloads across the whole care team and prioritise the at risk patients. Work is also underway to introduce Social care data to this modelling. Practices focus on patients with a risk score of >40-50%, particularly those with long-term conditions which may or may not be

	under the care of local community teams.
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Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)	5.00%
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What proportion of local residents currently identified as in need of preventative care have been offered a care plan? (%)	
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Comments:	There are two NHS England approved risk stratification tools in use across our 6 CCGs. Our risk stratification algorithms uses a threshold of the top 5% (numerically) of patients with a score generated from the last 2 years' of SUS data (i.e. a subset of our total resident / registered population who have interacted with secondary care in the past 2 years). Practices typically focus on those with a score of 40-50% and above, lowering that threshold as time and resources permit.
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### **3. Proposed Metric: Personal Health Budgets**

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	In progress
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How many local residents have been identified as eligible for PHBs during the quarter?	67
Rate per 100,000 population	8

How many local residents have been offered a PHB during the quarter?	67
Rate per 100,000 population	8

How many local residents are currently using a PHB during the quarter?	24
Rate per 100,000 population	3

What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter? (%)	100.0%
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Comments:	All PHBs are for CHC patients
Population (Mid 2015)	802,758

## Narrative

Selected Health and Well Being Board:

Nottinghamshire
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Data Submission Period:

Q2 2015/16
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Narrative	Remaining Characters	29,363
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).		

HWB have approved the alignment of BCF and CCG operational plans in order to ensure a shared understanding across partners. The HWB remain committed to monitoring progress against our ambition to reduce non-elective activity.

As a consequence of the significant changes to operational activity plans agreed with NHSE, all CCGs have reviewed the impact this has on the planned BCF investment and consequent impact on delivery. In order to ensure the credibility of activity and financial plans, CCGs have been working to align the operational and BCF plans. As a result, the HWB have approved a reduction in the total value of the fund from £59.3m to £57.9m, which remains above the minimum contribution. Work to vary the Pooled Fund Agreement is underway.

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 Q2, 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. The National DTOC Team met with key members of the Health Community on 13th March to review the level of DTOCs at one of our acute trusts (Sherwood Forest Hospitals Foundation Trust SFHFT). One of the recommendations from the National Team was that SFHFT should review how they were counting and reporting DTOCs to the DH and ensure that the Trust was consistent with the guidance. SFHFT has taken part in a national pilot to review the new definitional guidance for DTOCs. The first teleconference was held at the end of July and weekly comms cells with the ECIST lead have taken place. The ECIST Lead has now visited SFHFT to review processes and data collection. The Mid-Notts Health Community is reviewing the outcome of the work and actions to be taken will be agreed by the System Resilience Group.

An Action Plan and supporting trajectory are being pulled together to reduce the level of delays, whether they are internal or reportable. The Urgent Care Working Group is taking this work forward and reviewing schemes that could be implemented to reduce delays. In addition, there is a system wide County Council review of enabling DTOC recording and updates for social care in relation to the new guidance planned for November 2015.

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.