

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****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 progress for 2016/17 planning.
 - 1.2. Approve the Q3 2015/16 national quarterly performance report.

Information and Advice**Planning for 2016/17**

2. The Comprehensive Spending Review (25 November 2015), confirmed that the BCF will continue into 2016/17 – with a mandated minimum of £3.9 billion nationally to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.
3. BCF Policy Guidance for 2016/17 was published 11 January 2016. The national conditions outlined in the guidance are as follows:
 - 3.1. Plans to be jointly agreed – Revised requirement for local authority housing colleagues to be involved in developing and agreeing plans.
 - 3.2. Maintain provision of social care services (not spending)
 - 3.3. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.
 - 3.4. Better data sharing between health and social care, based on the NHS number
 - 3.5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional – Revised requirement for dementia services to be a particular priority.
 - 3.6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
 - 3.7. Agreement to invest in NHS commissioned out-of-hospital services – Revised requirement. Pay for Performance will not be included in the plan as in 2015/16 but we will have to demonstrate how the £1bn nationally, which was previously allocated to Pay for Performance, will support NHS commissioned out of hospital services including social care.

3.8. Agreement on a local target for Delayed Transfers of Care (DTOC) and to develop a joint local action plan – New requirement.

4. Planning is underway to develop the BCF plan informed by an evaluation of progress to date. On 22 January 2016 an extended BCF Programme Board meeting was held with partners to review our BCF plan using the Better Care Support Team self-assessment tool. There was good engagement in the event and a number of successes and areas for action during 2016/17 have been identified.
5. Having reviewed BCF schemes as part of the evaluation process, there will be no material changes to schemes / services within the Nottinghamshire BCF 2016/17 plan. However some schemes will be refocused in light of emerging priorities and changes within the Nottinghamshire planning footprint, for example, since BCF planning in 2014, Nottinghamshire has been awarded Vanguard status in a number of areas (Mid Nottinghamshire Better Together PACS, Principia Partners in Health MCP, Greater Nottinghamshire Urgent and Emergency Care, East Midlands Radiology Consortium, Primary Care Home models in Nottingham North East and Bassetlaw CCGs) and we have considered this in forming our BCF plan.
6. There will not be a detailed national assurance process for BCF plans as last year. The key assurance processes will be at regional level as part of the wider assurance of NHS operational plans, but with the involvement of local government. Key requirements for the assurance process include:

Table 1: BCF Assurance process

Regional Local Government leads to and NHS England Director of Commissioning Operations to:
<ul style="list-style-type: none"> • agree their roles in moderation and assurance of plans, and key milestones • identify local areas that may need support with the development of their plans
<ul style="list-style-type: none"> • Regional assurance arrangements operational • Feedback to local areas on their plans following initial review • Identify areas requiring further support • Support deployed by Better Care Support Team
<ul style="list-style-type: none"> • Feedback to local areas following review of refreshed plans • All draft plans assigned an assurance category • Identify areas requiring further support • Support deployed by Better Care Support Team • High level summary report to the national Integration Partnership Board
<ul style="list-style-type: none"> • Final plans signed off by Health and Wellbeing Boards and submitted • All plans assigned an assurance category • Formal escalation to the national Integration Partnership Board for any plans not approved

7. A further report will be presented to the 6 April Board meeting for approval of the Nottinghamshire BCF 2016/17 plan for submission by mid-late April 2016.

Graduating from the BCF – Sustainability and Transformation Plans (STP)

8. The BCF is set within the context of longer term plans for the integration of health and care. The Spending Review announced that every area needs a STP by 2017 for implementation of integrated health and care by 2020. Areas will be able to graduate from the existing BCF programme management once they can demonstrate that they have moved beyond its requirements. The STP will have to meet the requirements to develop a model of care that is supported by the government, and meet the key requirements of devolution. Both of these elements have yet to be defined by central government. Nottinghamshire comes under two separate NHS England regional areas; South and Mid Nottinghamshire are part of Midlands and East, and Bassetlaw is part of North of England. NHS England following local discussions have determined that South and Mid will be part of the same planning area, and it is recognised that Bassetlaw has to face to Nottinghamshire as well as maintaining its links with South Yorkshire. Further work is required on how these arrangements will work.

Performance Update and National Reporting

9. 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 Q3 2015/16. In addition the Q3 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.

10. Q3 2015/16 performance metrics are shown in Table 2 below.

10.1. Four indicators are on track (BCF1, BCF2, BCF3, and BCF6)

10.2. Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions)

Table 2: Performance against BCF performance metrics

Performance Metrics	2015/16 Target	2015/16 Q3	RAG rating and trend	Issues
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	2,733	2,615	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	593	G	Work commencing to explore role of Care Delivery Groups in avoiding care home admissions.

Performance Metrics	2015/16 Target	2015/16 Q3	RAG rating and trend	Issues
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%	G æ	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)	1,173.3	1,036.9	A æ	Data accuracy issues continue, in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100%	G	
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%	63.9%	R æ	The methodology for this target has been changed.
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%	19.0%	G æ	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.

11. Expenditure is currently below plan, however a full spend is anticipated in 2015/16. Reconciliation of Q1 and Q2 spend is complete.

12. The BCF Finance, Planning and Performance subgroup monitors 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 is destabilised.	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 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.

13. As agreed at the meeting on 7 October 2015, the Q3 2015/16 national report was submitted to NHSE on 26 February as a draft pending HWB approval (Appendix 1 – to follow). 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.

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

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

Other options

15. None

Reasons for Recommendations

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

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

Statutory and Policy Implications

18. 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.

Financial Implications

19. There is in year variance on the financial plan that the HWB have approved, however a full spend is anticipated for 2015/16.

Human Resources Implications

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

Legal Implications

21. 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. Note the process for progress for 2016/17.
2. Approve the Q3 2015/16 national quarterly performance report.

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Constitutional Comments (LMC 08.02.2016)

22. The recommendations in the report fall within the Terms of Reference of the Health and Well Being Board

Financial Comments (AGW 22/02/2016)

23. The financial implications are contained within paragraphs 11 and 19.

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”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

Electoral Divisions and Members Affected

- All

Appendix 1