

04 September 2019**Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC
PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL****2019/20 FIRST QUARTER BETTER CARE FUND PERFORMANCE AND PROGRAMME
UPDATE****Purpose of the Report**

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) performance targets, updates the Board on the 2019/20 BCF planning timetable and on work to develop a more collaborative approach to the use of the Disable Facilities Grant (DFG), and requests that the Health and Wellbeing Board:
 - 1.1. Approve the 2019/20 BCF performance targets, set in line with national and local organizational requirements.
 - 1.2. Approve the process whereby the 2019/20 BCF Plan will be submitted to NHS England by 27th September 2019, pending subsequent approval by the Board on 6th November 2019.

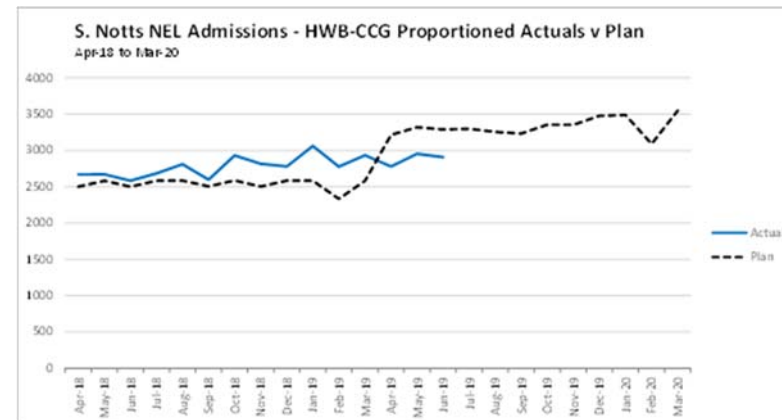
Information and Advice**Performance Update and National Reporting**

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored bi-monthly through the BCF Finance, Planning and Performance Sub-Group and quarterly through the BCF Steering Group.
3. This performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q1 2019/20. National reporting submissions are required in Q2 and Q4 in 2019/20, so this Q1 report is prepared for the Board and is not related to a template return.
4. The six key performance indicator targets have been refreshed for 2019/20 in line with national and local organizational requirements and are included in this report for approval by the Board.
5. The national 2019/20 BCF Planning Requirements and Planning Template were delayed during the recent period of government transition, therefore were not available to be completed and submitted for approval with this report. All local BCF partners will develop and agree the 2019/20 BCF Plan for submission to NHS England by 27th September 2019. The Plan will then be submitted to the Board for retrospective approval at the next available opportunity on 6th November 2019.
6. Q1 2019/20 performance metrics are shown in Table 1 below.

Table 1: Performance against BCF performance metrics

REF	Indicator	2019/20 Target	2019/20 Actual	RAG and trend	Key issues and mitigating actions																																																
BCF 1	Total non-elective admissions (NEA) in to hospital (general & acute), all-age	24,074 Q1	24,408 Q1	Amber ↑	<div><p>Total non-elective admissions in to hospital (general & acute), all ages for HWB population (MAR proxy data)</p><table><thead><tr><th>Period</th><th>Actual</th><th>Target</th></tr></thead><tbody><tr><td>2016/17 average</td><td>7,387</td><td></td></tr><tr><td>2017/18 average</td><td>7,384</td><td></td></tr><tr><td>2018/19 average</td><td>8,125</td><td></td></tr><tr><td>Apr-19</td><td>8,167</td><td>8,025</td></tr><tr><td>May-19</td><td>8,366</td><td>8,025</td></tr><tr><td>Jun-19</td><td>7,876</td><td>8,025</td></tr><tr><td>Jul-19</td><td></td><td>7,977</td></tr><tr><td>Aug-19</td><td></td><td>7,977</td></tr><tr><td>Sep-19</td><td></td><td>7,977</td></tr><tr><td>Oct-19</td><td></td><td>8,283</td></tr><tr><td>Nov-19</td><td></td><td>8,283</td></tr><tr><td>Dec-19</td><td></td><td>8,283</td></tr><tr><td>Jan-20</td><td></td><td>8,472</td></tr><tr><td>Feb-20</td><td></td><td>8,472</td></tr><tr><td>Mar-20</td><td></td><td>8,472</td></tr></tbody></table></div> <p>The 2019/20 BCF NEA targets are based on Clinical Commissioning Group (CCG) operating plans and are now very close to actual performance, such that the probability of meeting the target this year is much improved. The step-change in activity levels observed between 2017/18 and 2018/19 was largely driven by pathway changes and extra capacity to ‘left shift’ to 0-day admissions. However, this was not accompanied by a corresponding fall in 1+ day admissions and health systems are still undertaking analyses to understand the complexity within this.</p> <p>Local A&E Delivery Boards (A&EDB) hold lead responsibility for meeting NEA and NHS delayed transfer of care (DToC) targets.</p> <p>South:</p> <p>An increase in the rate of activity has occurred from October 2018 onwards. This</p>	Period	Actual	Target	2016/17 average	7,387		2017/18 average	7,384		2018/19 average	8,125		Apr-19	8,167	8,025	May-19	8,366	8,025	Jun-19	7,876	8,025	Jul-19		7,977	Aug-19		7,977	Sep-19		7,977	Oct-19		8,283	Nov-19		8,283	Dec-19		8,283	Jan-20		8,472	Feb-20		8,472	Mar-20		8,472
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meant that non-elective (NEL) activity in the 2018/19 financial year was significantly above the CCG operating plans submitted to NHS England. Although there has been no change in the rate of activity since October, the South Notts CCGs are now significantly below the CCG operating plan for 2019/20. When constructing the CCG operating plan, Nottingham University Hospitals declared some significant coding and counting changes which resulted in the Trust adding 15,000 additional zero length of stay non-elective spells to reflect the impact of the pathway changes at the A&E front door. These planned substantial increases in activity have not materialized in months 1 and 2 and further work is planned to attain a better understanding of whether the lower numbers are due to lower demand, higher achievement against Quality, Innovation, Productivity and Prevention (QIPP) plans, or a lower level of coding and counting changes.



Several projects and schemes are in place to assist with admission avoidance. These include care co-ordination which aims to deliver the foundations of a consistent approach to Population Health Management across the Greater Nottingham footprint. This project will build on the existing Primary Care Networks made up of groups of GP practices and community teams to embed a consistent care co-ordination approach to admission avoidance to identify care gaps and utilize evidence-based interventions.

Schemes in place include:

- Ensuring Network Navigators are fully focused on the identification of potential end-of-life patients as part of the GP Multi-Disciplinary Teams, and
- Increasing levels of training for care home staff on the seven key early warning signs that lead to patient deterioration. Ensuring a minimum of 85% are trained in each targeted care home in a shorter timeframe.

Mid Notts:

2018/19 showed an overall 3% over-plan position for the year. The biggest increases were for same-day non-elective admissions which at Month 12 were 11.4% above plan. There is a national drive towards increasing same day non-elective activity, and the CCG has worked with Sherwood Forest Hospitals (SFHFT) colleagues to extend the opening hours of the Ambulatory Emergency Care Unit (AECU) and increase its capacity. This has led to a rise in zero-day activity.

Work is taking place across both mid-Notts and the Integrated Care System (ICS) to reduce activity at the front door, for example via the East Midlands Ambulance Service (EMAS) non-conveyance group, the Proactive Care Homes Service and the Acute Home Visiting service. A focus on frailty continues in 2019/20 and Commissioning Leads are working closely with GP practices to ensure appropriate patients are identified and have care plans in place to reduce the risk of admission to hospital. The End of Life service is now live and providing an alternative pathway for ambulance crews.

The mid-Notts CCGs review levels of high activity at individual practice level and manage with practices as appropriate. QIPP schemes are monitored closely and additional schemes are developed where possible. This has included extending the current chronic obstructive pulmonary disease (COPD) scheme to include further groups of patients and a scheme which will proactively manage those at risk of deterioration in care homes ('Significant Seven').

The mid Notts CCGs are working with ICS colleagues to commission an integrated urgent care pathway in 2019/20 which will include an integrated out of hours and clinical assessment service (CAS). This will ensure that more 111 calls receive clinical assessment, reducing the number of Emergency Department (ED) and ambulance dispositions.

The A&E Delivery Board has agreed a work plan for 2019/20 which includes the national urgent and emergency care (UEC) deliverables as well as local priorities to manage demand. A seasonal plan has been developed, acknowledging the pressure on system providers all year and learning has been assimilated into this plan from last summer.

A piece of work across the ICS is concluding which has looked at the drivers for an increase in urgent care demand. This has been presented to A&EDB in August 2019 and actions are being written up. The A&EDB will own these actions.

North:

Bassetlaw Hospital continues to see an increase in A&E attendances and subsequent admissions to hospital this year. The CCG invested considerably for this year's emergency / unplanned activity both in the hospital and to introduce the Call for Care model for Bassetlaw and to utilize health and social care data/predictive analytics tools already used in Mid and South Nottinghamshire. The CCG will continue to work with all partners to try and minimize the increase in activity.

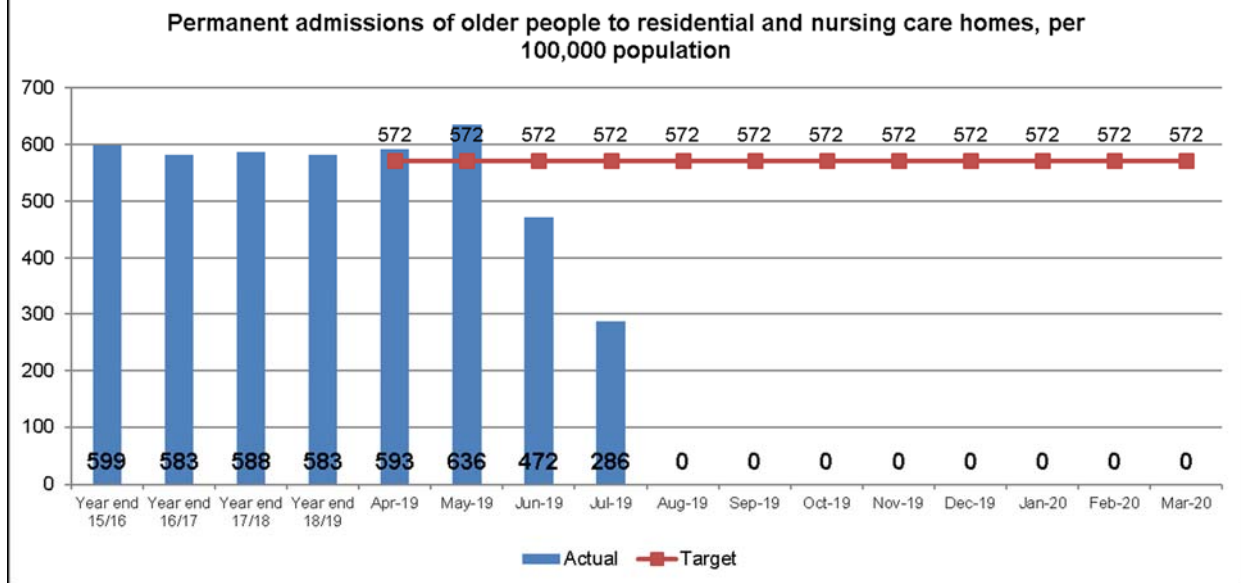
BCF
2

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

572

See graph

Amber
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- Monitored by Nottinghamshire County Council Adult Social Care Department and the Older Adults Strategy Board.

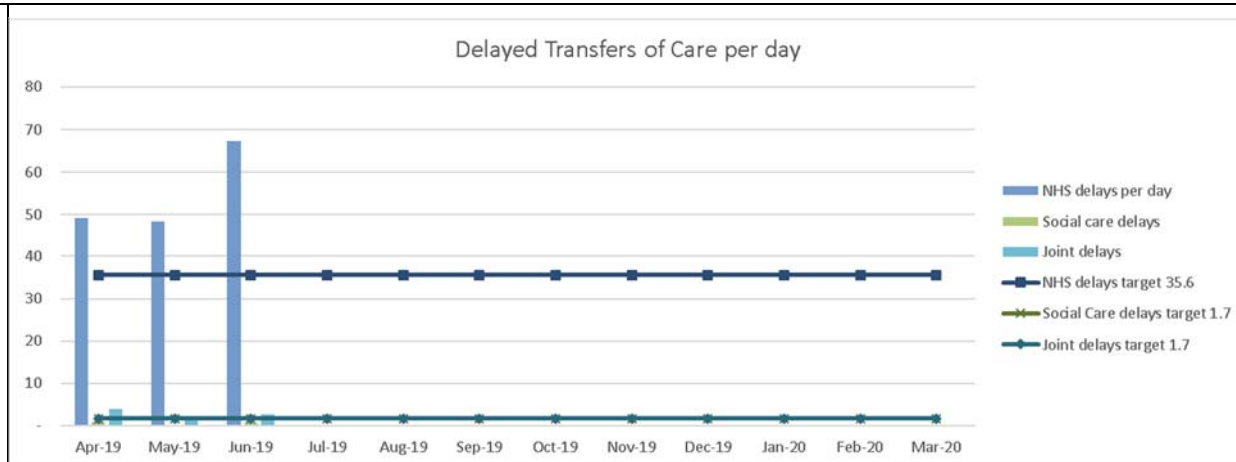
- Admissions' reporting has a time input-lag factor for each calendar month, for example, admissions at the very end of the calendar month will not be reflected until the following month which is why the previous months admissions rates usually increase upon revision for the next monitoring report.

- This data is provisional (national data published annually).

- Performance is currently close to target, however, this is closely monitored because long term admissions to residential or nursing care fluctuate and change over the year as the council faces increased demand from people with complex needs.

					<p>Improvement actions include:</p> <ul style="list-style-type: none">- All requests for placements are considered by Team Managers/Group Managers to ensure that all alternative options to promote the person's independence have been explored.- Promoting Independence Meetings are being rolled out across Older Adults Services. These are meetings of peers to reflect on cases and share new ideas on how to promote people's independence and manage risk. Dashboard local performance information enables teams to have up-to-date information to support them driving their own continuous improvement.- A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes, Housing with Care, Short Term Assessment and Re-ablement Apartments and Assistive Technology.																																										
BCF 3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	83%	83%	Green ↑	<div><p>Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p><table><thead><tr><th>Period</th><th>Actual (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>Year end 15/16</td><td>91%</td><td>85%</td></tr><tr><td>Year end 16/17</td><td>80%</td><td>85%</td></tr><tr><td>Year end 17/18</td><td>79%</td><td>85%</td></tr><tr><td>Year end 18/19</td><td>80%</td><td>85%</td></tr><tr><td>Jun-17</td><td>82%</td><td>85%</td></tr><tr><td>Sep-17</td><td>87%</td><td>85%</td></tr><tr><td>Dec-17</td><td>83%</td><td>85%</td></tr><tr><td>Mar-18</td><td>79%</td><td>85%</td></tr><tr><td>Jun-18</td><td>81%</td><td>85%</td></tr><tr><td>Sep-18</td><td>84%</td><td>85%</td></tr><tr><td>Dec-18</td><td>79%</td><td>85%</td></tr><tr><td>Mar-19</td><td>80%</td><td>85%</td></tr><tr><td>Jun-20</td><td>83%</td><td>85%</td></tr></tbody></table></div> <p>- In line with the Adult Social Care Strategy to maximize people's independence, re-ablement at is now being offered to more people with higher, multiple complex needs.</p>	Period	Actual (%)	Target (%)	Year end 15/16	91%	85%	Year end 16/17	80%	85%	Year end 17/18	79%	85%	Year end 18/19	80%	85%	Jun-17	82%	85%	Sep-17	87%	85%	Dec-17	83%	85%	Mar-18	79%	85%	Jun-18	81%	85%	Sep-18	84%	85%	Dec-18	79%	85%	Mar-19	80%	85%	Jun-20	83%	85%
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					<p>This reduces the proportion of people for whom it is fully successful.</p> <ul style="list-style-type: none">- The Council’s directly provided Short Term Assessment and Re-ablement Team (START) service visits people in their own homes and has an outcome of 89% at year-end for this indication. People with higher needs, however, may require accommodation based re-ablement, for example provided in residential care home setting for which outcomes are naturally lower. <p>Improvement actions include:</p> <ul style="list-style-type: none">- Actions to automate data collection from all relevant services.- Work with other LAs to benchmark, seeking ways to improve service outcomes and set realistic yet ambitious future targets.- Major project underway to increase re-ablement capacity across both home and accommodation-based services to enable more people to be re-abled.																																																
BCF 4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	39/day	58/day	Red ↓	<div><p>Delayed Transfers of Care per day</p><table><thead><tr><th>Period</th><th>Actual (DToc/Day)</th><th>Target (DToc/Day)</th></tr></thead><tbody><tr><td>2016/17 average</td><td>63</td><td>40</td></tr><tr><td>2017/18 average</td><td>52</td><td>40</td></tr><tr><td>2018/19 average</td><td>53</td><td>40</td></tr><tr><td>Apr-19</td><td>54</td><td>40</td></tr><tr><td>May-19</td><td>51</td><td>40</td></tr><tr><td>Jun-19</td><td>71</td><td>40</td></tr><tr><td>Jul-19</td><td>0</td><td>40</td></tr><tr><td>Aug-19</td><td>0</td><td>40</td></tr><tr><td>Sep-19</td><td>0</td><td>40</td></tr><tr><td>Oct-19</td><td>0</td><td>40</td></tr><tr><td>Nov-19</td><td>0</td><td>40</td></tr><tr><td>Dec-19</td><td>0</td><td>40</td></tr><tr><td>Jan-20</td><td>0</td><td>40</td></tr><tr><td>Feb-20</td><td>0</td><td>40</td></tr><tr><td>Mar-20</td><td>0</td><td>40</td></tr></tbody></table></div> <p>A&E Delivery Boards in Bassetlaw, Mid Nottinghamshire and Greater Nottingham are responsible for the local urgent and emergency care systems and activity. To make the Board aware, there is a disconnect between the DToC indicators required within the NHS Constitutional Standards and managed by A&E Delivery Boards, and the DToC indicator outlined in the BCF. CCGs are reporting that performance is in line with the NHS target of delays below 3.5% of monthly occupied bed days.</p>	Period	Actual (DToc/Day)	Target (DToc/Day)	2016/17 average	63	40	2017/18 average	52	40	2018/19 average	53	40	Apr-19	54	40	May-19	51	40	Jun-19	71	40	Jul-19	0	40	Aug-19	0	40	Sep-19	0	40	Oct-19	0	40	Nov-19	0	40	Dec-19	0	40	Jan-20	0	40	Feb-20	0	40	Mar-20	0	40
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South:

The integrated discharge team at NUH is being re-developed into an integrated discharge function to increase capacity, activity, productivity and flow. This will be completed by winter 2019/20.

Mid Notts:

Background

There is now a Sherwood Forest Hospital Foundation Trust (SFHFT) owned combined Length of Stay (LoS) & DToC action plan in place. This is part of the Accident and Emergency Delivery Board (A&EDB) workplan and the Board has signed-off the plan and will be monitoring progress from now onwards.

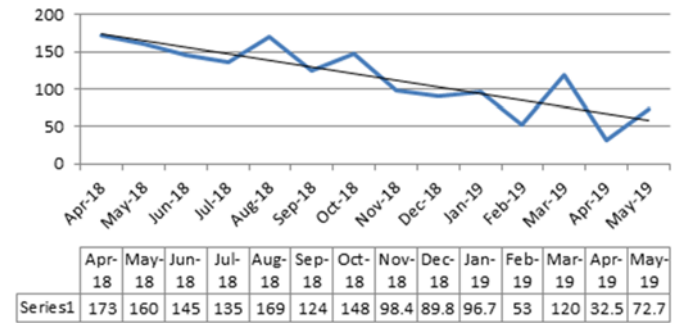
Wider context/issues

LoS is reducing, however the DToC target is still not being achieved (except in May 2019) - there are several reasons for this:

- There are at least 3 patients within the Trust with stays more than 100 days. These patients are contributing to the DToC number and Senior Exec level escalation conversations are taking place to address this.
- Two of the current Home First Integrated Discharge (HFID) Programme pathways are impacting upon the DToC position – patients who are non-weight bearing (NWB) and require a bedded facility, and those awaiting a Discharge Support Tool (DST) assessment for NHS continuing care are being moved to Mansfield Community

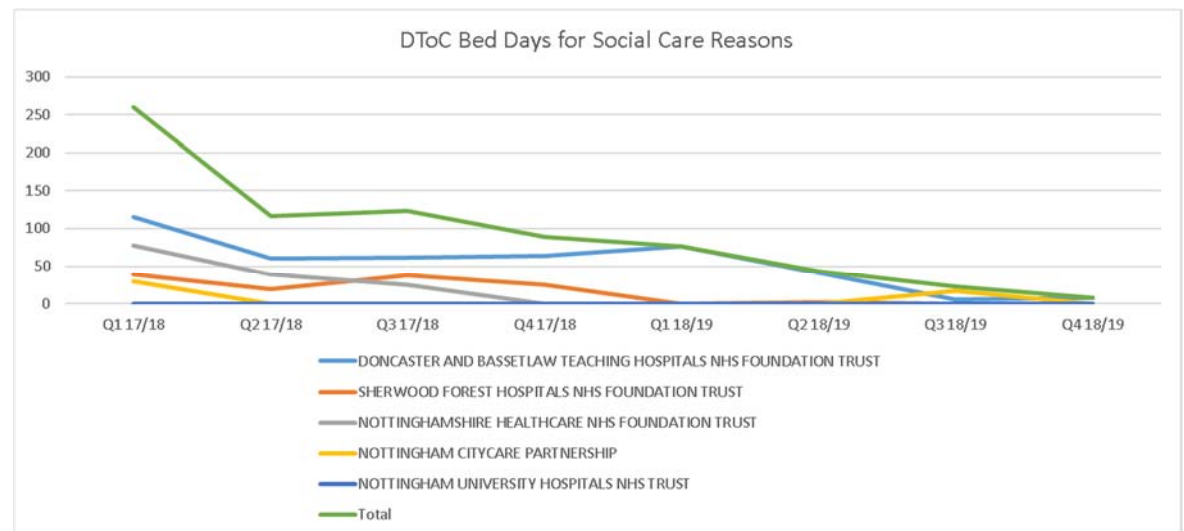
				<p>Hospital (MCH). Because the community beds are owned by SFHFT, they still count towards the DToC target.</p> <ul style="list-style-type: none"> The CCG has undertaken analysis which identifies that if the community beds & NWB and DST patients were removed from the data the mid-Notts system would be achieving the DToC target. <p><i>Corrective Actions</i></p> <ul style="list-style-type: none"> Dale Travis, Divisional General Manager for Medicine at SFHFT, Shantell Miles (Head of Nursing for Medicine) & Ann-Louise Shokker (Consultant) undertake a Long Stay review of patients every week – this meeting also looks at DToCs and they are now shifting their focus from patients with a stay over 21+ days to 14+ days. System review of the SFHFT discharge policy has been undertaken with a focus on HFID and addressing some of the blocks previously in place such as issuing 'Letter 1' on day 1 of a family looking for care homes instead of issuing on day 7. SFHFT and CCG colleagues DToC review meetings are in place. The DToC & LoS action plan is made up of several internal and system-wide improvement work streams which will contribute to the overall improvements. Key points to note are - the new discharge policy has been launched. CCG colleagues have met with Notts CC regarding the equipment contract and are working together to deliver a site visit to the equipment provider and a 2-page 'crib sheet' containing timeframes, ordering/collection processes & escalation information. These will be embedded in HFID pathways. Revised escalation triggers for SFHFT will include DToC levels from now onwards. This will ensure that DToCs are aligned to business as usual processes and flow and ensure focus on blockages. A new senior HFID lead has been appointed to drive the workstream and a dashboard of Key Performance Indicators (which include DToCs) has been created. <p>North:</p> <p>Bassetlaw Hospital's share of the total DToC position has decreased significantly over the past year and comparing to the NCC total rate per 100,000 population at about 1/3 of the total. The Integrated Discharge Team will continue to work with County Council colleagues and community care providers to ensure delays are kept to a minimum, and the Bassetlaw Call for Care service went live on the 29th July. Call for Care is the urgent care navigation service commissioned to deliver a two-hour response for people in Bassetlaw to prevent an avoidable hospital admission or support timely discharge from the Emergency Department.</p>
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**NCC Resident DTOCs at DBTH April
2018 to May 2019 - days delay rate per
100000**



Countywide:

BCF funded hospital-based Social Workers, Integrated Care Teams, integrated patient/service user information systems, Home First and reablement services (START) have all made a positive contribution to reducing or eliminating delays for social care reasons.



BCF 5	Percentage of users satisfied that the adaptations met their identified needs	95%	99%	Green ↑	<table><tr><th></th><th colspan="3">Q1</th></tr><tr><th></th><th>DFGs completed</th><th>No of customers satisfied</th><th>% satisfied</th></tr><tr><td>Bassetlaw</td><td>21</td><td>21</td><td>100%</td></tr><tr><td>Total North Notts</td><td>21</td><td>21</td><td>100%</td></tr><tr><td>Ashfield</td><td>14</td><td>14</td><td>100%</td></tr><tr><td>Mansfield</td><td>21</td><td>21</td><td>100%</td></tr><tr><td>Newark & Sherwood</td><td>19</td><td>19</td><td>100%</td></tr><tr><td>Total Mid Notts</td><td>54</td><td>54</td><td>100%</td></tr><tr><td>Broxtowe</td><td>14</td><td>14</td><td>100%</td></tr><tr><td>Gedling</td><td>17</td><td>16</td><td>94%</td></tr><tr><td>Rushcliffe</td><td>9</td><td>9</td><td>100%</td></tr><tr><td>Total South Notts</td><td>40</td><td>39</td><td>98%</td></tr><tr><td>Overall customer satisfaction</td><td colspan="3">99.1%</td></tr></table>		Q1				DFGs completed	No of customers satisfied	% satisfied	Bassetlaw	21	21	100%	Total North Notts	21	21	100%	Ashfield	14	14	100%	Mansfield	21	21	100%	Newark & Sherwood	19	19	100%	Total Mid Notts	54	54	100%	Broxtowe	14	14	100%	Gedling	17	16	94%	Rushcliffe	9	9	100%	Total South Notts	40	39	98%	Overall customer satisfaction	99.1%		
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BCF 6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions	11%	16%	Green ↑	<div><p>Percentage of admissions into care homes direct from hospital by month 2019/20</p><table border="1"><thead><tr><th>Month</th><th>Actual (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>Apr-19</td><td>14%</td><td>11%</td></tr><tr><td>May-19</td><td>18%</td><td>11%</td></tr><tr><td>Jun-19</td><td>20%</td><td>11%</td></tr><tr><td>Jul-19</td><td>8%</td><td>11%</td></tr><tr><td>Aug-19</td><td>0%</td><td>11%</td></tr><tr><td>Sep-19</td><td>0%</td><td>11%</td></tr><tr><td>Oct-19</td><td>0%</td><td>11%</td></tr><tr><td>Nov-19</td><td>0%</td><td>11%</td></tr><tr><td>Dec-19</td><td>0%</td><td>11%</td></tr><tr><td>Jan-20</td><td>0%</td><td>11%</td></tr><tr><td>Feb-20</td><td>0%</td><td>11%</td></tr><tr><td>Mar-20</td><td>0%</td><td>11%</td></tr><tr><td>Year to date</td><td>15.8%</td><td>11%</td></tr></tbody></table></div> <p>NB, this target has been cut in half from 22% (green indicator) in 2018/19.</p> <p>Positive progress was been made on this indicator last year. This is in line with increasing numbers of people being discharged from hospital prior to having an assessment and therefore not needing to make decisions about their future longer-term care and support needs whilst still in hospital (known as Discharge to Assess).</p>	Month	Actual (%)	Target (%)	Apr-19	14%	11%	May-19	18%	11%	Jun-19	20%	11%	Jul-19	8%	11%	Aug-19	0%	11%	Sep-19	0%	11%	Oct-19	0%	11%	Nov-19	0%	11%	Dec-19	0%	11%	Jan-20	0%	11%	Feb-20	0%	11%	Mar-20	0%	11%	Year to date	15.8%	11%										
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Mar-20	0%	11%																																																							
Year to date	15.8%	11%																																																							

				<p>National work suggests that there is scope for further reductions in future years. Research undertaken by the Institute for Public Care, (2018 'Reducing Delays in Hospital Transfers of Care for Older People) projects that the numbers of people moving into permanent residential care as a new admission following a hospital episode should, following some form of rehabilitation, be very low at less than 4% of all new hospital admissions. Analysis to be undertaken on the reasons why our local direct admissions remain above this to inform actions plan.</p> <p>Those people who cannot go directly home from hospital for their re-ablement, are moved into short term beds (e.g. Discharge to Assess, Rehabilitation beds) and increasingly the emphasis will need to include monitoring the outcomes of these services in terms of numbers of people who return to their own home.</p>
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7. Expenditure is on plan in Q1 2019/20 as shown in Tables 2 and 3 below.

Table 2: Quarter 1 2019/20

Contributing partner	Nottinghamshire Clinical Commissioning Groups (CCGs)	Nottinghamshire County Council	Total
<i>£'000s</i>			
Payments made into pooled budget	£13,129,025	£14,453,503	£27,582,528
Payments received from pooled budget	£8,032,286	£19,550,242	£27,582,528
Total spend to period 3	£8,032,286	£19,550,242	£27,582,528
<i>Under/(over) spend to period 3</i>	£0	£0	-£0

Table 3: Quarter 1 2019/20 Nottinghamshire County Council

<i>£'000s</i>	Planned Spend	Spend	Variance
Protecting Social Care	£4,264,353	£4,264,353	£0
Carers	£317,136	£317,136	£0
Care Act Implementation	£515,249	£515,249	£0
Improved Better Care Fund	£6,621,040	£6,621,040	£0
Winter Pressure	£881,767	£881,767	£0
Disabled Facilities Grant (District and Borough Councils)	£6,950,696	£6,950,696	£0

8. 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 Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 4).

Table 4: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialize at required rate due to schemes not delivering the intended outcomes, and/or unanticipated cost pressures and/or impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	12	<ul style="list-style-type: none"> - Regular monitoring through BCF Steering Group and BCF Finance, Planning and Performance subgroup as well as local governance forums. - Mid Notts Alliance Oversight Board, A&E Board and Better Together Proactive and Urgent workstream leads providing substantial focus.

BCF009	There is a risk that the available workforce does not meet the volume or skills required for the scale of transformation required or the future system needs.	9	<ul style="list-style-type: none"> - Monthly monitoring through A&E Delivery Boards, System Resilience Group and Transformation Boards. - Workforce development plan in place, including a succession plan. - Discussion with regional workforce teams to facilitate long term recruitment and development planning. Review recruitment and retention plans (annual). - Reduce scale of services and/or phase delivery to accommodate extend recruitment timescales. - Use of locum staff to bridge gaps.
BCF014	There is a risk that the DToC target will not be met.	16	CCGs and A&E Delivery Boards are pursuing several schemes to address the ongoing challenge bringing down NHS DToCs as outlined in the performance indicator section of this report.
BCF016	There is a risk that the target for BCF 3 (reablement 91 days) of 85% will not be met.	12	This indicator is monitored at both the NCC Performance Board and the Older Adults Interventions board. There is an action plan in place to address issues with specific districts and service providers.

Disabled Facilities Grants

9. The Disabled Facilities Grant (DFG) part of the Better Care Fund is passported direct to District Councils, that each administer a local service to provide statutory and discretionary adaptations to the homes of disabled people to help them to live as independent a life as possible in their own home.
10. As each District Council has its own process there is variation across Districts in the way that service users' needs are met in relation to
 - the number and types of roles within service teams;
 - the way that individual budgets and fees are handled;
 - the levels of project support offered;
 - how County Council employed Occupational Therapists (OTs) are used; and
 - how discretionary top-up funding is handled.
11. In response to a national review of DFGs, the recommendations of a locally commissioned consultancy report and in recognition of some of the opportunities for improvement to the current approach, the County and District Councils have come together in a series of meetings and workshops to agree a more collaborative framework for DFGs. A task and finish group consisting of County and District Council representatives has been formed to;
 - develop a set of principles/priorities to form basis of a county-wide DFG policy;
 - develop a county-wide end-to-end process for the delivery of DFGs underpinned by SMART targets clearly assigned to teams;
 - further develop a suite of decision-making tools to help drive consistency across OT and technical teams; and
 - develop a county-wide stairlift framework and identify other county-wide frameworks.

12. The group has set its-self ambitious timescales to deliver these first priorities and having established this foundation can then explore further development possibilities such as;
- work with partners including health to develop a better understanding of local need and developing a clear view of future 'demand';
 - explore ways to improve value for money and speed through better procurement and the delivery of adaptations through framework agreements;
 - develop a memorandum of understanding (or equivalent) that defines how the Councils will work with social housing landlords to provide adaptations quickly; and
 - explore ways to deliver adaptations more effectively in private rented homes.

Other options

13. None.

Reasons for Recommendations

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

Statutory and Policy Implications

15. 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

16. At month 3, the 2019/20 annual BCF Pooled Budget of £89.5m is forecast to break-even. This is before the application of the 2019/20 inflation uplift; it is therefore expected that the overall allocation for 2019/20 will increase. This will be finalized within the 2019/20 BCF Planning Template due for completion by 27th September 2019 as outlined in paragraph 5 of this report.

Human Resources Implications

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

Legal Implications

18. 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:

- 1.1. Approve the 2019/20 BCF performance targets, set in line with national and local organizational requirements.

- 1.2. Approve the process whereby the 2019/20 BCF Plan will be submitted to NHS England by 27th September 2019, pending subsequent approval by the Board on 6th November 2019.

Melanie Brooks

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Constitutional Comments (SLB 15/08/2019)

19. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (OC 19/08/2019)

20. At month 3, the 2019/20 annual BCF Pooled Budget of £89.5m is forecast to break-even. This is before the application of the 2019/20 inflation uplift; it is therefore expected that the overall allocation for 2019/20 will increase.

Background Papers and Published Document

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: Proposed Allocation of Care Act Funding – report to Adult Social Care and Health Committee on 12 September 2016

Better Care Fund Performance and 2017/19 Plan – report to Health and Wellbeing Board on 28 June 2017

Proposals for the Use of the Improved Better Care Fund – report to Adult Social Care and Public Health Committee on 10 July 2017

Approval for the Use in In-Year Improved Better Care Fund Temporary Funding – report to Adult Social Care and Public Health Committee on 13 November 2017

Better Care Fund Performance (2017/18) – report to Health and Wellbeing Board on 6 June 2018

2018/19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019/20 – report to Health and Wellbeing Board on 6 March 2019

2019/20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019

Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019

2018/19 Better Care Fund Performance – report to Health and Wellbeing Board on 5 June 2019

Better Care Fund Planning Requirements for 2019-20, Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England, 18 July 2019

Electoral Divisions and Members Affected

All.

See also items in the Chair's Report:

80. Better Care Fund planning requirements