

29 March 2017

Agenda Item: 6

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

BETTER CARE FUND PERFORMANCE

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:

- 1.1. Approve the Q3 2016/17 national quarterly performance report.

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 Steering Group.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q3 2016/17.
4. This update also includes the Q3 2016/17 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q3 2016/17 performance metrics are shown in Table 1 below.
 - 5.1. Three indicators are on track
 - 5.2. Three indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

| REF | Indicator | 2016/17 Target | 2016/17 (to date) | RAG and trend | Trend | Summary of mitigating actions |
|------|--|----------------|-------------------|---------------|-------|--|
| BCF1 | Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population | 19,866 Q3 | 23,176 Q3 | R ↓ | | A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans. |
| BCF2 | Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | 578.9 | 433 YTD | G ↑ | | |
| BCF3 | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 91.2% | 80.63% YTD | R ↓ | | Additional services included in performance monitoring. The START service are maintaining performance at 91.4% (as measured in 2015/16). |
| BCF4 | Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) | 1,137.7 Q3 | 779 Q3 | G ↑ | | Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this. |
| BCF5 | 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) | 65.4% | 64.4% (July) | R ↔ | | This indicator is reported as part of a suite of indicators to measure citizen experience. A review of metrics is taking place to inform planning for 2017/19 plans. |
| 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 | 34% | 23.4% | G ↓ | | |

6. Reconciliation of Q3 2016/17 spend is complete. Expenditure is broadly on target with some in year slippage. An underspend of £1,389,437 is anticipated in 2016/17:
- 6.1. £1.136m in the Care Act allocation. Spend will be carried forward to 2017/18 to be spent within this ring-fenced element of the fund. The Adult Social Care and Health Committee have approved recommendations at their meeting on 12 September 2016. Schemes and details on when funding will be transacted are contained within this report.
- 6.2. £191,000 in scheme D (support to social care). Spend will be reallocated to scheme C (reducing non-elective admissions) within the financial year.
7. 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 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. | 16 | Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards. |
| 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. | 16 | Monthly monitoring through A&E Delivery Boards and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Plan (STP) priority. |

8. As agreed at the meeting on 7 October 2015, the Q3 2016/17 national report was submitted to NHS England on 3 March pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.
9. Further national reporting is due on a quarterly interval:

9.1. Quarter 4 - 24 May 2017 (HWB report due June 2017)

Other options

10. None.

Reasons for Recommendations

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

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.

Financial Implications

13. There is in year variance on the financial plan that the HWB have approved. A full year underspend of approximately £1.39m is expected for 2016/17: £1.16m in the Care Act allocation, and £191,000 in scheme D (support to social care). All other elements are anticipating full spend for 2016/17.

Human Resources Implications

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

Legal Implications

15. 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. Approve the Q3 2016/17 national quarterly performance report.

David Pearson

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

For any enquiries about this report please contact:

Joanna Cooper Better Care Fund Programme Manager

Joanna.Cooper@nottscc.gov.uk / Joanna.Cooper@mansfieldandashfieldccg.nhs.uk

0115 9773577

Constitutional Comments (SLB 20/03/2017)

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

Financial Comments (KAS 21/03/2017)

17. The financial implications are contained within paragraph 13 of the 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”
- 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
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better care fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016

Electoral Divisions and Members Affected

- All.

Appendix 1

| | |
|--|-----------------------------|
| Q3 2016/17 | |
| Health and Well Being Board | Nottinghamshire |
| Completed by: | Joanna Cooper |
| E-Mail: | Joanna.Cooper@nottsc.gov.uk |
| Contact Number: | 0115 9773577 |
| Who has signed off the report on behalf of the Health and Well Being Board: | TBC |

Budget Arrangements

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

National Conditions

| Condition (please refer to the detailed definition below) | Q1 Submission Response | Q2 Submission Response | Please Select ('Yes', 'No' or 'No - In Progress') |
|---|-------------------------------|-------------------------------|--|
| 1) Plans to be jointly agreed | Yes | Yes | Yes |
| 2) Maintain provision of social care services | Yes | Yes | Yes |
| 3) In respect of 7 Day Services - please confirm: | | | |
| i) 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 | Yes | Yes | Yes |
| ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)? | Yes | Yes | Yes |
| 4) In respect of Data Sharing - please confirm: | | | |
| i) Is the NHS Number being used as the consistent identifier for health and social care services? | Yes | Yes | Yes |
| ii) Are you pursuing Open APIs (ie system that speak to each other)? | Yes | Yes | Yes |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? | Yes | Yes | Yes |
| iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights? | Yes | Yes | Yes |

| | | | |
|---|-----|-----|-----|
| 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 | Yes | Yes | Yes |
| 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans | Yes | Yes | Yes |
| 7) Agreement to invest in NHS commissioned out-of-hospital services | Yes | Yes | Yes |
| 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan | Yes | Yes | Yes |

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)

Income

Previously returned data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | 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 | £14,026,504 | £14,026,507 | £14,026,507 | £14,026,506 | £56,106,024 | £56,106,024 |
| | Forecast | £14,026,504 | £14,026,507 | £14,026,507 | £14,026,506 | £56,106,024 | |
| | Actual* | £14,026,504 | £14,026,505 | - | - | | |

Q3 2016/17 Amended Data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | 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 | £14,026,504 | £14,026,507 | £14,026,507 | £14,026,506 | £56,106,024 | £56,106,024 |
| | Forecast | £14,026,504 | £14,026,507 | £14,026,507 | £14,026,506 | £56,106,024 | |
| | Actual* | £14,026,504 | £14,026,505 | £14,026,507 | - | - | |

Expenditure

Previously returned data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|--|------|-------------|-------------|-------------|-------------|--------------|-------------|
| | Plan | £14,026,504 | £14,026,507 | £14,026,507 | £14,026,506 | £56,106,024 | £56,106,024 |

| | | | | | | |
|---|----------|-------------|-------------|-------------|-------------|-------------|
| 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) | Forecast | £14,026,504 | £12,124,184 | £14,977,668 | £14,977,668 | £56,106,024 |
| | Actual* | £12,467,762 | £12,124,184 | - | - | |

Q3 2016/17 Amended Data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | 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 | £14,026,504 | £14,026,507 | £14,026,507 | £14,026,506 | £56,106,024 | £56,106,024 |
| | Forecast | £12,467,762 | £12,124,184 | £17,466,983 | £14,047,095 | £56,106,024 | |
| | Actual* | £12,467,762 | £12,124,184 | £17,466,983 | - | - | |

| | |
|--|---|
| Commentary on progress against financial plan: | Below plan with internal approval for carry forward of £1.37m Care Act Implementation funding to 2017/18. This is due to underspends on staffing as not all staff were in post at the start of the year. This will be retained within the pooled fund. All other elements are anticipating full spend for 2016/17 |
|--|---|

National and locally defined metrics

| | |
|---|---|
| Non-Elective Admissions | Reduction in non-elective admissions |
| Please provide an update on indicative progress against the metric? | No improvement in performance |
| Commentary on progress: | Overall performance below target and deteriorated on Q2 |

| | |
|---|--|
| Delayed Transfers of Care | Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+) |
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | Overall performance on track. |

| | | |
|---|---|--|
| Local performance metric as described in your approved BCF plan | 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 | |
| Please provide an update on indicative progress against the metric? | On track to meet target | |
| Commentary on progress: | Overall performance on track and continual improvement on placements remaining under target. | |
| Local defined patient experience metric as described in your approved BCF plan | 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. | |
| Please provide an update on indicative progress against the metric? | No improvement in performance | |
| Commentary on progress: | Latest survey data shows no change in performance. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan. | |
| Admissions to residential care | Rate of permanent admissions to residential care per 100,000 population (65+) | |
| Please provide an update on indicative progress against the metric? | On track to meet target | |
| Commentary on progress: | Overall performance on track and continual improvement on placements remaining under target. | |
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | |
| Please provide an update on indicative progress against the metric? | No improvement in performance | |
| Commentary on progress: | Overall performance below target. New data collection methodology in place for 16/17 and discrepancies are being addressed with individual service areas. | |

Additional Measures

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: 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 Measure: 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 | Shared via interim solution | 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 | N.A | N.A | N.A | N.A |

3. Proposed Measure: 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 |
|---|--------------------------|

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

| | |
|---|------|
| Total number of PHBs in place at the end of the quarter | 91 |
| Rate per 100,000 population | 11.2 |

| | |
|--|-----|
| Number of new PHBs put in place during the quarter | 83 |
| Number of existing PHBs stopped during the quarter | 1 |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | 98% |

| | |
|-----------------------|---------|
| Population (Mid 2016) | 810,551 |
|-----------------------|---------|

5. Proposed Measure: 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

Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

| |
|--|
| |
|--|

Highlights and successes

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. 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, 3 performance metrics are on plan, and 3 off plan (non-elective admissions, reablement, and GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

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.

Challenges and concerns

Data sharing is a key strand to our Local Digital Roadmap and Sustainability and Transformation Plan. Additional funding is being sought to support implementation of the plan.

Our bid to become an Integrated Personal Commissioning early adopter has been approved by NHS England and work is underway to develop the approach.

Potential actions and support

Support from NHS England is needed to access BCF data to support monitoring of non-elective admissions at a local level.