Nottinghamshire County Council

Report to the Health and Wellbeing Board

8 June 2016

Agenda Item:

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. The Health and Wellbeing Board is requested to:

   1.1. Approve the Q4 2015/16 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 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 Q4 2015/16. In addition the Q4 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.

3. Q4 2015/16 performance metrics are shown in Table 2 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 (BCF 5 is a suite of indicators, only one of which is off target))

Table 2: Performance against BCF performance metrics

Performance Metrics	2015/16 Target	2015/16 Q4	RAG rating and trend	Issues
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	-	2618.94	⇩	On-going development of schemes during 2015/16.

Performance Metrics	2015/16 Target	2015/16 Q4	RAG rating and trend	Issues
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	657	583	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%	91.93%	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)	4,583	3,367 15/16	A ⇧	Overall figures for 2015/16 are affected by the data accuracy issues in Q1 and Q2 in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100%	G ⇔	
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%	28.05% 15/16	G ⇧	

4. Reconciliation of 2015/16 spend is complete. Expenditure is below plan, and an underspend of £1,672,000 is reported in 2015/16. The underspend relates to spend on carers (£85,000) and Care Act (£1,587,000) and has arisen due to mid-year government announcements in relation to the delay in implementing Phase 2 of Care Act and a greater allocation being received in-year. Spend will be carried forward to 2016/17 to be spent within these ring-fenced elements of the fund.

5. 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 3).

Table 3: 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.
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 Q4 2015/16 national report was submitted to NHSE on 27 May as a draft pending HWB approval (Appendix 1 – report 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.

7. Further national reporting is due on a quarterly interval. Dates are to be confirmed.

Other options

8. None

Reasons for Recommendations

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

Statutory and Policy Implications

10. 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

11. There is in year variance on the financial plan that the HWB have approved. An underspend of £1,672,000 is reported in 2015/16; the minimum pooled fund contributions will be retained as part of the pooled fund and carried forward to be utilised as agreed with all parties.

Human Resources Implications

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

Legal Implications

13. 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 Q4 2015/16 national quarterly performance report.

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

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Constitutional Comments (LMcC 24/05/2016)

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

Financial Comments (KAS 23/05/2016)

15. The financial implications are contained within paragraph 11 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

Electoral Divisions and Members Affected

- All

Appendix 1

Q4 2015/16	
Health and Well Being Board	**Nottinghamshire**
completed by:	Joanna Cooper
E-Mail:	joanna.cooper@nottscc.gov.uk
Contact Number:	1159773577
Who has signed off the report on behalf of the Health and Well Being Board:	To follow

Budget Arrangements

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

National Conditions

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 have been met, 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 an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-

						line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	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 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	£10,281,252	-		

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,159,385	£14,531,000	£12,642,150	£14,621,465	£57,954,000	
	Actual*	£15,770,948	£14,531,000	£10,281,252	£17,234,800	£57,818,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Contributions to the pooled fund were reduced in light of scheme slippage

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	£10,281,252	-		

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	£10,281,252	£17,887,748	£56,146,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	An underspend of £1.672m has been realised and carried forward within the pool. This is due to slippage in Care Act and carers projects. This carry forward has been agreed by all parties

Commentary on progress against financial plan:	Reconciliation complete

Non-Elective Admissions

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	18,148	21,005	21,032	21,504	20,836	21,517	21,588	21,938	20,925	20,925	20,929	20,935	21,385	21,418

Please provide comments around your full year NEA performance	• Overall performance below revised planned baseline. • This target is reported on a calendar year basis. The planned reduction was achieved for 2015.

National and locally defined metrics

Admissions to residential Care	% 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
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target. Action 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. 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. 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. Three Care & Support Centres have been identified to remain open for a longer period than was originally proposed to enable joint development of an intermediate care/ assessment / reablement type service that will ultimately lead to the implementation of an integrated Transfer-to-Assess model of

	provision. This will ensure timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care. This work is all being undertaken as part of the Better Care Fund within the three units of planning. 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 prescripted as part of a hospital stay e.g. residential care. 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.

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

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance is on target, though the denominator is reducing. Action Ongoing monitoring of performance for service change. 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.

	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.

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Social Care across the county are reviewing the district panel processes, to ensure sufficient scrutiny of applications into long term care from hospital settings. 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. Three of NCC's Care & Support Centres have been identified to remain open for a longer period than was originally proposed and these CSCs are now providing Assessment beds which enable step-down care for people being discharged from hospital who do not have complex health needs but do need additional OT, physio and social care support to regain their independence and confidence. These beds support timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care. The % trajectory for residential is heading downwards which reflects the availability of the assessment and interim bed placements. We would expect admissions to reduce further as this facility / capacity increases. However there is no facility available for nursing care of the same nature, therefore there is no alternative but to place directly from hospital. This situation needs to be discussed further with CCGs around intentions, particularly where there are high proportions of admissions. A report has been produced and this

	shows that areas with lower direct admissions correlate with an increased number of step-down facilities and also a higher complement of nursing care beds (in some areas). The report identifies that the average number of days for patients waiting to go into a placement from assessment notification is 18 days for nursing care and 12 days for residential care. This is now being addressed by managing capacity and flow and decision-making into step-down assessment units and considering more short-term placements for nursing care.

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.
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:	The methodology for this metric has changed. Work is underway to realign the target. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.

Year End Feedback on the Better Care Fund in 2015-16

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	Majority of programme delivered as planned, some rephasing of initiatives in year.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration	Strongly Agree	BCF programme evaluated positively.

of health and social care in our locality		
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	Reductions in non-elective admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	Reductions in DTOCs seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Funding has enabled performance levels to be maintained.
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	Reductions in care home admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	Relationships between commissioners across the footprint has improved and has led to the development of other joint initiatives.
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	Pooled fund has improved transparency of spend
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Agree	
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Strongly Agree	Expenditure in-line with plan. Plan varied in year with approval from the Health and Wellbeing Board.

Part 2: Successes and Challenges
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest **successes** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **successes**	Response category:
Success 1	o Good progress on this domain. o Good stakeholder engagement and clinical buy in. o Processes and systems in place for sharing information for direct care. o Technical solutions commissioned as part of the Principia Partners in Health MCP Vanguard.	3.Developing underpinning integrated datasets and information systems
Success 2	o Work in development and mid Nottinghamshire Better Together Vanguard leading nationally on this area. o Risk stratification tools embedded in practice with a test site including social care data to ascertain the added value. o Providers are engaged at a local level. For example, the Integrated Care Board in North Nottinghamshire has tasked providers with working together to develop a system wide outcome focussed falls pathway for 16/17. o A better understanding of what funding is spent on.	4.Aligning systems and sharing benefits and risks
Success 3	o HWB engagement is good. o Relationships between commissioners improved and has led to the development of other initiatives. o Information sharing across units of planning to spread best practice within Nottinghamshire and scale up initiatives. o Strong governance in place which received substantial assurance from internal audit. o Patient engagement and evaluation of services embedded in commissioning. o Better understanding of stakeholder work areas, e.g. housing and health – this is leading to more collaboration, for example in Mid Notts one of the district councils' housing team is in-reaching to the hospital to facilitate discharge. o Links in place between BCF and relevant workstreams, such as work led by System Resilience Groups.	1.Leading and Managing successful better care implementation

12. What have been your greatest **challenges** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	• Further develop relationships with providers and district councils to ensure that information is understood and filters through these organisations.	1.Leading and Managing successful better care implementation
Challenge 2	• Further progress needed on procurement processes to enable smaller providers to engage fully in the developing market. It was recognised that as we scale up initiatives, this increases the risk of excluding providers.	4.Aligning systems and sharing benefits and risks
Challenge 3	• Work to evaluate outcomes at a programme / pathway level is needed with reference to the impacts on health and care commissioners and providers.	5.Measuring success

New Integration Metrics

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavaila	In	In

				ble	developm ent	developm ent
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	N.A	N.A	N.A	N.A

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

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

Total number of PHBs in place at the end of the quarter	44
Rate per 100,000 population	5

Number of new PHBs put in place during the quarter	3
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	807,355

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board

	area

Narrative

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. An extended board meeting with partners is planned in January to review our 2015/16 BCF plan using the Better Care Support Team self-assessment tool to support the development of plans for 2016/17. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q4, five performance metrics are on plan, and one off plan (GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan). Delayed Transfers of Care (DTOC) are on plan with some concern around data accuracy for Q1 and Q2 with one of our acute trusts as outlined in the Q2 update report. All trusts have been reporting in-line with the guidance since Q3. The table below shows 2015/16 plan and activity: 2015/16 target Planned Actual Apr 15 – Jun15 1,151.4 550.2 Jul 15 - Sep 15 1,121.4 814.5 Oct 15 – Dec15 1,173.3 1,036.9 Jan 15- Mar 16 1,136.9 960.14 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.