Public Document Pack

NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 26 September 2018

Time: 4.00 pm (or at the rising at Health and Wellbeing Board if that is later)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Contact: Jane Garrard **Direct Dial:** 0115 8764315

1 MEMBERSHIP CHANGES

To note the following changes in membership of the Health and Wellbeing Board Commissioning Sub Committee:

a) Catherine Underwood has replaced Helen Jones as Director of Adult Social Care, Nottingham City Council
b) Dr Hugh Porter has replaced Dr Marcus Bicknell as the GP Lead, Nottingham City Clinical Commissioning Group
c) Michelle Tilling, Locality Director – Nottingham City, has replaced Gary Thompson, Chief Operating Officer, as the Greater Nottingham Clinical Commissioning Partnership representative

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTERESTS

4 MINUTES 5 - 8

To confirm the minutes of the meeting held on 28 March 2018

5 FUTURE MEETINGS

To agree to meet on the following Wednesdays at 4pm or at the rising of the Health and Wellbeing Board if that is later:

- 28 November 2018
- 30 January 2019
- 27 March 2019

6 BETTER CARE FUND AND IMPROVED BETTER CARE FUND QUARTERLY PERFORMANCE REPORT - 2017/18 QUARTER 4 9 - 26

7 BETTER CARE FUND AND IMPROVED BETTER CARE FUND QUARTERLY PERFORMANCE REPORT - 2018/19 QUARTER 1 27 - 42

8 BETTER CARE FUND FINANCIAL PLAN 2018/19 To follow

9 BETTER CARE FUND SAVINGS PROPOSALS 2019/20 To follow

10 EXCLUSION OF THE PUBLIC

To consider excluding the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

11 BETTER CARE FUND SAVINGS PROPOSALS 2019/20 EXEMPT APPENDICES To follow

The Nottingham City Health and Wellbeing Board Commissioning Sub Committee is a partnership body whose role includes providing advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund.

Members:

Voting members

Katy Ball	City Council Director of Commissioning and Procurement
Councillor Sam Webster	City Council Portfolio Holder with a remit covering health
Michelle Tilling	Greater Nottingham Clinical Commissioning Partnership, Locality Director – Nottingham City
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

Christine Oliver	City Council Head of Commissioning
Alison Challenger	City Council Director of Public Health
Catherine Underwood	City Council Director of Adult Social Care
Helen Blackman	City Council Director of Children's Integrated Services
Ceri Walters	City Council Head of Commercial Finance
Lucy Anderson	NHS Nottingham City Clinical Commissioning Group Assistant Director – Mental Health and Community Services
Martin Gawith	Healthwatch Nottingham representative

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF

POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Board Room, Nottingham City Clinical Commissioning Group, Standard Court, Park Row, Nottingham, NG1 6GN on 28 March 2018 from 4.58 pm - 5.03 pm

Membership
Voting Members

Present	Absent
Dr Marcus Bicknell	Katy Ball
Councillor Nick McDonald (Chair)	Gary Thompson

Non Voting Members

Present	Absent
Alison Challenger	Lucy Anderson
Martin Gawith	Colin Monckton
Christine Oliver (substitute for Katy Ball)	

Colleagues, partners and others in attendance:

Darren Revill	-	Senior Commercial Business Partner (Adult Social Care), Nottingham City Council
Ciara Stuart	-	Assistant Director for Out of Hospital Care, Nottingham City Clinical Commissioning Group
Jane Garrard	-	Senior Governance Officer, Nottingham City Council

130 APOLOGIES FOR ABSENCE

Katy Ball

131 DECLARATIONS OF INTERESTS

None

132 MINUTES

The minutes of the meeting held on 31 January 2018 were agreed as an accurate record.

133 BETTER CARE FUND FINANCIAL PLAN 2017/ 18

Darren Revill presented the report on the Better Care Fund Financial Plan 2017/18.

RESOLVED to

(1) approve the 2017/18 Better Care Fund financial plan as set out in Appendix 1 to the report;

(2) note the savings below included within the Better Care Fund 2017/18 plan that have been agreed through the Health and Wellbeing Board Commissioning Sub Committee

2017/18 APPROVED CHANGES			
Scheme	**Service**	**Commissioner**	**Value £**
Access and Navigation	Nottingham Health and Care Point	Local Authority	36,000
Independence Pathway	Health Reablement Service	CCG	46,000
Co-ordinated Care	Hospital Discharge Team	Local Authority	32,000
Access and Navigation	Care Co-ordination	CCG	69,000
Independence Pathway	Older People Living Support Service	Local Authority	30,000
Total			**213,000**

(3) note the current forecast underspend within the Better Care Fund 2017/18 plan as detailed below and recognise the 90/10 percentage split of efficiencies and underspends between Nottingham City Council and NHS Nottingham City Clinical Commissioning Group as agreed by the Health and Wellbeing Board Commissioning Sub Committee on 13 December 2017;

NOTTINGHAM CITY BETTER CARE FUND – MONITORING STATEMENT (QUARTER 3)			
Area of spend (Scheme)	**2017/18 (£000)**		
	S75 Annual Budget (Plan)	**Annual Forecast**	**Forecast Variance Over/ (Under) Spend**
Access and Navigation	2,331	2,294	(37)
Assistive Technology	1,210	1,083	(127)
Carers	1,444	1,376	(68)
Co-ordinated Care	6,734	6,669	(65)
Co-ordinated Care – Improved BCF	8,570	8,570	0
Capital Grants	2,075	1,985	(90)
Independence Pathway	12,002	1,992	(10)
Programme Costs	247	(108)	(355)

Total	**34,613**		**(752)**

(4) delegate authority to the Head of Commissioning (Nottingham City Council) to agree the City Council schemes that will be identified to utilise the underspend in the 2017/18 Better Care Fund ensuring these align to the objectives of the Better Care Fund; and

(5) delegate authority to the Assistant Director of Out of Hospital Care (NHS Nottingham City Clinical Commissioning Group) to agree the Clinical Commissioning Group schemes that will be identified to utilise the underspend in the 2017/18 Better Care Fund ensuring these align to the objectives of the Better Care Fund.

134 BETTER CARE FUND PROGRAMME 2017/18 - 2018/19

RESOLVED to

(1) ratify savings for the LION Directory of £29,000 for the period 1 April 2018 to 31 March 2019; and

(2) approve the utilisation of £100,000 of the Disabled Facilities Grant allocation for the period 1 April 2017 to 31 March 2018 to meet capital costs within the Assistive Technology Service.

135 ASSISTIVE TECHNOLOGY ELIGIBILITY CONSULTATION AND FINANCE REPORT

RESOLVED to

(1) note the findings and conclusion of the citizen consultation regarding the proposal to revise eligibility to receive a subsidised alarm service;

(2) approve the proposed eligibility criteria for the Dispersed (subsidised) Alarm service and Telecare equipment as part of the Assistive Technology Service with effect from 1 May 2018;

(3) approve the budget breakdown and savings level for Assistive Technology services in 2018/19 as set out in the report; and

(4) sanction an options appraisal to consider how the risks identified through the citizen consultation and stakeholder engagement can be mitigated, potentially through some additional flexibility in the service eligibility criteria.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

26 SEPTEMBER 2018

	Report for Information
Title:	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports 2017/18 Quarter 4
Lead officer(s):	Ciara Stuart, Assistant Director, Out of Hospital Care, Nottingham City Clinical Commissioning Group
Author and contact details for further information:	Petra Davis, Project Manager, Out of Hospital Care, Nottingham City Clinical Commissioning Group and Nottingham City Council
Brief summary:	This report provides information in relation to the Better Care Fund (BCF) and Improved better Care Fund (iBCF) performance metrics for Q4 2017/18
Is any of the report exempt from publication? *If yes, include reason*	No

Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

a) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 4 2017/18; and

b) note the quarterly returns which were submitted to NHS England that were authorised virtually by the Vice-Chair and Chair of the Health and Wellbeing Board.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to
Aim: To reduce inequalities in health by targeting the neighbourhoods with the	

lowest levels of healthy life expectancy	meet their need The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it. By 2020, the aspiration is that: - - People will be living longer, more independent and better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision making.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health

A core element of the Integrated Care model is the integration of mental health services which is being progressed through the Mental Health Integration Steering Group. This steering group oversees a work plan which will be supported by task and finish groups. Clinical assurance has been delegated to the Clinical Strategic Commissioning Group. Commissioning assurance has been delegated to the Mental Health Joint Commissioning Group.

Reason for the decision:	N/A
Total value of the decision:	N/A
Financial implications and comments:	N/A

Procurement implications and comments (including where relevant social value implications):	N/A
Other implications and comments, including legal, risk management, crime and disorder:	**<u>BCF Q4 Report</u>** **1. National conditions and section 75** We have succesfully met all national conditions in Quarter 4 and for the year. **2. Metrics** Residential admissions and Reablement are green for the quarter and for the year; NEA is green for the year to date (only January data available for Q4 at the time of reporting) ; our Delayed Transfers of Care are red for the year (only January data available for Q4 at the time of reporting). Analysis of the reasons for delay shows a bottleneck in waits for homecare packages in social care, and in community bed waits in the NHS. This is related to a 41% rise in demand on community beds, and increased flow through the Integrated Discharge function. **3. High Impact Change Model** Our performance against the 8 expected elements of the High Impact Change Model and the additional, non-mandated Red Bag element is good, with a score of Established for 6 of the 8 mandated elements and for the Red Bag element. **4. Investment and Expenditure** Actual spend matched planned spend for the quarter and the year; where monitoring showed schemes underspending, or where targeted savings were made in year, additional expenditure up to the planned amount was spent on supporting local authority commissioned schemes (£748k) - with the majority spent on external homecare - and CCG commissioned schemes (£78k) spent on housing health co-ordinators. This has increased the spend on social care from the CCG contribution. **5. Year end Feedback** Our year end feedback was positive, with response at either Strongly Agree or Agree for all 7 of the delivery statements. Our successes for the year were the excellent performance of the Reablement team and the re-procurement of Out of Hospital Services, and

	our challenges were managing the focus on increased integration and transformation alongside the expectation on all partners to deliver programmes of savings and service improvement, and capacity issues withint he external Homecare market. **6. Narrative** Our progress against plan this year was good, and the integration success story for the year was the programme of work to reduce residential admissions. **<u>iBCF Q4 report</u>** **1. Key successes** The additional funding has helped to reduce the risk of homecare providers withdrawing from operating in the local area; to meet the homecare national living wage; to support the internal complex need service; and to support a reviewing function within lead homecare providers. This has achieved good outcomes, generated additional capacity to support reablement, and allowed key external providers to concentrate on core business. **2. Challenges** As Discharge To Assess has embedded, it has relieved pressure on the acute system, however it has increased pressure in the community. Capacity generated by the reviewing function has not always been redistributable where it is needed and rotas have been a challenge, as has the increased acuity of citizens on discharge. **3. Distribution of additional funding** Funding was distributed across the 3 mandated areas of spend on a 26%/ 24%/ 50% basis. **4. Progress update** The 5 iBCF initiatives have made good progress through the year, with 4 of 5 either completed or in progress and showing results and only Increasing Capacity still awaiting results (partly due to the challenges outlined in s2 above). **5. Metrics** Performance against iBCF metrics was mixed, with 2 metrics showing deterioration across the year, 2 showing no change, and 1 not yet ready to report, reflecting the challenge facing community services

	arising from increased flow and acuity. However, the metric around Reablement throughput shows improvement.
Equalities implications and comments:	N/A
Published documents referred to in the report: *legislation, statutory guidance, previous Sub Committee reports /minutes*	Nottingham City BCF Quarterly Return - Quarter 2 2017/18 Nottingham City BCF Quarterly Return - Quarter 3 2017/18 Nottingham City iBCF Quarterly Return – Quarter 1 2017/18 Nottingham City iBCF Quarterly Return – Quarter 2 2017/18 Nottingham City iBCF Quarterly Return – Quarter 3 2017/18

Background papers relied upon in writing the report: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	None
Other options considered and rejected:	N/A

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Better Care Fund Template Q4 2017/18

Guidance

Overview
The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board (HWB) areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:
Data needs inputting in the cell
Pre-populated cell

Note on viewing the sheets optimally
To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist
1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover
1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget
This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending
National condition 2: NHS contribution to social care is maintained in line with inflation
National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics
The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.
- Delayed Transfers of Care (DToC): The BCF plan targets for DToC for the current year 2017/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 2017/18.
The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

This sheet seeks seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:
- In making the confidence assesment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticioated and anv associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model
The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area
Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement
Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):
The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hosoital.
Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bae / Hosoital Transfer Protocol:
A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.voutube.com/watch?v=XoY2PXmULHE

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. However, the AEDB lens is a more representative operational lens to reflect both health and social systems. Where there are wide variations in their maturity levels, making a conservative judgment is advised. Please note these observed wide variations in the narrative section on 'Challenges'.
Also, please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making this assessment, which could be useful in informing design considerations for subsequent reporting.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

5. Income & Expenditure

The Better Care Fund 2017-19 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs. Instead of collecting income/Expenditure on a quarterly basis as was the case in previous years 2015/16 & 2016/17. 2017/18 requires annual reporting of Income and Expenditure at a HWB total level.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2017/18 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2017/18 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2017/18.

Expenditure section:
- Please enter the total HWB level actual BCF expenditure for 2017/18 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2017/18.

6. Year End Feedback
This section provides an opportunity to provide feedback on delivering the BCF in 2017-18 through a set of survey questions which are overall consistent with those from previous years.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the imoact across the countrv. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund
There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint workine between health and social care in our localitv
2. Our BCF schemes were implemented as planned in 2017/18
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our localitv
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 davs after discharee from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges
This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2017/18.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2017/18?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. Narrative
This section caotures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q4 2017/18

1. Cover

Version 1.1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottingham
Completed by:	Petra Davis
E-mail:	petradavis@nhs.net
Contact number:	1158839432
Who signed off the report on behalf of the Health and Wellbeing Board:	Dr Marcus Bicknell (vice chair)

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Income & Expenditure	0
6. Year End Feedback	4
7. Narrative	0

Better Care Fund Template Q4 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Nottingham

Confirmation of National Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q4 2017/18

3. Metrics

Selected Health and Well Being Board: Nottingham

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Data not available to assess progress	NEL data is only available for January at the time of writing; non-electives are amber for January but green for the year to date. Work is underway to understand a rise in non-elective admissions from January data.	It is important to state that the data on non-electives is within expected variation and we remain green for the year to date.	N/A
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Need to understand the impact of potential shifts in throughput and cost in homecare, community beds and community nursing.	Residential admissions data is available for Jan and Feb at the time of writing; admissions are green for Jan and Feb for the year to date and well within year target of of 384, YTD at FEB was 139. Possibly	N/A
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	N/A	Reablement data is available for Jan and Feb at the time of writing. Reablement is green for Jan and Feb and for the year to date.	N/A
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Data not available to assess progress	DToC data is only available for January at the time of writing. DToCs are red for January, annual target will not be achieved as YTD at Jan is over annual target. Analysis of the reasons for delay shows a bottleneck in waits for homecare packages in social care, and in community bed waits in the NHS. This is related to a 41% rise in demand on community beds, and increased flow through the Integrated Discharge function.	Work is ongoing through the planned analysis of flow in NUH, led by NHS Improvement, and through the work with NHS Elect on community DToCS, to address these delays. Social Care delays are largely Homecare related; Homecare pickup rates for external providers show strong seasonal patterns year on year; this is being picked up through the work on mobilising the new homecare lead provider contract and refreshing the accredited provider pathways. Winter resilience funding will	N/A

** Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

Better Care Fund Template Q4 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Nottingham

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Established	Established		The changes in attitude, behaviour and culture (AB&C) is recognised as a challenge across the system. Should there not be a a shared sense of purpose with clear communication across Greater Nottingham this will impact the success of Discharge to Assess (D2A). One communication package supporting	Weekly supported discharge target has been consistently met since launch of the IDT and D2A. Social care are inputting directly into nerve centre. "Extraordinary" complex patient review meetings (CPRM) are taking place thrice	IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members. D2A community capacity lead has also been appointed and will work in close collaboration with the IDT team leader.
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Established	Established		Systems reconfiguration to enable performance monitoring of the new metrics for D2A.	Red 2 Green is in place in NUH and across community rehabilitation/reablement providers and monitored monthly. Identifying pathways; simple/supported (1, 2 or 3). D2A metrics agreed and Dashboard	Systems reconfiguration to enable performance monitoring of the new metrics for D2A.
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established	Established	Established		The changes in attitude, behaviour and culture (AB&C) is recognised as a challenge across the system. Should there not be a a shared sense of purpose with clear communication across Greater Nottingham	Weekly supported discharge target has been consistently met since launch of the IDT and D2A. Social care are inputting directly into nerve	IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members.
Chg 4	**Home first/discharge to assess**	Established	Established	Established	Established	Established		"Intensive internal work continues to be completed w the external homecare providers to strengthen the resilience of the local home care market in order to ensure that there is sufficient capacity to meet all demand,	Weekly supported discharge target has been consistently met with the exception of one week since launch of the IDT and D2A. Social care are inputting directly into nerve	IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vitural members. D2A community capacity lead has been
Chg 5	**Seven-day service**	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		Workforce change to support 7 day services.	Call centre advice for care homes via 111 in place. Community services remain 7 day/week until 18:00 hrs. IDT workforce employed by Nottingham	Workforce change to support 7 day services. Recruitment into the IDT ongoing.
Chg 6	**Trusted assessors**	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system
Chg 7	**Focus on choice**	Established	Established	Established	Established	Established		There remain a small number of citizens and families who do not wish to leave the bed based reablement facility to which they have been admitted following discharge from hospital. Continued work as a system is being	System wide patient leaflet in use together with letter from senior clinician within NUH. PDMS set within 48 hours on day 1 of admission. Discharge planning happens on day 1 with the	Review effectiveness of the leaflet quarterly and revise if necessary.
Chg 8	**Enhancing health in care homes**	Established	Established	Established	Established	Established		Large pool of small providers means roll-out of EHCH elements across all care homes in the City remains a challenge	Care homes red bag in place across Greater Nottingham. Pathfinder via NEMS. Use of skype as an option for a number of care homes. 111	Care homes will receive continued support from their respective CCG leads.

Hospital Transfer Protocol (or the Red Bag Scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	**Red Bag scheme**	Established	Established	Established	Established	Established		Nervousness around the loss of the bags themselves once they are physically on hospital premises has led to the development of a SOP which will be signed off at the task and finish group and circulated to the care	Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017.	Care homes will receive continued support from their respective CCG leads.

Better Care Fund Template Q4 2017/18

5. Income & Expenditure

Selected Health and Wellbeing Board: Nottingham

Income

	2017/18 Planned		2017/18 Actual	
Disabled Facilities Grant	£ 2,074,926		£ 2,074,926	
Improved Better Care Fund	£ 8,570,472		£ 8,570,472	
CCG Minimum Fund	£ 21,889,626		£ 21,889,626	
Minimum Subtotal		£ 32,535,024		£ 32,535,024
CCG Additional Contribution	£ 1,363,066		£ 1,363,066	
LA Additional Contribution	£ 716,000		£ 716,000	
Additional Subtotal		£ 2,079,066		£ 2,079,066

	Planned 17/18	Actual 17/18
Total BCF Pooled Fund	£ 34,614,090	£ 34,614,090

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2017/18	

Expenditure

	2017/18
Plan	£ 34,614,090
Actual	£ 34,614,090

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2017/18	Where monitoring showed schemes underspending, or where targeted savings were made in year, additional expenditure up to the planned amount was spent on supporting local authority commissioned schemes (£748k) - with the majority spent on external homecare - and CCG commissioned schemes (£78k) spent on housing health co-ordinators. This has increased the spend on social care from the CCG contribution.

Better Care Fund Template Q4 2017/18

6. Year End Feedback

Selected Health and Wellbeing Board: Nottingham

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. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	All partners have worked closely together to deliver the BCF Plan during a time of transformation for both commissioners and providers. We have reviewed our governance processes and reporting outputs and are well placed to go forward with the 18-19 Plan.
2. Our BCF schemes were implemented as planned in 2017/18	Agree	The BCF Plan has been delivered largely as planned, with large-scale transformational pieces of work such as Dicharge to Assess and the reprocurements of Homecare and Out of Hospital Care all delivered to timescale and within expected project limits.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF Plan has worked not only within the City Health & Wellbeing footprint but has increasingly worked towards the Graduation footprint, with Discharge to Assess and elements of the Out of Hospital Contract (Continuing Healthcare for Adults and Children, Supported Transfer of Care Front Door) being commissioned across Greater Nottingham.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Our indicator is green for the YTD (January and February data for Q4) indicating that the focus on avoiding admission and re-admission wherever possible within community services is having a positive effect.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Having been set challenging DToC targets, particularly around Social Care delays, the BCF Plan has delivered improved performance through a range of different projects and enablers, principally the Discharge to Assess work. ECIP's report on this work stated: 'We acknowledge the excellent progress and transformational change that the system has made in implementing home first/discharge to assess in Nottingham since October 2017: evidenced through: • An increase in supported discharges the majority of which are discharge within 24 hours. • Implementation of the Integrated Discharge Team, alongside evidence of more integrated working. • More openness and transparency of the discharge process. • A single specification for the community beds across Nottingham • Some evidence to suggest more people being discharged to their usual place of residence • Assessments for long term care being carried outside of the acute setting circa 14% being delivered in the acute trust in January 2018 (as reported to the A&E Delivery Board). '
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Strongly Agree	Our indicator is green for the YTD (January and February data for Q4) with performance steady at over 90% for Q3 and Q4, indicating that the year's work in establishing the co-located service is successful. .
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	See Narrative tab

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **successes**
Success 1	9. Joint commissioning of health and social care	During 2017-18 we have established a co-located jointly delivered Health & Social Care Reablement service, which following an initial period of lower performance as the service settled into new ways of working, has delivered performance consistently over target. The service has also been through a Data Quality Improvement Planning process to align systems and reduce duplication this year, resulting in improved data quality and additional patient/ citizen facing time.
Success 2	6. Good quality and sustainable provider market that can meet demand	During 2017-18 we have consolidated a wide range of contracts into a single Out of Hospital Contract, delivering a 7+2 year contract term offering sustainability, long term vision and opportunities for large scale transformation within a reduced contract envelope of £31.5m (annual value). The contract enables further integrative opportunities across health and social care, acute care, mental health and the third sector, incentivising the provider through a local incentive scheme and a focus on social value to improve partnership working. The BCF-funded elements of the contract are gathered within a dedicated Integrated Care sub-specification with a focus on urgent response, avoided admissions, supporting discharge and reablement.

8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **challenges**
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)	A challenge for us during 2017-18 has been to marry the focus on increased integration and transformation with the expectation on all partners to deliver ambitious and challenging programmes of savings and service improvement. However the BCF Programme Team has supported all partners to align and manage processes to deliver the expected level of savings while delivering large-scale transformational projects such as Discharge to Assess and the Out of Hospital Contract re-procurement.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	During winter 2017-18, capacity issues within the external Homecare provider market have made themselves felt, with seasonal variation in capacity and demand at times necessitating additional spot purchase. Homecare pickup rates for external providers show strong seasonal patterns year on year; this is being addressed through work on mobilising the new homecare lead provider contract and refreshing the accredited provider pathways. Winter resilience funding will also focus on seasonal capacity issues in homecare.

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund Template Q4 2017/18

7. Narrative

Selected Health and Wellbeing Board: Nottingham

Remaining Characters:	18,345

Progress against local plan for integration of health and social care

During 2017-18 the BCF Plan has built on achievements to date to take integration to the next phase including joint prioritisation of resources, reducing and avoiding duplication of commissioned services, flexibility across organisational boundaries for spending decisions and targeting of investment to meet shared priorities by taking a whole economy perspective.

We have developed our model of care across Care Delivery Groups and improved our Integrated Reablement and Homecare services. We have supported citizens to receive more care in their home or community, reducing unnecessary hospital admissions and shortening hospital stays, using joined-up strategic commissioning, with a focus on outcomes rather than on activity while ensuring services remain high quality, accessible, sustainable and based on population need.

This year we have delivered:

• An aligned and co-located Health & Social Care Reablement service with reduced duplication, improved data quality and increased patient/citizen-facing time

• Reprocurements of Out of Hospital Services and Homecare Lead Provider Services, offering improved capacity and supporting faster discharge and reduced admissions and re-admissions

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	18,786

Integration success story highlight over the past quarter

Residential admissions are green for the quarter and the year. Reducing residential admissions is a focus for all areas of the local authority's Transformation programme of work, and this is clearly proving effective, with a steep drop in admissions since October and performance for the year well below target as a result.The Transformation programme has 4 areas: Older People; Mental Health; Learning Disability; and General Needs. Residential admissions reduction is a focus for all 4 of these areas. Under this programme of work, admissions from hospital are being addressed with the expectation that no admissions will happen directly on discharge, and admissions from the community are being addressed with the expectation that no admission will happen without other options being explored, including homecare and extra care. However, analysis is necessary to ensure that potential cost shifts in homecare, community beds and community nursing are being accurately assessed and the system adjusts smartly to this level of change. This has been picked up in local discussions around the design of a Health & Social Care Scorecard, reflecting the SCIE work on an Integrated Care scorecard and logic model.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q4 2017/18

Checklist

<< Link to Guidance tab

Complete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes
Sheet Complete:		Yes

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes
Sheet Complete:		Yes

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes
Sheet Complete:		Yes

4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q4	H8	Yes
Chg 2 - Systems to monitor patient flow Q4	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4	H10	Yes
Chg 4 - Home first/discharge to assess Q4	H11	Yes
Chg 5 - Seven-day service Q4	H12	Yes
Chg 6 - Trusted assessors Q4	H13	Yes
Chg 7 - Focus on choice Q4	H14	Yes
Chg 8 - Enhancing health in care homes Q4	H15	Yes
UEC - Red Bag scheme Q4	H19	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	I8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	I10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	I11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	I12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	I13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	I14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	I15	Yes
UEC - Red Bag scheme Q1 18/19 Plan	I19	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	J8	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	J10	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	J11	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	J12	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	J13	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	J14	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	J15	Yes
UEC - Red Bag scheme Q2 18/19 Plan	J19	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	K8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	K10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	K11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	K12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	K13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	K14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	K15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	K19	Yes
Chg 1 - Early discharge planning Challenges	L8	Yes
Chg 2 - Systems to monitor patient flow Challenges	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	L10	Yes
Chg 4 - Home first/discharge to assess Challenges	L11	Yes
Chg 5 - Seven-day service Challenges	L12	Yes
Chg 6 - Trusted assessors Challenges	L13	Yes
Chg 7 - Focus on choice Challenges	L14	Yes
Chg 8 - Enhancing health in care homes Challenges	L15	Yes
UEC - Red Bag Scheme Challenges	L19	Yes
Chg 1 - Early discharge planning Additional achievements	M8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	M9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	M10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	M11	Yes
Chg 5 - Seven-day service Additional achievements	M12	Yes
Chg 6 - Trusted assessors Additional achievements	M13	Yes
Chg 7 - Focus on choice Additional achievements	M14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	M15	Yes
UEC - Red Bag Scheme Additional achievements	M19	Yes
Chg 1 - Early discharge planning Support needs	N8	Yes
Chg 2 - Systems to monitor patient flow Support needs	N9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	N10	Yes
Chg 4 - Home first/discharge to assess Support needs	N11	Yes
Chg 5 - Seven-day service Support needs	N12	Yes
Chg 6 - Trusted assessors Support needs	N13	Yes
Chg 7 - Focus on choice Support needs	N14	Yes
Chg 8 - Enhancing health in care homes Support needs	N15	Yes
UEC - Red Bag Scheme Support needs	N19	Yes
Sheet Complete:		Yes

5. Income & Expenditure

	Cell Reference	Checker
2017/18 - Actual CCG additional contribution income	G14	Yes
2017/18 - Actual LA additional contribution income	G15	Yes
2017/18 - Difference between plan & actual income Commentary	E21	Yes
2017/18 - Actual Spend	D31	Yes
2017/18 - Difference between plan & actual expenditure Commentary	E33	Yes
Sheet Complete:		Yes

6. Year End Feedback

	Cell Reference	Checker
Statement 1 - Joint working Delivery Response	C10	Yes
Statement 2 - BCF Scheme Delivery Response	C11	Yes
Statement 3 - Health & Social Care Integration Delivery Response	C12	Yes
Statement 4 - NEA Delivery Response	C13	Yes
Statement 5 - DTOC Delivery Response	C14	Yes
Statement 6 - Reablement Delivery Response	C15	Yes
Statement 7 - Residential Admissions Delivery Response	C16	Yes
Statement 1 - Joint working Delivery Commentary	D10	Yes
Statement 2 - BCF Scheme Delivery Commentary	D11	Yes
Statement 3 - Health & Social Care Integration Delivery Commentary	D12	Yes
Statement 4 - NEA Delivery Commentary	D13	Yes
Statement 5 - DTOC Delivery Commentary	D14	Yes
Statement 6 - Reablement Delivery Commentary	D15	Yes
Statement 7 - Residential Admissions Delivery Commentary	D16	Yes
Success 1 category	C22	Yes
Success 2 category	C23	Yes
Success 1 response	D22	Yes
Success 2 response	D23	Yes
Challenge 1 category	C27	Yes
Challenge 2 category	C28	Yes
Challenge 1 response	D27	Yes
Challenge 2 response	D28	Yes
Sheet Complete:		Yes

7. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes
Sheet Complete:		Yes

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QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO MHCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: PLEASE DO NOT ALTER THE FORMAT OF THIS SPREADSHEET BY INSERTING, DELETING OR MERGING ANY CELLS, ROWS OR COLUMNS. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error or be excluded from analysis if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:
1. Select your local authority from the drop-down menu in Cell C11.
2. Enter the password provided in your email from DCLG into Cell C13.
2. Complete Sections A and C below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in the original MS Excel macro-enabled workbook format. Do not convert this spreadsheet to another file format or provide any information in additional attachments.
4. Once completed and saved, please e-mail this MS Excel file by 27 April 2018 to: CareandReform2@communities.gsi.gov.uk

Local authority: (Select from drop-down menu)	**City of Nottingham UA**
Enter password (as provided in email from MHCLG)	GXZY49
E-code	**E3001**
Period	**2017-18 and Q4 2017-18**

Section A

Please provide a short narrative which summarises the key successes and challenges experienced in relation to the additional iBCF funding you were allocated at Spring Budget 2017. Your commentary should cover the whole of 2017-18.

A1a. What were the key successes experienced?

As stated previously, Discharge to Assess (D2A) was implemented across the whole Health & Social Care system in Greater Nottingham on 2nd October 2017. This has enabled a number of key deliverables. The roll out of (D2A) has reduced pressure on the acute system. However, it has also led to an increase in demand within the community. We continue to be on a journey to embed the above initiative. We are working with our health partners on learning from the PDSA cycle, which includes the following:
• The need to review the structure of the IDT to create capacity and identify additional resources to meet the increase in demand for supported discharge.
• Revisit the commissioning of the community bed stock to establish whether fit for purpose.
• To develop further plans for escalation.
The following outcomes have been achieved:
• A higher number of citizens are being discharged home with a care package from hospital rather than into bed based care.
• This enhances recovery and reablement as well as supporting citizens in meeting their goals.
• All citizens including those whose needs appear complex requiring community based support services are now offered reablement at home.
• This is enabling citizens to be supported to maximise their independence and functioning.
However, this service can become blocked as the external market struggles to keep up with demand. This has resulted in citizens remaining in reablement for a longer period and impacts on their ability to receive new referrals. Therefore in this quarter a drop in referral rates has been noted and has required the need for additional short term homecare to be commissioned by the CCG.

The additional funding has helped us reduce the risk of homecare providers withdrawing from operating in the local area and has enabled us to meet the homecare national living wage and appropriate hourly rate. However, it has not completely ended issues with recruitment and retention. Our new homecare model is now operational and we continue to embed a provider alliance with key external providers. Breaking down barriers between internal and external provision. Key external and internal providers are challenged to work together rather than in competition. Further development of the provider alliance will focus

A1b. What were the challenges encountered?

ASC reviewing officers have been successful in working with external homecare providers and citizens to release homecare capacity via targeted reviews with citizens who are now fully independent. The hours released are not necessarily in the areas in which new citizens requiring support live. This means that there has not been a commensurate rate of pick up. Since the implementation of D2A there has been an increase in acuity. Many of these citizens require intensive packages of care. This is more difficult to source than previously typical support packages. This has resulted in a reduction of hours being offered as rotaing becomes more challenging as a higher proportion of citizens require higher levels of care either in the short/or long term.

A2. Please show how the additional iBCF funding you were allocated at Spring Budget 2017 has been distributed across the three purposes for which it was intended.

	Meeting adult social care needs	**Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready**	**Ensuring that the local social care provider market is supported**
A2a. Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding allocated at Spring Budget 2017. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. The figures you provide should cover the whole of 2017-18.	26.6%	23.8%	49.6%

A3. Provide progress updates on the individual initiatives/projects you identified in Section A at Quarters 1, 2 and 3. You can provide information on up to 5 additional initiatives/projects not cited in previous quarters to the right of the boxes below.

	Initiative/Project 1	**Initiative/Project 2**	**Initiative/Project 3**	**Initiative/Project 4**	**Initiative/Project 5**
A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Supporting the local care provider market.	Complex needs homecare service.	Home care fee rates	Meeting adult social care needs through increased demand and complexity of care provision.	Reviewing officers in homecare services.
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under. Hover over cell B33 to view comment box for the list of categories if drop-down options are not visible:	15. Stabilising social care provider market - fees uplift	5. Homecare	15. Stabilising social care provider market - fees uplift	1. Capacity: Increasing capacity	5. Homecare
A3c. If other please specify (please do not use more than 50 characters):					
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: 1. Planning stage 2. In progress: no results yet 3. In progress: showing results 4. Completed 5. Project no longer being implemented	3. In progress: showing results	4. Completed	4. Completed	2. In progress: no results yet	3. In progress: showing results
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).					As acknowledge earlier whilst this initative is releasing capacity further planning work is required to match this capacity to new need

Section B: Information not required at Quarter 4

Section C

	Metric 1	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
C1a. List of up to 20 metrics you are measuring yourself against. Automatically populated based on information provided in Quarter 3. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered metrics. You can provide information on up to 5 metrics not cited previously to the right of these boxes.	# referrals into Integrated Reablement services (broken down by Social Care and Health need)	# referrals into Homecare services	# hours of Homecare provided (aggregated and broken down by provider including internal and external services)	Rolling average LOS in Community Beds (aggregated, broken down by pathway, and broken down by bed type)	Any citizen referred to complex homecare service : a reduction in social care breakdown

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

26 SEPTEMBER 2018

	Report for Information
Title:	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports 2018/19 Quarter 1
Lead officer(s):	Claire Kent, Head of Service Improvement & Better Care Fund, Greater Nottingham Clinical Commissioning Partnership
Author and contact details for further information:	Clare Rourke, Service Improvement Officer, Greater Nottingham Clinical Commissioning Partnership
Brief summary:	This report provides information in relation to the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) performance metrics for Q1 2018/19.
Is any of the report exempt from publication? *If yes, include reason*	No

Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

a) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Q1 2018/19; and

b) note the quarterly returns which were submitted to NHS England on 18/07/2018 and were authorised virtually by Health and Wellbeing Board Chair, Councillor Webster.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: - - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of
Aim: To reduce inequalities in health by targeting the	

neighbourhoods with the lowest levels of healthy life expectancy	choice, not a default - Not incur delays, people will be in the best place to meet their need The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it. By 2020, the aspiration is that: - - People will be living longer, more independent and better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision making.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health

A core element of the Integrated Care model is the integration of mental health services which is being progressed through the Mental Health Integration Steering Group. This steering group oversees a work plan which will be supported by task and finish groups. Clinical assurance has been delegated to the Clinical Strategic Commissioning Group. Commissioning assurance has been delegated to the Mental Health Joint Commissioning Group.

Reason for the decision:	N/A
Total value of the decision:	N/A

Financial implications and comments:	N/A
Procurement implications and comments (including where relevant social value implications):	N/A
Other implications and comments, including legal, risk management, crime and disorder:	**<u>BCF Q1 Report</u>** **1. National conditions and section 75** We have successfully met all the national conditions in Q1. **2. Metrics** Residential admissions and Reablement are RAG rated green for Q1. Non-elective admissions is amber for the year to date (only April data available for Q1 at time of reporting). Delayed Transfers of Care are red for Q1 (only April data available for Q1 at the time of the reporting). There is continued focus in addressing the issues in relation to the flow out of hospital. **3. High Impact Change Model** Performance against the eight expected elements of the High Impact Change Model and the additional, non-mandated Red Bag element is good, with a score of Established for 6 out of the 8 elements. **4. Narrative** One of the successes over the last financial year and in Q1 is the Housing to Health (H2H) project. It currently supports 2.5 Housing and Health Coordinators (HHCs) to integrate housing support within the local healthcare system. The H2H project was designed to provide the housing element of Integrated Care, preventing homelessness, reducing hospital admissions and readmissions, and improving the health of its patients. **5. iBCF** This section outlines the projects linked to the iBCF spend. A range of projects are continuing from 2017/18. In addition, the Reablement Service has been included. As Quarter 1 establishes the metrics for the year for iBCF, no progress measures are required in this submission.
Equalities implications and comments:	N/A
Published documents	Nottingham City BCF Quarterly Return - Quarter 2

referred to in the report: *legislation, statutory guidance, previous Sub Committee reports /minutes*	2017/18 Nottingham City BCF Quarterly Return - Quarter 3 2017/18 Nottingham City BCF Quarterly Return - Quarter 4 2017/18 Nottingham City iBCF Quarterly Return – Quarter 1 2017/18 Nottingham City iBCF Quarterly Return – Quarter 2 2017/18 Nottingham City iBCF Quarterly Return – Quarter 3 2017/18 Nottingham City iBCF Quarterly Return - Quarter 4 2017/18
Background papers relied upon in writing the report: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	None
Other options considered and rejected:	N/A

Better Care Fund Template Q1 2018/19

Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements for 2017-19 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)

2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans
3) To foster shared learning from local practice on integration and delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports are submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

For 2018-19, reporting on the additional iBCF Grant (from the funding announced in the 2017 Spring Budget) is included in the BCF quarterly reporting as a combined template to streamline the reporting requirements placed on local systems. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately. MHCLG aim to publish the additional iBCF information in 2018-19.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear “Red” and contain the word “No” if the information has not been completed. Clicking on the corresponding “Cell Reference” column will link to the incomplete cell for completion. Once completed the checker column will change to “Green” and contain the word “Yes”
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending
National condition 2: NHS contribution to social care is maintained in line with inflation
National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.
- Delayed Transfers of Care (DToC): The BCF plan targets for DToC should be referenced against your current provisional trajectory. Further information on DToC trajectories for 2018-19 will be published shortly.
The progress narrative should be reported against this provisional monthly trajectory as part of the HWB’s plan.

This sheet seeks seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:

- In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, and anticipated trajectory in future quarters, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

In line with the intent of the published HICM model self assessment, the self assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful in informing future design considerations.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):
- The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
- Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
- Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.
- Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published:
https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx
Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XoYZPXmULHE

5. Narrative

This section captures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

6. Additional improved Better Care Fund - Part 1

For 2018-19 the additional iBCF monitoring has been incorporated into the BCF form. The additional iBCF section of this form are on tabs '6. iBCF Part 1' and '7. iBCF Part 2', please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or geographic area.
To reflect this change, and to align with the BCF, data must now be entered on a HWB level.
The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at spring budget 2017 only.
More specific guidance on individual questions is present on the relevant tabs.

Please find a list of your previous Quarter 4 2017/18 initiatives / projects on tab 'iBCF Q4 1718 Projects'.

Section A: Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.
Section B: Please enter at least one initative / project, but no more than 10. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19.

7. Additional improved Better Care Fund - Part 2

Section C: The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.
Section D: Please enter at least one metric, but no more than 5.

Better Care Fund Template Q1 2018/19

1. Cover

Version 1.0

Please Note:
- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. ***Narrative sections of the reports will not be published.*** *However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.*
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottingham
Completed by:	Petra Davis
E-mail:	petradavis@nhs.net
Contact number:	1158839432
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr Sam Webster/ Dr Hugh Porter

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please go to the Checklist for further details on incomplete fields - Click for link

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0
6. iBCF Part 1	4
7. iBCF Part 2	0

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | Local Government Association | NHS England

<< Link to Guidance tab

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes
Sheet Complete:		Yes

2. National Conditions & s75 Pooled Budget ^^ Link Back to top

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes
Sheet Complete:		Yes

3. Metrics ^^ Link Back to top

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes
Sheet Complete:		Yes

4. High Impact Change Model ^^ Link Back to top

	Cell Reference	Checker
Chg 1 - Early discharge planning Q1 18/19	E12	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19	E13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19	E14	Yes
Chg 4 - Home first/discharge to assess Q1 18/19	E15	Yes
Chg 5 - Seven-day service Q1 18/19	E16	Yes
Chg 6 - Trusted assessors Q1 18/19	E17	Yes
Chg 7 - Focus on choice Q1 18/19	E18	Yes
Chg 8 - Enhancing health in care homes Q1 18/19	E19	Yes
UEC - Red Bag scheme Q1 18/19	E23	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	F15	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	F16	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	F17	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	F19	Yes
UEC - Red Bag scheme Q2 18/19 Plan	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes

Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes
UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes

Sheet Complete:	Yes

5. Narrative

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	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

6. iBCF Part 1

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	Cell Reference	Checker
A) a) Meeting adult social care needs	D11	Yes
A) b) Reducing pressures on the NHS	E11	Yes
A) c) Ensuring that the local social care provider market is supported	F11	Yes
Initative 1 - B1: Individual title	C18	Yes
Initative 1 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	C19	Yes
Initative 1 - B3: 2017-18 Project names as provided in the 2017-18 returns.	C21	No
Initative 1 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	C22	Yes
Initative 1 - B5: Which of the following categories the initiative / project primarily falls under.	C23	Yes
Initative 1 - B6: If "Other", please specify.	C24	Yes
Initative 1 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	C25	Yes
Initative 1 - B8: Report on progress to date:	C26	Yes
Initative 2 - B1: Individual title	D18	Yes
Initative 2 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	D19	Yes
Initative 2 - B3: 2017-18 Project names as provided in the 2017-18 returns.	D21	No
Initative 2 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	D22	Yes
Initative 2 - B5: Which of the following categories the initiative / project primarily falls under.	D23	Yes
Initative 2 - B6: If "Other", please specify.	D24	Yes
Initative 2 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	D25	Yes
Initative 2 - B8: Report on progress to date:	D26	Yes
Initative 3 - B1: Individual title	E18	Yes
Initative 3 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	E19	Yes
Initative 3 - B3: 2017-18 Project names as provided in the 2017-18 returns.	E21	No
Initative 3 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	E22	Yes
Initative 3 - B5: Which of the following categories the initiative / project primarily falls under.	E23	Yes
Initative 3 - B6: If "Other", please specify.	E24	Yes
Initative 3 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	E25	Yes
Initative 3 - B8: Report on progress to date:	E26	Yes
Initative 4 - B1: Individual title	F18	Yes
Initative 4 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	F19	Yes
Initative 4 - B3: 2017-18 Project names as provided in the 2017-18 returns.	F21	Yes
Initative 4 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	F22	Yes
Initative 4 - B5: Which of the following categories the initiative / project primarily falls under.	F23	Yes
Initative 4 - B6: If "Other", please specify.	F24	Yes
Initative 4 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	F25	Yes
Initative 4 - B8: Report on progress to date:	F26	Yes
Initative 5 - B1: Individual title	G18	Yes
Initative 5 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	G19	Yes
Initative 5 - B3: 2017-18 Project names as provided in the 2017-18 returns.	G21	No
Initative 5 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	G22	Yes
Initative 5 - B5: Which of the following categories the initiative / project primarily falls under.	G23	Yes
Initative 5 - B6: If "Other", please specify.	G24	Yes
Initative 5 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	G25	Yes
Initative 5 - B8: Report on progress to date:	G26	Yes
Initative 6 - B1: Individual title	H18	Yes
Initative 6 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	H19	Yes
Initative 6 - B3: 2017-18 Project names as provided in the 2017-18 returns.	H21	Yes
Initative 6 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	H22	Yes
Initative 6 - B5: Which of the following categories the initiative / project primarily falls under.	H23	Yes
Initative 6 - B6: If "Other", please specify.	H24	Yes
Initative 6 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	H25	Yes
Initative 6 - B8: Report on progress to date:	H26	Yes
Initative 7 - B1: Individual title	I18	Yes
Initative 7 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	I19	Yes
Initative 7 - B3: 2017-18 Project names as provided in the 2017-18 returns.	I21	Yes
Initative 7 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	I22	Yes
Initative 7 - B5: Which of the following categories the initiative / project primarily falls under.	I23	Yes
Initative 7 - B6: If "Other", please specify.	I24	Yes
Initative 7 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	I25	Yes
Initative 7 - B8: Report on progress to date:	I26	Yes
Initative 8 - B1: Individual title	J18	Yes
Initative 8 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	J19	Yes
Initative 8 - B3: 2017-18 Project names as provided in the 2017-18 returns.	J21	Yes
Initative 8 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	J22	Yes
Initative 8 - B5: Which of the following categories the initiative / project primarily falls under.	J23	Yes
Initative 8 - B6: If "Other", please specify.	J24	Yes
Initative 8 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	J25	Yes
Initative 8 - B8: Report on progress to date:	J26	Yes
Initative 9 - B1: Individual title	K18	Yes
Initative 9 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	K19	Yes
Initative 9 - B3: 2017-18 Project names as provided in the 2017-18 returns.	K21	Yes
Initative 9 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	K22	Yes
Initative 9 - B5: Which of the following categories the initiative / project primarily falls under.	K23	Yes
Initative 9 - B6: If "Other", please specify.	K24	Yes
Initative 9 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	K25	Yes
Initative 9 - B8: Report on progress to date:	K26	Yes
Initative 10 - B1: Individual title	L18	Yes
Initative 10 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	L19	Yes
Initative 10 - B3: 2017-18 Project names as provided in the 2017-18 returns.	L21	Yes
Initative 10 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	L22	Yes
Initative 10 - B5: Which of the following categories the initiative / project primarily falls under.	L23	Yes
Initative 10 - B6: If "Other", please specify.	L24	Yes
Initative 10 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	L25	Yes
Initative 10 - B8: Report on progress to date:	L26	Yes

Sheet Complete:	No

6. iBCF Part 2

	Cell Reference	Checker
C) a) The number of home care packages provided for the whole of 2018-19	D11	Yes
C) b) The number of hours of home care provided for the whole of 2018-19	E11	Yes
C) c) The number of care home placements for the whole of 2018-19	F11	Yes
D) Metric 1	C18	Yes

Sheet Complete:	Yes

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Better Care Fund Template Q1 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Nottingham

Confirmation of Nation Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q1 2018/19

Metrics

Selected Health and Wellbeing Board: Nottingham

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Data not available to assess progress	Only April data is available at the time of reporting. Investigative work on non-elective trends over winter is ongoing, with clear increases identified in respiratory illness for the youngest and oldest citizens, and an increase in sepsis diagnosis following TTR (Think, Treat, Review) project work in NUH: https://www.nuh.nhs.uk/latest-news/meet-sally-and-abby-part-of-nuhs-sepsis-team-2640	It is important to note that while we have seen increases in NEA over the winter period, performance remains within expected variation.	N/A
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	N/A	Residential admissions data is available for April and May at the time of writing. Admissions are green for the quarter and for the year to date, and well within year target of of 384. This reflects a programme of work within the local authority to reduce residential admissions following hospital admission. Work is ongoing to identify and quantify potential cost shifts to homecare, community beds and community nursing as a result of the large difference between 16-17 and 17-18 performance.	N/A
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	N/A	Reablement data is available for April and May at the time of writing. Reablement is green for April and May, with extremely high performance for the quarter so far and for the year to date. A data quality check has been completed for Reablement this quarter.	N/A
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Data not available to assess progress	Only April data is available at the time of reporting. Analysis of the reasons for delay shows a bottleneck in waits for homecare packages in social care, and in community bed waits in the NHS.	Work on Patient Choice alongside NHS elect, and on the discharge pathway alongside Newton Europe, is underway with both pieces of work at reporting stage.	N/A

Better Care Fund Template Q1 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Nottingham

Challenges Please describe the key challenges faced by your system in the implementation of this change
Milestones met during the quarter / Observed Impact Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change
Support Needs Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment						Narrative		
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	Established		The changes in attitude, behaviour and culture (AB&C) is recognised as a challenge across the system. Should there not be a a shared sense of purpose with clear communication across Greater Nottingham this will impact the success of Discharge to Assess (D2A). One communication package supporting implementation of D2A and for embedding 'Home First' mantra has been rolled out which provides consistency in language across the system and supports one electronic discharge plan (eTOC) that is being build in to Nerve centre for all members of the integrated discharge team (IDT) to access. Focussing of messaging to the public and staff across the system.	Weekly supported discharge target has been consistently met since launch of the IDT and D2A. Social care are inputting directly into nerve centre. "Extraordinary" complex patient review meetings (CPRM) are taking place thrice weekly.	IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members. D2A community capacity lead has also been appointed and will work in close collaboration with the IDT team leader.
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established		Systems reconfiguration to enable performance monitoring of the new metrics for D2A.	Red 2 Green is in place in NUH and across community rehabilitation/reablement providers and monitored monthly. Identifying pathways; simple/supported (1, 2 or 3). D2A metrics agreed and Dashboard framework in place with early data.	Systems reconfiguration to enable performance monitoring of the new metrics for D2A.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established		The changes in attitude, behaviour and culture (AB&C) is recognised as a challenge across the system. Should there not be a a shared sense of purpose with clear communication across Greater Nottingham this will impact the success of Discharge to Assess (D2A). One communication package supporting implementation of D2A and for embedding 'Home First' mantra has been rolled out which provides consistency in language across the system and supports one electronic discharge plan (eTOC) that is being build in to Nerve centre for all members of the integrated discharge team (IDT) to access.	Weekly supported discharge target has been consistently met since launch of the IDT and D2A. Social care are inputting directly into nerve centre. "Extraordinary" complex patient review meetings (CPRM) are taking place thrice weekly.	IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members. D2A community capacity lead has been appointed and will work in close collaboration with the IDT team leader.
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		Intensive internal work continues to be completed w the external homecare providers to strengthen the resilience of the local home care market in order to ensure that there is sufficient capacity to meet all demand, including that from the community and from the acute hospital and community health providers.	Weekly supported discharge target has been consistently met with the exception of one week since launch of the IDT and D2A. Social care are inputting directly into nerve centre. "Extraordinary" complex patient review meetings (CPRM) are taking place on 3rd, 5th, 7th, 9th and 11th of January 2018.	IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vitural members. D2A community capacity lead has been appointed and will work in close collaboration with the IDT team leader.
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		Workforce change to support 7 day services.	Call centre advice for care homes via 111 in place. Community services remain 7 day/week until 18:00 hrs. IDT worlforce employed by Nottingham University Hospital have moved to 7 day service	Workforce change to support 7 day services. Recruitment into the IDT ongoing.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place	Established		Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system
Chg 7	Focus on choice	Established	Established	Established	Established	Established		There remain a small number of citizens and families who do not wish to leave the bed based reablement facility to which they have been admitted following discharge from hospital. Continued work as a system is being completed to improve the frequency and consistency of information provided to citizens and their families in order to avoid citizens remaining in these facilities for longer than the expected 28 days.	System wide patient leaflet in use together with letter from senior clinician within NUH. PDMS set within 48 hours on day 1 of admission. Discharge planning happens on day 1 with the patient; no decision about me without me. Complex case manager x2 appointed to help manage this cohort of patients.	Review effectiveness of the leaflet quarterly and revise if necessary.
Chg 8	Enhancing health in care homes	Established	Established	Established	Established	Established		Large pool of small providers means roll-out of EHCH elements across all care homes in the City remains a challenge	Care homes red bag in place across Greater Nottingham. Pathfinder via NEMS. Use of skype as an option for a number of care homes. 111 advice line to support care homes.	Care homes will receive continued support from their respective CCG leads.

Hospital Transfer Protocol (or the Red Bag scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established	Established	Established		Nervousness around the loss of the bags themselves once they are physically on hospital premises has led to the development of a SOP which will be signed off at the task and finish group and circulated to the care homes.	Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017.	Care homes will receive continued support from their respective CCG leads.

Better Care Fund Template Q1 2018/19

5. Narrative

Selected Health and Wellbeing Board: Nottingham

Progress against local plan for integration of health and social care	Remaining Characters: 19,130

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Our latest highlight report (available on request) shows:
- Overall programme status: GREEN
- Performance is good, with 3 of 5 metrics showing green
- 18-19 budget work in progress
- KPIs for Q1 are green
- Newton Europe work underway
- NHS Elect work underway

Key programme level milestones:
Health and Social Care Scorecard: green
BCF Year end Outturn report: green
NHS Elect work on Patient Choice: green
Newton Europe work on DToC: green
BCF Plan Refresh: U (awaiting BCF Operating Guidance)

Key scheme-level milestones:
Assistive Technology - new eligibility criteria, paid-for service establishment: green
Carers - new contract delivery: green
Co-ordinated Care – mobilisation of new Neighbourhood Team model: green
Independence Pathway – Reablement Data Quality review: blue

BCF enablers:
Out of Hospital Reprocurement: green
Homecare Reprocurement: blue

Integration success story highlight over the past quarter	Remaining Characters: 9,761

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

The Housing to Health (H2H) project currently supports 2.5 Housing and Health Coordinator (HHCs) to integrate housing support within the local healthcare system. The H2H project was designed to provide the housing element of Integrated Care, preventing homelessness, reducing hospital admissions and readmissions, and improving the health of its patients. The project supports patients who are inappropriately housed, where the impact of their housing situation on their health and wellbeing is deemed to be such that they are at risk of admission to hospital, or where recovery from hospital care would be impossible at home and delays, readmission or a lengthy stay in a high-demand community bed would be the likely result. The HHCs take referrals from health and social care professionals, and from environmental health officers where the home is deemed unfit for habitation for health reasons.

Where appropriate, the HHCs support patients to be re-housed into social housing. The earliest aim of the scheme was to intervene at an early stage to support and enhance the best possible outcomes for patients and their carers. As the project began to embed within health systems, it developed an in-reach element which was able to work alongside health providers to identify patients in high-demand beds in acute and community settings who were likely to contribute to housing-related delays (2% of total DToC in 2016-17) as a result of unsuitable housing. Working alongside health providers, the H2H service was able to move these patients into more suitable properties in a timely manner, enabling recovery and reablement at home and minimising the clinical risks sometimes associated with delays in transfer of care.

2. Learning to date
The H2H service has been demonstrably successful to date, meeting and exceeding its objectives, and has been evaluated as providing a 6:1 return on investment through cost avoidance, reduction in delays and early intervention.
It has also been evaluated as delivering social value (at a rate of 26:1 SRI) and a series of benefits for patients using the service, reducing their hospital admissions, helping them to feel safer, happier, less socially isolated, more confident managing their own health, and more financially stable. It has also benefited their carers, improving wellbeing and life satisfaction (see section 5 below).
The project has produced a range of benefits to the health system, reducing costs by avoiding admissions, re-admissions and delayed discharges, supporting the move to out-of-hospital care and helping to manage patient flow through high-demand beds at a time of unparalleled pressure on these resources.

3. Improvements for 2018-19
The learning from the project to date allowed us to refine the existing health & housing support element within both community and acute discharge services, amending the model to focus directly on prevention within the community element and on flow through high-demand beds within the discharge element.
This amended model is designed to make the following improvements on the current model:
- it sets referral criteria to maximise health benefits through prevention of admissions and readmissions in the community, focusing on key patient populations identified through population health intelligence;
- it forms the housing element of the Integrated Discharge Function (IDF) within the acute setting, co-locating 1 WTE Housing Health Co-ordinator at NUH (co-funded by County BCF and covering both City and County patients) in order to support timely discharge and reduce the costs associated with Delayed Transfers of Care, according to the recommendations of NICE guideline NG27 .

These improvements are aimed at maximising the health system benefits of every referral and ensuring the clinical risks associated with unsuitable housing are managed appropriately and in line with wider health priorities and ongoing key workstreams in Greater Nottingham.

4. Case for change
4.1. Drivers of amended model:
- While the H2H project has already had a level of success with an in-reach model, unmet need remains and bed days are still lost to housing related delays and a co-located WTE HHC would bring additional benefits;
- There is an identified need for a housing element to the IDF;

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 1

Selected Health and Wellbeing Board:	Nottingham
Additional improved Better Care Fund Allocation for 2018/19:	£ 4,430,143

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?	**a) Meeting adult social care needs**	**b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready**	**c) Ensuring that the local social care provider market is supported**
Please enter the amount you have designated for each purpose as **a percentage of the total additional iBCF funding you have been allocated for the whole of 2018-19.** If the expenditure covers more than one purpose, please categorise it according to the primary purpose. **Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.**	24%	16%	60%

Section B

What initiatives / projects will your additional iBCF funding be used to support in 2018-19?	**Initiative/Project 1**	**Initiative/Project 2**	**Initiative/Project 3**	**Initiative/Project 4**	**Initiative/Project 5**	**Initiative/I**	**Initiativ**	**Initiative/**	**Initiative/I**	**Initiative/P**
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Supporting the local care provider market.	Complex needs homecare service	home care fee rates	Additional capacity and quality of reablement	Reviewing officer in homecare services					
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	New initiative/project	Continuation					
Click here for a reminder of initative / project titles submitted in Quarter 4 2017/18										
B3) If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns. See the link above for a reminder of the initiative / project titles submitted in Q4 2017-18. Please do not select the same project title more than once.										
B4) If this is a "New Initative / Project" for 2018/19, briefly describe the key objectives / expected outcomes. Please do not use more than 250 characters.				To support discharge to assess To increase the offer to more citizens To further improve the ambition of promoting independence creating better flow in the long term						
B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	16. Stabilising social care provider market - fees uplift	6. Homecare	6. Homecare	13. Reablement	3. DTOC: Reducing delayed transfers of care					
B6) If you have answered question B5 with "Other", please specify. Please do not use more than 50 characters.										
B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19. 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	3. From 1 year up to 2 years	2. Between 6 months and 1 year	3. From 1 year up to 2 years	3. From 1 year up to 2 years	3. From 1 year up to 2 years					
B8) Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	4. Completed	3. In progress: showing results	4. Completed	2. In progress: no results yet	3. In progress: showing results					

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:	Nottingham
Additional improved Better Fund Allocation for 2018/19:	£ 4,430,143

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:			
	a) The number of home care packages provided for the whole of 2018-19:	**b) The number of hours of home care provided for the whole of 2018-19:**	**c) The number of care home placements for the whole of 2018-19:**
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.	389	48,338	-

Section D

Indicate no more than five key metrics you will use to assess your performance.					
	Metric 1	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	#referrals into Acute/Community Reablement Services	#referrals into Homecare services	#hours of homecare provided including internal and external services		

Better Care Fund Template Q1 2018/19

Additional iBCF Q4 2017/18 Project Titles

Selected Health and Wellbeing Board: Nottingham

[<< Link to 6. iBCF Part 1]

Quarter 4 2017/18 Submitted Project Titles

Project information not submitted in 2017-18 reporting

Project Title 1	Project Title 2	Project Title 3	Project Title 4	Project Title 5	Project Title 6	Project Title 7
Supporting the local care provider market.	Complex needs homecare service.	Home care fee rates	Meeting adult social care needs through increased demand and complexity of care provision.	Reviewing officers in homecare services.		

Project Title 16	Project Title 17	Project Title 18	Project Title 19	Project Title 20	Project Title 21	Project Title 22

Project Title 8	Project Title 9	Project Title 10	Project Title 11	Project Title 12	Project Title 13	Project Title 14	Project Title 15

Project Title 23	Project Title 24	Project Title 25	Project Title 26	Project Title 27	Project Title 28	Project Title 29	Project Title 30