

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 27 March 2019

Time: 4.00 pm

Place: Loxley House, Station Street, Nottingham NG2 3NG

Contact: Kate Morris **Direct Dial:** 0115 8764353

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTERESTS

3 MINUTES

3 - 6

To confirm the minutes of the meeting held on 30 January 2019

4 BETTER CARE FUND AND IMPROVED BETTER CARE FUND QUARTERLY PERFORMANCE REPORTS

7 - 16

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

Councillor Sam Webster

Michelle Tilling

Dr Hugh Porter

Nottingham City Council Director of
Commissioning and Procurement

Nottingham City Council Portfolio Holder with a
remit covering health

NHS Greater Nottingham Clinical Commissioning
Partnership Locality Director – Nottingham City

NHS Nottingham City Clinical Commissioning
Partnership representative

Non-voting members

Catherine Underwood

Alison Challenger

Nottingham City Council Director of Adult Social
Care

Nottingham City Council Director of Public Health

Helen Blackman

Christine Oliver
Ceri Walters

Martin Gawith

Nottingham City Council Director of Children's
Integrated Services

Nottingham City Council Head of Commissioning
Nottingham City Council Head of Commercial
Finance

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.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 January 2019 from 4.11 pm - 4.20 pm

Membership

Voting Members

Present

Christine Oliver
Hugh Porter
Councillor Sam Webster

Absent

Katy Ball
Michelle Tilling

Non Voting Members

Present

Christine Oliver

Absent

Helen Blackman
Alison Challenger
Sarah Collis
Catherine Underwood
Ceri Walters

Colleagues, partners and others in attendance:

Claire Kent	- Head of Service Improvement and Better Care Fund, Greater Nottingham Clinical Commissioning Partnership
Clare Rourke	- Service Improvement Officer, Greater Nottingham Clinical Commissioning Partnership
Jane Garrard	- Senior Governance Officer

Call In

Unless stated otherwise, all decisions are subject to call in. The last date for call in is Monday 11 February 2019. Decisions cannot be implemented until the working day after this date.

147 APOLOGIES FOR ABSENCE

Katy Ball – Christine Oliver attending as substitute
Alison Challenger
Sarah Collis
Michelle Tilling
Catherine Underwood

148 DECLARATIONS OF INTERESTS

None

149 MINUTES

The minutes of the meeting held on 26 September 2018 were agreed as accurate record and signed by the Chair.

**150 BETTER CARE FUND AND IMPROVED BETTER CARE FUND
QUARTERLY PERFORMANCE REPORTS**

Clare Kent, Head of Service Improvement and Better Care Fund Greater Nottingham Clinical Commissioning Partnership, introduced the report providing information about the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) performance metrics for quarter 2 2018/19. She highlighted the following information:

- (a) All of the BCF national conditions were met for quarter 2.
- (b) The key performance metrics of residential admissions, reablement and delayed transfers of care were scored as 'green' for quarter 2.
- (c) At quarter 2, performance on non-elective admissions was scored as 'amber' for the year to date.
- (d) Performance on the High Impact Change Model was good, with 6 of the 8 mandated elements scored as 'established'. The Model should impact on performance metrics. Learning from changes implemented elsewhere is taking place but models from elsewhere can't just be replicated without taking into account the local context.
- (e) The success story detailed in the narrative focused on carer support services and the outcomes of the model so far.
- (f) Reporting on the iBCF focused on project spends and no detailed narrative or case studies were required.

During discussion the following points were made:

- (g) Nationally, a report on system capacity and flow has been commissioned from Newton Europe to support systems not achieving required performance on delayed transfers of care and non-elective admissions. It will be useful in terms of national learning and case studies but is still not yet available. It is understood that the delay is with the national team rather than Newton Europe and colleagues will continue to chase its availability through the BCF lead.
- (h) The Newton Europe report on local activity has been useful for adult social care.
- (i) Nottingham University Hospitals NHS Trust still considers that there are issues in discharge from hospital and continual development and learning is taking place.

RESOLVED to:

- (1) note the performance in relation to the Better Care Fund and Improved Better Care performance metrics for quarter 2 2018/19; and**

- (2) note the quarterly returns that were submitted to NHS England on 18 October 2018, authorised by the Chair of the Health and Wellbeing Board.**

151 EXCLUSION OF THE PUBLIC

RESOLVED to exclude 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.

152 EXEMPT MINUTES

The exempt minutes of the meeting held on 26 September were agreed as an accurate record and signed by the Chair.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

27th March 2019

	Report for Information
Title:	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports
Lead officer(s):	Claire Kent, Head of Service Improvement & BCF, 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) performance metrics for Q3 18/19
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- Note performance in relation to the BCF performance metrics for Q3 18/19; and
- Note that there was no Improved Better Care Fund (iBCF) reporting requirements in Q3 18/19; and
- Note the quarterly return which was submitted to NHS England on 22/01/2019 and authorised by 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	<p>The main objectives of our Better Care Fund Plan are to: -</p> <ul style="list-style-type: none"> - 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 meet their need <p>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.</p> <p>By 2020, the aspiration is that: -</p> <ul style="list-style-type: none"> - 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
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
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	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.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	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.
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:	<p><u>BCF Q3 Report</u></p> <p>1. National conditions and section 75 We have successfully met all national conditions in Quarter 3 and for the year.</p> <p>2. Metrics The metrics for Residential Admissions and Reablement are on track for Quarter 3, and has consistently remained on track throughout the year.</p> <p>The metrics for Delayed Transfers of Care and Non-Elective Admissions are not on track to meet target for Quarter 3. Please refer to Tab 3 in the quarterly return for Achievements and Challenges.</p> <p>3. High Impact Change Model Our performance against the 8 expected elements of the High Impact Change Model is good, with a score of 'Established' for 7 of the 8 mandated elements. For Change 6, Trusted Assessors, plans are in place, with a pilot currently being undertaken at Sherwood</p>

	<p>Forest Hospitals, to determine how this could be rolled out across the system.</p> <p>The additional, non-mandated Red Bag Scheme element is good, with a score of 'Established'. This has been in place since 2017.</p> <p>4. Narrative In the progress against local plan for the integration of health and social care, we have highlighted the ongoing management and partnership working to support the current under-achievement of DTOC and NEL admissions.</p> <p>The narrative for the success story focuses on additional winter pressure funding, which was used to help alleviate capacity for DTOC and improve system flow.</p> <p>5. iBCF There is no requirement to report on iBCF spend this quarter.</p>	
Equalities implications and comments:	N/A	
Published documents referred to in the report: <i>legislation, statutory guidance, previous Sub Committee reports /minutes</i>	<p>Nottingham City BCF Quarterly Return - Quarter 1 2018/19</p> <p>Nottingham City BCF Quarterly Return - Quarter 2 2018/19</p>	
Background papers relied upon in writing the report: <i>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.</i>		None
Other options considered and rejected:		N/A

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Better Care Fund Template Q3 2018/19
Guidance
<p>Overview</p> <p>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 (NHS), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).</p> <p>The key purposes of the BCF quarterly reporting are:</p> <ol style="list-style-type: none"> 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 <p>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.</p> <p>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.</p> <p>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.</p> <p>Quarterly reporting for the 'improved Better Care Fund' (BCF grant) will be required in Q4 18/19 and is not required for the current quarter Q3 18/19.</p> <p>Note on entering information into this template</p> <p>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:</p> <p>Data needs inputting in the cell</p> <p>Pre-populated cells</p> <p>Note on viewing the sheets optimally</p> <p>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.</p> <p>The details of each sheet within the template are outlined below.</p> <p>Checklist</p> <ol style="list-style-type: none"> 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. <p>1. Cover</p> <ol style="list-style-type: none"> 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.bettercareusupport@nhs.net. 3. When submitting your template, please also copy in your Better Care Manager. <p>2. National Conditions & NHS Resilience</p> <p>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.</p> <p>https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf</p> <p>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.</p> <p>In summary, the four national conditions are as below:</p> <p>National condition 1: A jointly agreed plan Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending</p> <p>National condition 2: NHS contribution to social care is maintained in line with inflation</p> <p>National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services</p> <p>National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care</p> <p>3. National Metrics</p> <p>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.</p> <p>This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.</p> <p>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.</p> <p>As a reminder, if the BCF planned targets should be referenced as below:</p> <ul style="list-style-type: none"> - 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 to england.bettercareusupport@nhs.net - 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. <p>The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.</p> <p>This sheet seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:</p> <ul style="list-style-type: none"> - 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. <p>Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.</p> <p>4. High Impact Change Model</p> <p>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.</p> <p>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 detailed explanation of the levels for the purposes of this reporting is included in the key below.</p> <p>Not yet established - The initiative has not been implemented within the HWB area</p> <p>Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography</p> <p>Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes</p> <p>Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement</p> <p>Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement</p> <p>https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model</p> <p>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.</p> <p>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, CHAs and regional ADASS representatives.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Hospital Transfer Protocol (or the Red Bag Scheme):</p> <ul style="list-style-type: none"> - 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/health-review/Pages/quick-guides.aspx <p>Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.chuc@nhs.net. The link to the Sutton Homes of Care Vancare - Hospital Transfer Pathway (Red Bag) scheme is as below:</p> <p>https://www.youtube.com/watch?v=x07ZPxmUJHE</p> <p>5. Narrative</p> <p>This section captures information to provide the wider context around health and social integration.</p> <p>Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF national plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.</p> <p>Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.</p>

Better Care Fund Template Q3 2018/19	
1. Cover	
Version 1.01	
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 BCF) 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:	Clare Rourke
E-mail:	clare.rourke@nhs.net
Contact number:	01158839575
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'

Complete	Pending Fields
1. Cover	0
2. National Conditions & 475 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0



[Go Link to Guidance tab](#)

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

2. National Conditions & 475 Pooled Budget	
^^ Link Back to top	
3i) Plans to be jointly agreed?	Cell Reference
3i) Social care from CCS minimum contribution agreed in line with Planning Requirements?	C8
3i) Agreement to invest in NHS commissioned out of hospital services?	C9
3i) Managing transfers of care?	C10
3i) Plans to be jointly agreed? If no please detail	C11
3i) Social care from CCS minimum contribution agreed in line with Planning Requirements? Detail	C8
3i) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D8
3i) Managing transfers of care? If no please detail	D10
3i) Have the funds been pooled via a 4.75 pooled budget?	D11
3i) Have the funds been pooled via a 4.75 pooled budget? If no, please detail	C15
3i) Have the funds been pooled via a 4.75 pooled budget? If no, please detail when	D15
3i) Have the funds been pooled via a 4.75 pooled budget? If no, please detail when	E15
Sheet Complete:	Yes

3. Metrics	
^^ Link Back to top	
NEA Target performance	Cell Reference
Res Admissions Target performance	D11
Reablement Target performance	D12
DTAC Target performance	D13
NEA Challenges	D14
Res Admissions Challenges	E11
Reablement Challenges	E12
DTAC Challenges	E13
NEA Achievements	E14
Res Admissions Achievements	F11
Reablement Achievements	F12
DTAC Achievements	F13
NEA Support Needs	F14
Res Admissions Support Needs	G11
Reablement Support Needs	G12
DTAC Support Needs	G13
Sheet Complete:	Yes

4. High Impact Change Model	
^^ Link Back to top	
Chg 1 - Early discharge planning Q3 18/19	Cell Reference
Chg 2 - Systems to monitor patient flow Q3 18/19	F17
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19	F18
Chg 4 - Home first/discharge to assess Q3 18/19	F19
Chg 5 - Seven-day service Q3 18/19	F20
Chg 6 - Trusted assessors Q3 18/19	F21
Chg 7 - Focus on choice Q3 18/19	F22
Chg 8 - Enhancing health in care homes Q3 18/19	F23
Chg 1 - Early discharge planning Q4 18/19 Plan	G12
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	G13
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	G14
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	G15
Chg 5 - Seven-day service Q4 18/19 Plan	G16
Chg 6 - Trusted assessors Q4 18/19 Plan	G17
Chg 7 - Focus on choice Q4 18/19 Plan	G18
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	G19
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	H14
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H17
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H18
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Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H23
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H24
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H25
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H26
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H27
Chg 1 - Early discharge planning Challenges	I12
Chg 2 - Systems to monitor patient flow Challenges	I13
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14
Chg 4 - Home first/discharge to assess Challenges	I15
Chg 5 - Seven-day service Challenges	I16
Chg 6 - Trusted assessors Challenges	I17
Chg 7 - Focus on choice Challenges	I18
Chg 8 - Enhancing health in care homes Challenges	I19
Chg 1 - Early discharge planning Additional achievements	J12
Chg 2 - Systems to monitor patient flow Additional achievements	J13
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14
Chg 4 - Home first/discharge to assess Additional achievements	J15
Chg 5 - Seven-day service Additional achievements	J16
Chg 6 - Trusted assessors Additional achievements	J17
Chg 7 - Focus on choice Additional achievements	J18
Chg 8 - Enhancing health in care homes Additional achievements	J19
Chg 1 - Early discharge planning Support needs	K12
Chg 2 - Systems to monitor patient flow Support needs	K13
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14
Chg 4 - Home first/discharge to assess Support needs	K15
Chg 5 - Seven-day service Support needs	K16
Chg 6 - Trusted assessors Support needs	K17
Chg 7 - Focus on choice Support needs	K18
Chg 8 - Enhancing health in care homes Support needs	K19
Chg 1 - Early discharge planning Support needs	K20
Sheet Complete:	Yes

5. Narrative	
^^ Link Back to top	
Progress against local plan for integration of health and social care	Cell Reference
Integration success story highlight over the past quarter	B8
Integration success story highlight over the past quarter	B13
Sheet Complete:	Yes

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Better Care Fund Template Q3 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 Q3 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	Not on track to meet target	December data was not available at the time of reporting. Non-elective admissions are 9.1% above plan for the quarter-to-date to November. The majority of activity for Nottingham is comprised of Nottingham City CCG which has experienced significant growth in 0-day LOS NEA from December 2017 onwards. YTD growth of 0-day LOS NEA for Nottingham City CCG is at 24.6% with neighbouring South Nottinghamshire CCGs experiencing similarly large levels of growth. For comparison, national YTD growth of 0-day LOS NEA is 5.2% as of November 2018. This YTD growth in 0-day non-elective admissions has been largely driven by paediatrics, particularly in the 0-4 age group at Nottingham University Hospitals. Following a contract query, an escalation meeting has been organised between the CCG and NUH to discuss the issue. A breakdown by specialty shows that NEAs for paediatrics (51%), General Surgery (33%), and Respiratory Medicine (15%) are exceeding the agreed contractual plan with NUH for Nottingham City CCG for the YTD to November.	A number of scheme are in place to meet this target, namely: Care Co-ordination - The aim of this project is to deliver the foundations of a consistent approach to Population Health Management across the Greater Nottingham footprint. The project will build on the existing Primary Care Networks made up of groups of GP practices and community teams to embed a consistent care co-ordination approach to admission avoidance to identify care gaps and utilise evidence based interventions. High Volume Service Users - This project will focus on supporting citizens who are frequent attenders to urgent care services. We are currently scoping the operational model for the project for the Greater Nottingham area. Respiratory Scheme - An incentive scheme is currently in place with the acute provider to reduce the number of respiratory readmission.	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 October and November. At the time of writing, admissions are green for the year to date and well within the year end target of 384. Performance is at 75 for the YTD to November. This achievement reflects a dedicated programme of work around residential admissions taking place under the local authority's Big Ticket programme.	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	Further work is being undertaken to investigate the data in more detail, and compare this to Nottinghamshire to ensure reporting of this metric is robust.	Reablement data for quarter 3 is only available for October and November at the time of writing. Reablement is currently above target for Q3 at 94.1%. Performance is also above target for the year-to-date.	n/a
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	DTOC data for October and November shows that the metric is not achieving the target for quarter 3 in Nottingham. There has been a growth in DTOC delayed days from September onwards. Published DTOC data for October and November shows that the NHS has been deemed responsible for 70.6% of delayed days in the quarter-to-date. During this period, 'patient and family choice' was the most cited reason accounting for 29.1% of all delayed days. Meanwhile, 'awaiting further non-acute NHS care' was cited as the reason for 26.5% of delayed days whilst 'awaiting care package in own home' was the reason provided for 22.4% of delayed days in the quarter.	The data is now indicating the DTOC figures in Q3 for social care delays have now decreased following a peak over the summer months. There continues to be significant challenges in providing the high levels of homecare that are required in a sector where there are increasing challenges around recruitment. Further analysis is required to understand the impact of higher than average levels of hospital admission and the corresponding level of demand for supported discharges for Nottingham City.	n/a

Better Care Fund Template Q3 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

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	if 'Mature' or Exemplary	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established		Increase in P2&3 bed requests. Previous agreement to progress the Lancashire model, but now due to funding this is unable to be progressed at the moment. Greater focus required to support P1 - home care.	<ul style="list-style-type: none">- Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a "simple" or "supported discharge".- 250+ supported discharges weekly. DTOC currently 3.2% and is low in comparison to previous winter months.- Average length of stay post Medically Stable for Discharge @ 2.2days.- Joint DTOC coding Standard Operating Procedure continues across all organisations.- City social care reablement and review processes streamlined and reviews brought forward to support earlier discharge from the service where no ongoing support required.- City have embedded social care reablement OT service in wider OT service to include rapid response and access to more experienced OT practitioners to look at areas such as single handed care.	Development of the Lancashire model to promote home first further within a safe and effective system.
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established		Dashboard and system flow in place, but currently a manual process across the system.	<ul style="list-style-type: none">- Nottingham City IDT colleagues now have full access to read and update social care status on Nerve Centre within the IDT office.- Dashboards and Patient flow systems are shared at the P2P meeting weekly with senior managers to identify cohorts of patients and delay reasons.- Nottingham City senior management participate in scrutiny of Length of Stay meetings and data produced for the A & E delivery board weekly. This identifies early 'stuck' patients and ensures adequate flow across all 3 pathways of DZA.	Identifying ways to improve the system to system integration across the system with County colleagues.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established		<p>Challenges to maintain the reduction of DSTs in hospital to <15%. Work progressing with stroke to reduce the requests for DSTs and mental health patients.</p> <p>Commissioning decision needed to explore increasing community stroke beds and reduce DTOC.</p>	<ul style="list-style-type: none">- Weekly long patient stay review in place by senior partners.- Transfer Action Groups within NUH across the Divisions are in place.	<p>Implementing DZA into acute mental health wards to support patient flow.</p> <p>Ensuring right services are in place to support stroke patients.</p>
Chg 4	Home first/discharge to assess	Established	Established	Established	Established		<p>Increased demand for home care package as part of Home First.</p> <p>For DZA, increased prevalence of flu, diarrhoea etc is affecting community bed capacity.</p> <p>Maintain utilisation of community capacity.</p>	<ul style="list-style-type: none">- Weekly supported discharge target of 250 has been consistently achieved.- Home First ethos being embedded and leaflet developed.- Reduction in medically safe for transfer around 130.- Reduction in daily DTOCs to 3.1%.- Trusted Assessment in place - further phase 2 training being planned.- Winter resilience funding used to support Home First / DZA.	<p>National support from team would be appreciated - extended and challenging length of stay for discharge of patients with no recourse to public funding e.g. failed asylum seekers</p> <p>National staffing shortage for home care and qualified staff</p>
Chg 5	Seven-day service	Plans in place	Established	Established	Established		Workforce change to support 7 day services. Whilst some services are in place to support 7-day working it is recognised there are gaps.	<ul style="list-style-type: none">- IDT provide the service 6 days a week (includes Sunday).- Home First group looking at how to get to a 7 day integrated discharge function across the system.- City Social Care restarts and minor increases can be referred through the IDT to the Care Bureau 7 days a week, 365 days a year. IDT aware of this route for 7 day working. CW level 3 colleagues are available across the community 7 days to support discharges and initial assessment and care planning visits.- Work ongoing to develop 7/7 service for IDT in NUH.	Providing a 7/7 service across the IDT requires recurrent funding.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place		Recruitment challenges in NUH for Trusted Assessor at NUHT	<ul style="list-style-type: none">- Trusted assessor scheme being led by Nottinghamshire County Council on behalf of the Integrated Care System through BCF funding until March 2019- Pilot at Sherwood Forest Hospital in place to inform future decision for a rollout across NUH. Staff recruited to post and became operational in November 2018- NUH recruitment was unsuccessful in September / October 2018, and decision made not to recruit due to BCF funding ending in March.	Sherwood Forest pilot will be used to inform any future roll out from 1 April 2019.
Chg 7	Focus on choice	Established	Plans in place	Established	Established		<p>Continual support for staff when implementing the discharge policy.</p> <p>Implementation challenges in the community.</p>	<ul style="list-style-type: none">- Training programme in place since October 2018 - training included as part of Excellence and Discharge Programme.- New joint approach of social worker and ward staff to implement the policy, reinforcing collective message and consistency.- Review of policy in April 2019	Continual review and support for staff.
Chg 8	Enhancing health in care homes	Established	Plans in place	Established	Established		Review of service for Nottingham City who decommissioned their enhanced service from 1 April 2018. Need to monitor if any impact, i.e. Increased ED activity.	<ul style="list-style-type: none">- STP Urgent & Emergency Care Group agreed to prioritise 'frequent activity' in all areas, which includes care homes.- Spot purchase care home bed framework and escalation being operationalised, to provide additional community bed capacity in times of escalation and greater community bed demands.- ED activity in care homes has reduced.	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.									
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	if there are no plans to implement such a scheme,	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established	Established		Ongoing work to ensure repatriation of red bags to care homes following the death of a resident in hospital.	<ul style="list-style-type: none">- Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017. All frail older patient care homes aware and engaging with project. Many using the red bag as well as all the accompanying paperwork such as CARES escalation record.- The red bag scheme is also being rolled out across Mid Nottinghamshire, using learning from Greater Nottingham.	Care homes will receive continued support from their respective CCG leads. Further funding for additional care homes being built.

Better Care Fund Template Q3 2018/19

5. Narrative

Selected Health and Wellbeing Board:

Nottingham

Remaining Characters:

18,364

Progress against local plan for integration of health and social care

Performance against all BCF metrics continues to be monitored monthly to ensure timely assurances and actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes and avoid unnecessary delays.

Work is underway to develop the 19/20 plan, pre-empting the BCF planning guidance that has yet to be published. We are linking with South Nottinghamshire County colleagues to ensure alignment where possible, ensuring reporting for Greater Nottingham Clinical Commissioning Partnership (which comprises of Nottingham City CCG, Nottingham West CCG, Nottingham North and East CCG and Rushcliffe CCG) is consistent.

Due to a change in governance structure within Greater Nottingham CCP we have initiated a review of BCF organisational assurance to meet the needs of the respective partner organisations. It is anticipated that this review and its recommendations will be implemented within Q4.

Our latest performance dashboard (available on request) shows:

- Overall programme status: GREEN
- Performance is good, with 3 of 5 metrics showing green at month 8
- DTOC performance has dipped since September 2018, so currently not on track to meet target - see Tab 3 to explain Challenges and Achievement this quarter.
- NEL admission performance remains a challenge, and not on track to meet target - see Tab 3 to explain Challenges and Achievements this quarter.
- Budget remains on track for the last quarter.

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:

19,360

Integration success story highlight over the past quarter

There are a number of projects that are in progress, where impact will be clearer in Quarter 4.

In the meantime, winter pressures funding has been utilised to expand internal capacity and flow, working with the private sector to increase capacity through the purchasing of interim care beds and block funding additional provision in the private sector. Other initiatives include the commissioning of a volunteer-led Hospital to Home Service which is supporting the capacity of the internal reablement service. The impact of the Winter Pressures activities should be reflected from December onwards as these initiatives were put in place.

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.