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 <u>additional iBCF funding you were allocated at Spring Budget 2017.</u> 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

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