Better Care Fund Template Q3 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.

Quarterly reporting for the 'improved Better Care Fund' (iBCF grant) will be required in Q4 18/19 and is not required for the current quarter Q3 18/19.

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.
3. When submitting your template, please also copy in your Better Care Manager.

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 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=XoY2PXmULHE

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.

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 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:	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 & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	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 Q3 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19	F15	Yes
Chg 5 - Seven-day service Q3 18/19	F16	Yes
Chg 6 - Trusted assessors Q3 18/19	F17	Yes
Chg 7 - Focus on choice Q3 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19	F19	Yes
UEC - Red Bag scheme Q3 18/19	F23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes
Sheet Complete:		Yes

5. Narrative ^^ Link Back to top

	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

^^ Link Back to top

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.	- 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.	- 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 D2A.	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		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. Commissioning decision needed to explore increasing community stroke beds and reduce DTOC.	- Weekly long patient stay review in place by senior partners. - Transfer Action Groups within NUH across the Divisions are in place.	Implementing D2A into acute mental health wards to support patient flow. Ensuring right services are in place to support stroke patients.
Chg 4	Home first/discharge to assess	Established	Established	Established	Established		Increased demand for home care package as part of Home First. For D2A, increased prevalence of flu, diarrhoea etc is affecting community bed capacity. Maintain utilisation of community capacity.	- 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 / D2A.	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 National staffing shortage for home care and qualified staff
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.	- 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 availiable across the community 7 days to support discharges and inital assessment and care planning visits. - Work ongoing to develop 7/7 service for IDT in NUH.	Providing a 7/7 service across the IDF 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	- Trusted assessor scheme being led by Nottinghamshire County Council on behalf of the Integrated Care System through BCF funding until March2019 - 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 re-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		Continual support for staff when implementing the discharge policy. Implementation challenges in the community.	- 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.	- 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.	- 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.