Nottingham City Council

ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 31 January 2018

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

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

Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA **Pages**

5 BETTER CARE FUND 2017/18 QUARTER 3 PERFORMANCE 3 - 26

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

31 JANUARY 2018

	Report for Information
Title:	Better Care Fund Quarterly Performance Report
Lead officer(s):	Ciara Stuart, Assistant Director, Out of Hospital Care, Nottingham City Clinical Commissioning Group
Author and contact details for further information:	Petra Davis, Project Officer, Out of Hospital Care, Nottingham City Clinical Commissioning Group and Nottingham City Council petradavis@nhs.net
Brief summary:	This report provides information in relation to the Better Care Fund (BCF) performance metrics for Quarter 3 2017/18
Is any of the report exempt from publication? *If yes, include reason*	No

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

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

a) note the performance in relation to the Better Care Fund performance metrics for Quarter 3 2017/18; and

b) note the quarterly return which was submitted to NHS England on 15th January 2018 and was authorised virtually by the Health and Wellbeing Board Chair, Cllr Nick McDonald.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: - - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to meet their need The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system
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	

Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	delivering it. By 2020, the aspiration is that: - - People will be living longer, more independent and better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision making.
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:	Quarterly reporting is our main external assurance from the national BCF team. The template has altered since last year, reducing the finance reporting requirements and adding more requirements around Delayed Transfers of Care (DToC) and the High Impact Change Model (HICM). This Quarter 3 report is the second quarterly submission of 2017-18; Q1 reporting was

	cancelled due to the delays in the planning round. We are asked to submit a set of information against the following headings: **1. National conditions and Section 75**– assurance that we continue to meet the national conditions set out in the Policy Framework and Planning Guidance (tab 2); **2. Metrics** – assurance against our nationally mandated performance metrics (tab 3); **3. HICM –** assurance around our progress on the 8 elements of the High Impact Change Model (tab 4); and **4. Narrative on progress** - a narrative around progress against our plan and any successes over the quarter (tab 5). **Commentary** **1. National conditions and section 75** We have succesfully met all national conditions in Q2. Our new s75 is in development; work is in progress to agree a S75 pooled budget arrangement that reflects our ongoing joint work around savings and efficiences from the BCF. **2. Metrics** We have 4 national metrics in 2017-18: Reduction in non-elective admissions (NEA); Reduction in residential care home admissions; Reduction in Delayed Transfers of Care; and an increase in the number of patients still at home 91 days after Reablement. Limited data is available for the quarter – due to national deadlines for submission being brought forward, data for October and November was available for residential care home admissions and reablement, and data for October was available for NEA and DToC. The limited data shows us green for the year to date on residential admissions, reablement and NEA, with DToC showing red. Analysis of the reasons for delays shows a bottleneck in waits for homecare packages in social care, and in community bed waits in the NHS. This is related to a 41% rise in demand on community beds, and increased flow through the Integrated Discharge

	function. **3. High Impact Change Model** Our performance against the 8 expected elements of the High Impact Change Model and the additional, non-mandated Red Bag element is good, with a score of Established for Q3 on 7 elements. **4. Narrative on progress** Our progress against plan in Q3 was positive, with milestones around our Integrated Discharge Function, Out of Hospital Reprocurement, Out of Hospital Community Services Reprocurement and Population Health all being met. The success story for this quarter was the implementation of the Integrated Discharge Function and Discharge to Assess pathways.
Equalities implications and comments: *(has an Equality Impact Assessment been completed? If not, why?)*	N/A – performance reporting
Published documents referred to in the report: *e.g. legislation, statutory guidance, previous Sub Committee reports and minutes*	Nottingham City BCF Quarterly Return - Quarter 1 2016/17 Nottingham City BCF Quarterly Return - Quarter 2 2016/17 Nottingham City BCF Quarterly Return - Quarter 3 2016/17 Nottingham City BCF Quarterly Return - Quarter 4 2016/17 No return was required for Q1 2017-18 as the BCF planning round was delayed through that quarter Nottingham City BCF Quarterly Return - Quarter 2 2017/18
Background papers relied upon in writing the report: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	None
Other options considered and rejected:	N/A

Better Care Fund Template Q3 2017/18

Guidance

Overview

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

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

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

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

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

Checklist

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

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

1. Cover

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

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

2. National Conditions & s75 Pooled Budget

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

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes onfirming 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 17/19, 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 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
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.
The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, 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 areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

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

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

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

Hospital Transfer Protocol (or the Red Bag Scheme):
The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and 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 is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XoYZPXmULHE

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

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 2017/18

1. Cover

Version 1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

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

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

Complete

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

Better Care Fund Template Q3 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Nottingham

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

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

Better Care Fund Template Q3 2017/18

3. Metrics

Selected Health and Well Being Board: Nottingham

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Data not available to assess progress
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
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
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Data not available to assess progress

** Your assessment of progress against the Delayed Transfer of Care target should reflec*

Challenges	Achievements	Support Needs
NEL data is only available for October at the time of writing; non-electives are amber for October but green for the year to date. Work is underway to understand a	It is important to state that the data on non-electives is well within expected variation and we remain green for the year to date.	N/A
N/A	Residential admissions data is available for October and November at the time of writing; admissions are green for October and November and for the year to	N/A
N/A	Reablement data is available for October and November at the time of writing. Reablement is green for October and November and for the year to date. November data	N/A
DToC data is only available for October at the time of writing. DToCs are red for October and for the year. Data for October shows a significant rise in Social Care delays	It should be noted that since July there have only been 5 days' wait for social care assessment, in strong contrast to far longer waits at the beginning of the year.	N/A

:t progress against the monthly trajectory submitted separately on the DToC trajectory template

Better Care Fund Template Q3 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Nottingham

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

Hospital Transfer Protocol (or the Red Bag Scheme)

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

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

Support needs
IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members.
Systems reconfiguration to enable performance monitoring of the new metrics for D2A.
IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members.
IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vitural members.
Workforce change to support 7 day services.
Trusted assessor actions are being led by County Council on behalf of the system
Review effectiveness of the leaflet quarterly and revise if necessary.
Care homes will receive continued support from their respective CCG leads.

Support needs
Care homes will receive continued support from their respective CCG leads.

Better Care Fund Template Q3 2017/18

5. Narrative

Selected Health and Wellbeing Board: Nottingham

Remaining Characters:	16,727

Progress against local plan for integration of health and social care

During Q3 the main areas of progress against the BCF Plan have been made in the following areas:

• Implementing Discharge to Assess and the Integrated Discharge Function (see s.5b, Integration Success Stories, below);
• Joint commissioning governance arrangements review;
• Out of Hospital Community Services Reprocurement; and
• Population Health.

Joint commissioning governance arrangements review
The Terms of Reference for joint CCG and local authority commissioning have been reviewed and refreshed during Q3, with a remit to strengthen partnership working and drive further integration across both provision and commissioning.

Out of Hospital Community Services Procurement
Nottingham City CCG Commissioners have commissioned an integrated out of hospital community service that will provide high quality evidence based integrated services that anticipate and respond to the needs of patients/citizens across Nottingham City (and Greater Nottingham where

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

Remaining Characters:	18,699

Integration success story highlight over the past quarter

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 implementation of our Integrated Discharge Function at NUH
• the completion of Social Care and Continuing Health Care assessments at the right time and in the right place
• the offer of a Reablement intervention to all patients
• the rollout of our 3 D2A pathways
• access to home reablement on pathway 1
• access to bed-based reablement on pathway 2
• a reablement focused approach to care for patients awaiting a Continuing Health Care assessment on pathway 3
• clinical capacity in the community provider made available to patient cohort accessing Integrated Reablement services

This has led to the following improvements in performance:

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

Better Care Fund Template Q3 2017/18

Checklist

[<< Link to Guidance tab]

Complete Template

1. Cover

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

Sheet Complete:	Yes

2. National Conditions & s75

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

Sheet Complete:	Yes

3. Metrics

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

Sheet Complete:	Yes

4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3	F8	Yes
Chg 2 - Systems to monitor patient flow Q3	E9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3	F10	Yes
Chg 4 - Home first/discharge to assess Q3	F11	Yes
Chg 5 - Seven-day service Q3	F12	Yes
Chg 6 - Trusted assessors Q3	F13	Yes
Chg 7 - Focus on choice Q3	F14	Yes
Chg 8 - Enhancing health in care homes Q3	F15	Yes
UEC - Red Bag scheme Q3	F19	Yes
Chg 1 - Early discharge planning Q4 Plan	G8	Yes
Chg 2 - Systems to monitor patient flow Q4 Plan	G9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 Plan	G10	Yes
Chg 4 - Home first/discharge to assess Q4 Plan	G11	Yes
Chg 5 - Seven-day service Q4 Plan	G12	Yes
Chg 6 - Trusted assessors Q4 Plan	G13	Yes
Chg 7 - Focus on choice Q4 Plan	G14	Yes
Chg 8 - Enhancing health in care homes Q4 Plan	G15	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	H8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	H10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	H11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	H12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	H13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	H14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	H15	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	I10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I19	Yes
Chg 1 - Early discharge planning Challenges	J8	Yes
Chg 2 - Systems to monitor patient flow Challenges	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J10	Yes
Chg 4 - Home first/discharge to assess Challenges	J11	Yes
Chg 5 - Seven-day service Challenges	J12	Yes
Chg 6 - Trusted assessors Challenges	J13	Yes
Chg 7 - Focus on choice Challenges	J14	Yes
Chg 8 - Enhancing health in care homes Challenges	J15	Yes
UEC - Red Bag Scheme Challenges	J19	Yes
Chg 1 - Early discharge planning Additional achievements	K8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K11	Yes
Chg 5 - Seven-day service Additional achievements	K12	Yes
Chg 6 - Trusted assessors Additional achievements	K13	Yes
Chg 7 - Focus on choice Additional achievements	K14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K15	Yes
UEC - Red Bag Scheme Additional achievements	K19	Yes
Chg 1 - Early discharge planning Support needs	L8	Yes
Chg 2 - Systems to monitor patient flow Support needs	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L10	Yes
Chg 4 - Home first/discharge to assess Support needs	L11	Yes
Chg 5 - Seven-day service Support needs	L12	Yes
Chg 6 - Trusted assessors Support needs	L13	Yes
Chg 7 - Focus on choice Support needs	L14	Yes
Chg 8 - Enhancing health in care homes Support needs	L15	Yes
UEC - Red Bag Scheme Support needs	L19	Yes

Sheet Complete:	Yes

5. Narrative

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

Sheet Complete:	Yes