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Nottingham City Council

NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 16 March 2016

Time: 2.00 pm

Place: LH 2.11 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Resilience

Governance Officer: Laura Wilson **Direct Dial:** 0115 8764637

AGENDA **Pages**

		Pages
1	**APOLOGIES FOR ABSENCE**	
2	**DECLARATIONS OF INTEREST**	
3	**MINUTES OF THE LAST MEETING** Minutes of the last meeting held on 20 January (for confirmation)	3 - 6
4	**BETTER CARE FUND QUARTER 3 BUDGET MONITORING REPORT**	7 - 12
5	**BETTER CARE FUND - QUARTER 3 PERFORMANCE REPORT**	13 - 50
6	**2016/17 BETTER CARE FUND PLAN**	51 - 54
7	**BCF UNDERSPEND PROPOSALS 2016/17**	55 - 60
8	**EXCLUSION OF THE PUBLIC** To consider excluding the public from the meeting during consideration of the remaining items in accordance with section 100a(3) 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.	
9	**BETTER CARE FUND NEW SCHEMES AND UNDERSPEND**	61 - 76

PROPOSALS - EXEMPT APPENDICES

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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 Loxley House, Nottingham on 20 January 2016 from 2.04pm - 2.19pm

Voting Members

Present	Absent
Candida Brudenell	
Councillor Alex Norris	
Maria Principe	
Dr Ian Trimble	

Non-Voting Members

Present	Absent
Katy Ball	Lucy Davidson
Helene Denness	Martin Gawith
Colin Monckton	Alison Michalska

Colleagues, partners and others in attendance:

Alison Challenger	-	Interim Director of Public Health
Antony Dixon	-	Strategic Commissioning Manager
Clare Gilbert	-	Lead Commissioning Manager
Rasool Gore	-	Lead Commissioning Manager
Kate Lowman	-	Procurement Category Manager Care and Support
Christine Oliver	-	Nottingham Crime and Drugs Partnership
Jo Williams	-	Assistant Director Health and Social Care Integration
Phil Wye	-	Constitutional Services Officer

33 APOLOGIES FOR ABSENCE

None.

34 DECLARATIONS OF INTEREST

Antony Dixon declared an interest in item 5, as some of the funding will be going to an organisation that he works for.

35 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 8 December 2015 were confirmed and signed by the Chair.

36 INTEGRATED ASSISTIVE TECHNOLOGY SERVICE

Maria Principe, Chair said that this item has been postponed pending further information from the CCG.

37 DRAFT 2016/17 BETTER CARE FUND PLAN

Antony Dixon presented the report of the Assistant Chief Executive presenting details of draft financial elements of the 16/17 Better Care Fund (BCF) Plan for approval ahead of submission to NHS England. Antony highlighted the following:

(a) a draft version of the plan must be submitted to NHS England by 8th February 2016, focussing on its high-level financial aspects;

(b) the financial plan for the 2016/17 BCF plan is broadly similar to that of 2015/16. Additional schemes include:
- Community Psychiatric Nurses in Neighbourhood Teams;
- Older People Independent Living Support Service;
- Older Person Home Safety and Improvement Service;
- Seven Day Services in Rapid Response and Hospital Discharge;
- CDG Assessor posts;
- Primary Carers Service;
- Information and Advice support posts;

(c) some of the proposed new services still need to go through some processes before final approval, for example the 7 Day Working Task and Finish Group;

(d) the amount of Capital Grant allocation paid directly to the Local Authority has not yet been confirmed;

(e) the current total for the BCF Plan is £26.118m, which is £0.273 over the funding available. This shortfall could either be met by reviewing the schemes, or by using the underspends from 2015/16;

The Sub-Committee was concerned about the length of time in discovering the amount of Capital Grant allocation that will be paid.

RESOLVED to

(1) approve the draft budget for the 2016/17;

(2) note that a further report to approve the final BCF Plan submission will be presented to the Sub-Committee at a later stage;

(3) agree that the shortfall in funding the 2016/17 BCF Financial Plan can be funded through the carry forward of underspends within the pooled fund from the current financial year.

38 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 outweighed the public interest in disclosing the information.

39 DRAFT 2016/17 BETTER CARE FUND PLAN - EXEMPT APPENDIX

The Sub-Committee noted the information in the exempt appendix.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE – 16 MARCH 2016

Title of paper:	**Better Care Fund Quarter 3 Budget Monitoring Report**	
Director(s)/ Corporate Director(s):	Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children and Adults	**Wards affected: All**
Report author(s) and contact details:	**Darren Revill darren.revill@nottinghamcity.gov.uk**	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Total value of the decision:	**Nil**	

Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	☐
Schools	☐
Planning and Housing	☐
Community Services	☐
Energy, Sustainability and Customer	☐
Jobs, Growth and Transport	☐
Adults, Health and Community Sector	☒
Children, Early Intervention and Early Years	☐
Leisure and Culture	☐
Resources and Neighbourhood Regeneration	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	☒
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):
This paper presents the third quarter Better Care Fund (BCF) Monitoring Report and updates Commissioning Sub-Committee on the pay for performance element of the fund.

Recommendation(s):

1	Commissioning Sub-Committee note the cash flow position of the BCF Pooled Fund as at Quarter 3 of 2015/16 as per **Table 1** in paragraph 2.2.
2	Commissioning Sub-Committee note the forecast position of the BCF Pooled Fund as at Quarter 3 of 2015/16 as per **Table 2**.
3	Commissioning Sub-Committee note the updated position in relation to the Pay for Performance element of the fund as per **Table 4** in paragraph 2.4.

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

1. REASONS FOR RECOMMENDATIONS

1.1 Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2015/16 BCF budget and to support decision making on the use and effectiveness of the pooled fund.

1.2 This report also meets the requirements of the Section 75 Partnership Agreement to prepare quarterly reports showing the income and expenditure of the Pooled Fund.

1.3 The approach to meet the non-achievement of the pay for performance element of funding within the BCF in 2015/16 was approved by Commissioning Sub-Committee in July 2015.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Following the requirement to establish a pooled fund to support the integration of health and social care, quarterly budget monitoring reports have been presented to Commissioning Sub-committee on 14 July and 13 October 2015.

2.2 **Table 1** below shows the cash flows of the pooled fund and the fund balance at the end of quarter 3 against the original BCF plan.

TABLE 1 – 2015/16 NOTTINGHAM BCF CASH FLOWS		
Better Care Fund	**BCF Annual Plan £000**	**Cash Flow at end of Qtr 3 £000**
Funding into Pool:		
CCG		
CCG Baseline (Minimum Contribution)	(21,421)	(16,066)
Other CCG Allocation	(1,832)	(1,374)
NEL Adjustment		153
Sub-Total	**(23,253)**	**(17,287)**
City Council		
Disabled Facilities Grant	(1,013)	(760)
Social Care Capital Grant	(863)	(649)
Social Care Contribution	(716)	(537)
Sub-Total	**(2,592)**	**(1,946)**
Total Income	**(25,845)**	**(19,233)**
Funding out of Pool:		
CCG	12,302	7,413
City Council	13,543	10,155
Total Expenditure	**25,845**	**17,568**
Fund Balance	**0**	**(1,665)**

2.3 Forecast

2.3.1 The forecast underspend at quarter 1 and 2 was £1.235m and £2.348m respectively. Commissioning Sub-Committee approved the use of underspends in 2015/16 to meet the non-achievement of the pay for performance element of funding within the BCF in accordance with provisions of the Section 75 Partnership Agreement which resulted in revised projected underspends of £0.550m and £1.834m.

2.3.2 **Table 2** below shows the updated forecast at quarter 3. The information is represented at an area of spend level of detail and includes approvals by Commissioning Sub-Committee throughout the financial year.

The forecast position of the BCF as represented in Table 2 is an underspend in 2015/16 of **£1.005m**. Applying the agreed approach to meet any pay for performance shortfall in 2015/16 from underspends within the pooled fund, this figure is reduced by £0.333m to **£0.672m**. However, it should be noted that the £0.180m estimated provision for the Quarter 4 performance element will only be required should the NEL target not be met.

TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND MONITORING STATEMENT (QUARTER 3)				
Area of Spend	**2015/16 (£000)**			
	Original S75 Annual Budget	**Revised S75 Annual Budget**	**Annual Forecast**	**Forecast Variance**
Access & Navigation	1,610	1,583	1,497	(86)
Assistive Technology	1,185	1,185	1,185	0
Carers	1,352	1,410	1,347	(63)
Co-ordinated Care	8,381	8,839	7,241	(1,598)
Capital Grants	1,876	1,876	1,876	0
Independence Pathway	11,281	10,758	11,021	263
Programme Costs	160	194	673	479
Total	**25,845**	**25,845**	**24,840**	**(1,005)**
Non Achievement Element of Qtr1 (Qtr 4 2014/15) Pay for Performance (reflecting proposal to meet this cost from BCF underspends)		(153)	0	153
Qtr 2 Pay for Performance		0	0	0
Qtr 3 Pay for Performance		0	0	0
Current level of forecast BCF Underspend	**25,845**	**25,692**	**24,840**	**(852)**
Estimated Provision for Pay for Performance element - Quarter 4		(180)	0	180
Revised BCF Forecast Underspend	**25,845**	**25,512**	**24,840**	**(672)**

2.3.3 Approval to utilise underspends from the BCF have been through two approaches:

- Scheme re-allocation in year
- Underspend approvals

The impact and estimated phasing of the underspend approvals are detailed in **Table 3** below.

TABLE 3 - SUMMARY OF UNDERSPEND APPROVALS			
Date of Approval	**Estimated Phasing**		**Total Value £000**
	2015/16 £000	**2016/17 £000**	
13 October 2015	361	537	898
10 November 2015	127	287	414
Total	**488**	**824**	**1,312**

The phasing estimated at the time of approval is being reviewed to support the year end out-turn position. It should be noted that funding supporting the continuation of schemes into 2016/17 included in Table 3 above has been agreed from 2015/16 BCF funds and therefore the carry forward position of the BCF is currently estimated to be between £1.496m to £1.676m. A report will be presented to Commissioning Sub-Committee at a later date to confirm the final position of the 2015/16 BCF.

2.4 **Table 4** below details the value of the pay for performance funding reflecting the target reduction in non-elective admissions and the achievement against this target to date.

TABLE 4 – PAY FOR PERFORMANCE SUMMARY					
BCF Period	**Measurement Period**	**NEL Target**	**Value of Pay for Performance £000**	**Achieved £000**	**Shortfall £000**
Qtr 1	January to March 2015	-3.5%	361	208	(153)
Qtr 2	April to June 2015	-1.6%	184	184	0
Qtr 3	July to September 2015	-1.6%	180	180	0
Qtr 4	October to December 2015	-1.6%	180		
Total			**905**	**572**	**(153)**

3. **OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

3.1 This report provides an update to Commissioning Sub-Committee and therefore no recommendations require approval.

4. **FINANCE COMMENTS (INCLUDING VALUE FOR MONEY/VAT)**

4.1 Financial information is detailed in the body of this report.

5. **LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES AND, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

5.1 None

6. **EQUALITY IMPACT ASSESSMENT**

6.1 Has the equality impact of the proposals in this report been assessed?

No
An EIA is not required because the report does not contain proposals or financial decisions.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

7.1 Not applicable.

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

8.1 None.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE -
16 March 2016

<table>
<tr><td>Title of paper:</td><td colspan="3">Better Care Fund – Q3 Performance report</td></tr>
<tr><td>Director(s)/
Corporate Director(s):</td><td colspan="2">Maria Principe – Director of Primary Care Development and Service Integration
Candida Brudenell, Director Quality and Commissioning, NCC</td><td>Wards affected: All</td></tr>
<tr><td>Report author(s) and contact details:</td><td colspan="3">Jo Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council.
Joanne.Williams@nottinghamcity.nhs.uk</td></tr>
<tr><td>Other colleagues who have provided input:</td><td colspan="3">Charlotte Harris – Project Manager Nottingham City CCG and Nottingham City Council</td></tr>
<tr><td colspan="2">Date of consultation with Portfolio Holder(s)
(if relevant)</td><td colspan="2"></td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Relevant Council Plan Strategic Priority:</td></tr>
<tr><td colspan="3">Cutting unemployment by a quarter</td><td>☐</td></tr>
<tr><td colspan="3">Cut crime and anti-social behaviour</td><td>☐</td></tr>
<tr><td colspan="3">Ensure more school leavers get a job, training or further education than any other City</td><td>☐</td></tr>
<tr><td colspan="3">Your neighbourhood as clean as the City Centre</td><td>☐</td></tr>
<tr><td colspan="3">Help keep your energy bills down</td><td>☐</td></tr>
<tr><td colspan="3">Good access to public transport</td><td>☐</td></tr>
<tr><td colspan="3">Nottingham has a good mix of housing</td><td>☐</td></tr>
<tr><td colspan="3">Nottingham is a good place to do business, invest and create jobs</td><td>☐</td></tr>
<tr><td colspan="3">Nottingham offers a wide range of leisure activities, parks and sporting events</td><td>☐</td></tr>
<tr><td colspan="3">Support early intervention activities</td><td>☐</td></tr>
<tr><td colspan="3">Deliver effective, value for money services to our citizens</td><td>√</td></tr>
<tr><td colspan="3"></td><td></td></tr>
<tr><td colspan="3">Relevant Health and Wellbeing Strategy Priority:</td><td></td></tr>
<tr><td colspan="3">Healthy Nottingham: Preventing alcohol misuse</td><td>☐</td></tr>
<tr><td colspan="3">Integrated care: Supporting older people</td><td>√</td></tr>
<tr><td colspan="3">Early Intervention: Improving Mental Health</td><td>☐</td></tr>
<tr><td colspan="3">Changing culture and systems: Priority Families</td><td>☐</td></tr>
<tr><td colspan="3"></td><td></td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

This paper provides information on the performance of the Better Care Fund; the Better Care Fund indicator report is included.</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Recommendation(s):</td></tr>
<tr><td>1</td><td colspan="3">Sub–committee to approve the quarterly return (Q3) to be submitted to NHS England on 26 February 2016</td></tr>
<tr><td>2</td><td colspan="3">Sub-committee note current performance in relation to BCF metrics as detailed in 2.4</td></tr>
<tr><td></td><td colspan="3">How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health (‘parity of esteem’):</td></tr>
</table>

1. REASONS FOR RECOMMENDATIONS

1.1 To enable Sub-committee to consider current performance of the BCF pooled budget against agreed national and local metrics on behalf of the Health and Well-being Board and consider whether any changes are required to BCF schemes as a result.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Better Care Fund provides for £3.8 billion worth of funding nationally (23.297m Nottingham City) in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change is underway which aims to reshape local services to deliver joined up care. The emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.

2.2 Nottingham City's plan for 15/16 was approved In October 2014 and detailed planning for successful implementation has taken place since this date.

- A section 75 pooled budget agreement was approved by both Nottingham City Council and Nottingham City CCG. This includes the governance arrangements for monitoring and reporting on performance and finance as well as the management of risks.
- A better care fund indicator report has been developed to monitor performance against the national BCF metrics.
- NHS England require quarterly returns to be submitted detailing performance data against the key national metrics.

2.3 Better Care Fund performance is measured through a set of four nationally developed metrics and two locally developed metrics. These performance metrics assess reductions in non-elective admissions to hospital, reductions in delayed transfers of care, reductions in permanent residential admissions, increased effectiveness of reablement (national metrics) and improvement in citizen outcomes and an increased uptake of assistive technology (local metrics). Locally a Better Care Fund indicator report has been developed to provide information on performance to date to the Health and Wellbeing Board Sub- Committee (Appendix A).

2.4 NHS England requires the return for Q3 to be submitted to them by 26 February 2016. The draft return is attached as Appendix B for approval. A summary of the return is detailed below; this includes performance against the national conditions and performance metrics.

NHS England Requirement	Nottingham City position
Budget arrangements – tracks whether section 75s are in place for pooling funds.	We confirmed that a section 75 is in place to manage the pooled budget.
National conditions – the spending round established 6 national conditions to access the fund	We are on track for all 7 national conditions as per our BCF plan.

Non elective and payment for performance	We have achieved the target in Q3 with a payment of £180,290.
Income and expenditure	Finances have been transacted as detailed in the section 75.
Local metrics	Citizen experience: The survey results for the second round of surveys analysed in August was 84%. This was an improvement in citizen experience by 1%. The third round of surveys will be collected and analysed in late February. Assistive Technology: The proportion of citizens (aged 65 and over) with Assistive Technology continues to increase with 5,621 users against the YTD target 5,700.

2.5 Summary of performance

Performance against each BCF metric is described below; where applicable performance against the annual target is described first, followed by a description of performance against the monthly target.

Q3 2015/16

Avoiding permanent residential admissions	There have been 194 admissions since April against the target of 166 (16% over- performance). During December there were 16 admissions against the monthly BCF target of 18 (12% under- performance). Analysts from the City Council have advised that the “reduction” in admissions in December is linked to the timing of their system data cleanses. Data cleanses on the current IT system will continue to be required until the new IT system “Liquid Logic” is implemented in summer 2016.
Increased effectiveness of reablement	Performance against this metric has improved; 73.1% of citizens are still at home 91 days after discharge against the year to date target of 66.7%. Looking specifically at the month of December 76.1% of citizens were at home 91 days after discharge from hospital, against the monthly BCF target of 66.7%.
Reduced delayed transfer of care (DTOC)	The number of DTOCs through the year is above the year to date BCF target, with 8,718 delayed days against a planned 6,511 (33% over-performance). During November there were 1,080 delayed days against the monthly target of 905 (19% over – performance). Reports at the provider level show that this increase in delayed days has been mainly at NUH.
Increased uptake of Assistive Technology	The proportion of citizens (aged 65 and over) with Assistive Technology continues to increase with 5,621 users against the year to date BCF target of 5,700 (1% under-performance). Month on month the gap in actual users against the target is reducing, this is reflected by performance in December where 117 citizens were supported with AT against the monthly target of 100 users.
Improvement in health and social care outcomes	The second round of surveys was collated and analysed in August, 242 responses were received and 84% of citizens reported an improved experience in their health and social care outcomes. This is an improvement on the baseline results of 0.7%. A third round of surveys has been issued to citizens and collation and analysis is on-going. The next survey results are expected in late February 2016.
Reduced non-electivity activity	The number of non-elective admissions throughout the year is still below the year to date BCF target, with 19,517 admissions against a planned 19,990. During November there were 2,309 non-elective admissions, against the monthly BCF target of 2,472. During December there were 2556 non-elective admissions against the monthly BCF target of 2,472. The payment

	for performance target this quarter has been met, this is summarised in the table below. Payment for Performance Fund - Quarter 3 2015/16

Q2 15/16 Target	7416
Q2 15/16 Actual performance QTD	7332
Variance against quarterly target	-84
Admissions reduced absolute	-205
Payment available during Quarter	£180,290
Payment achieved	£180,290
Payment not available	£0

Payment for performance Summary

BCF Period	Measurement Period	NEL Target	Value of Pay for Performance	Achieved	Shortfall
			£000	£000	£000
Qtr 4	January to March 2015	-3.5%	361	208	(153)
Qtr 1	April to June 2015	-1.6%	184	184	0
Qtr 2	July to September 2015	-1.6%	180	180	0
Qtr 3	October to December 2015	-1.6%	180	180	0
Total			**905**	**752**	**(153)**

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

This report does not raise any significant legal issues

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) √

No ☐

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

N/A

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Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 26th February 2016.

The BCF Q3 Data Collection

This Excel data collection template for Q3 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 9 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
metric in BCF plans.
7) Understanding support needs - this asks what the key barrier to integration is locally and what support might be required.
8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

template have been completed the cell will turn green. Only when all 9 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 and Q2 2015-16 submissions and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

they have?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31st March
Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4 - Q2. Two figures are required and one question needs to be answered:

Input actual Q3 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell O8
Input actual value of P4P payment agreed locally - Cell F19
If the actual payment locally agreed is different from the quarterly payment suggested by the automatic calculation in cell AR8 (which is based on your input to cell O8 as above) please explain in the comments box
Please confirm what any unreleased funds were used for in Q3 (if any) - Cell F34

5) Income and Expenditure

following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 to Q3
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure from the pooled fund in Q1 to Q3

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

6) Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:
An update on indicative progress against the four metrics for Q3 2015-16
Commentary on progress against the metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Understanding support needs

This tab re-asks the questions on support needs that were first set out in the BCF Readiness Survey in March 2015. These questions were then asked again during the Q1 2015-16 data collection in August. We are keen to collect this data every six months to chart changes in support needs. This is why the questions are included again in this Q3 2015-16 collection. The information collected will be used to inform plans for ongoign national and regional support in 2016-17.

The tab asks what the key barrier to integration is locally and what support might be required in putting in meeting the six key areas of integration set out previously. . HWBs are asked to:

Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plar support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state ‘Live’ in the ‘Projected ‘go-live’ date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q3 2015/16

Data collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q3 15/16	Actual payment locally agreed	Cumulative quarterly Actual Payments >= Cumulative suggested quarterly payments	If the actual payment locally agreed is <> suggested quarterly payment	Any unreleased funds were used for: Q3 15/16
Yes	Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes		
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes		
	Commentary	Yes				

6. Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	Admissions to residential Care	Yes	Yes
	Reablement	Yes	Yes
	Local performance metric	Yes	Yes

	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes

7. Understanding support needs

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan	Yes

	Interested in support?	Preferred support medium
1. Leading and Managing successful better care implementation	Yes	Yes
2. Delivering excellent on the ground care centred around the individual	Yes	Yes
3. Developing underpinning integrated datasets and information systems	Yes	Yes
4. Aligning systems and sharing benefits and risks	Yes	Yes
5. Measuring success	Yes	Yes
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes

Total number of PHBs in place at the beginning of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

9. Narrative

Brief Narrative	Yes

Cover

Q3 2015/16	
Health and Well Being Board	**Nottingham**
completed by:	Joanne Williams
E-Mail:	joanne.williams@nottinghamcity.nhs.uk
Contact Number:	0115 883 9566
Who has signed off the report on behalf of the Health and Well Being Board:	Dr Ian Trimble, HWB Vice-Chair

Question Completion - when all questions have been answered and the validation

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	17
6. Metrics	9
7. Understanding support needs	13
8. New Integration Metrics	67
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board: Nottingham

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1/Q2 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board: Nottingham

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes		

National Conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engag
with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:
Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously filled in by the HWB.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Nottingham

	Baseline				Plan					Actual			
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring	7,359	7,716	7,574	7,537	7,117	7,593	7,453	7,416	7,003	7,218	7,413	7,323	7,332

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment			
				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring	2.0%	607	£904,430	242	365	486	607	£360,580	£183,270	£180,290	£180,290

	Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed	Q2 Payment locally agreed
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16					
D. REVALIDATED: HWB version of plans to be used for future monitoring	141	303	251	205	£210,090	£333,760	£180,290	£180,290	£904,430	£6,191,000	£210,090	£183,270	£180,290

Which data source are you using in section D? (MAR, SUS, Other)	MAR	If other please specify	
Cost per non-elective activity	£1,490		

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above)*	£210,090	£333,760	£180,290	£180,290
Actual payment locally agreed	£210,090	£183,270	£180,290	£180,290

If the actual payment locally agreed is different from the suggested quarterly payment (taken from above) please explain in the comments box (max 750 characters)	N/A

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£150,490	-£150,490	£0	£0
Actual amount of locally agreed unreleased funds	£150,490	£0	£0	£0

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	acute care	not applicable	not applicable	not applicable

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as of 11th December 2015.

*Suggested quarterly payment (taken from above) has been calculated using the technical guidance provided here http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/. The key steps to calculating the quarterly payment are:
a. take the cumulative activity reduction against the baseline at quarter end and divide it by the cumulative Q3 2015/16 target reduction;
b. multiply that by the size of the performance pot available; and
c. subtract any performance payments made for the year to date.
The minimum payment in a quarter is £0 (there will not be a negative payment or 'claw back' mechanism) and the maximum paid out by the end of each quarter cannot exceed the planned cumulative performance pot available for release each quarter.

**Unreleased funds refers to funds that are withheld by the CCG and not released into the pooled budget, due to not achieving a reduction in non-elective admissions as set out in your BCF plan. As payments are based on a cumulative quarter end value a negative (-) quarter actual value indicates the use of surplus funds from previous quarters.
HWBs should consider whether there is a need to make adjustments to Q3 payments where over or under payments may have occurred in Q4 2014/15, Q1 2015/16 or Q2 2015/16 due to changes made to NEA baselines and targets.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Nottingham

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,461,250	£6,461,250	£6,461,250	£6,461,250	£25,845,000	£25,845,000
	Forecast	£6,307,780	£6,461,250	£6,461,250	£6,461,250	£25,691,530	
	Actual*	£6,307,780	£6,461,250				

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,461,250	£6,461,250	£6,461,250	£6,461,250	£25,845,000	£25,845,000
	Forecast	£6,307,780	£6,461,250	£6,461,250	£6,461,250	£25,691,530	
	Actual*	£6,307,780	£6,461,250	£6,463,250			

Please comment if there is a difference between either annual total and the pooled fund	The total planned income into the pooled fund was £25.845m. The reduction in the forecast pooled fund income to £25.692m reflects the withheld P4P funding of £0.153m for Qtr 4 (Note: P4P tab does not refrlect actual Qtr4 figure). There has been local agreement through the Health & Wellbeing Board that additional funds are not required from partners to meet this shortfall as both organisations are contributing more than the pooled fund minimum contribution.

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,461,250	£6,461,250	£6,461,250	£6,461,250	£25,845,000	£25,845,000
	Forecast	£6,461,250	£6,211,250	£6,211,250	£6,137,250	£25,021,000	
	Actual*	£6,461,250	£5,889,000				

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,461,250	£6,461,250	£6,461,250	£6,461,250	£25,845,000	£25,845,000
	Forecast	£6,461,250	£6,211,250	£5,761,750	£5,761,750	£24,196,000	
	Actual*	£6,461,250	£5,889,000	£5,217,750			

Please comment if there is a difference between either annual total and the pooled fund	The difference between the annual plan and forecast relates to underspends arising from slippage on the implementation of 7 day working. A range of alternative proposals have been agreed that support BCF outcomes however these are profiled over 2015/16 & 2016/17. The figure reported represents the forecast position as at 31 March 2016.

Commentary on progress against financial plan:	There are underspends arising from delays to implementing 7 day working schemes. Of the total forecast underspend, there are £0.824m of schemes that have been approved but will not be required until 2016/17. Other proposals are being considered. The year end balance will be carried forward to fund initiatives that support BCF outcomes into 2016/17.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:	Nottingham

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Work is in progress to resolve historic under-reporting issues which has lead to a percieved "significant increase" in the rate of admissions, however, locally we understand the underlying factors. Not withstanding there has been an increase in admissions and the LA are developing a homecare strategy to address this.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Improvements have been made. Through the integrated care programme an integrated reablement service is being commissioned this will improve the affectiveness of reablement in the longer term.

Local performance metric as described in your approved BCF plan / Q1 / Q2 return	Proportion of the population (Aged 65+) supported by Assistive Technology.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	There has been a continued increase in performance since mid 2015/16.

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	Proportion of citizens who have long term conditions (including the frail elderly) reporting improved experience of health and social care services. Baseline to be established during October/November 2014 via six monthly postal surveys.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Next measure due to report later in February/early march 2016 when the next batch of surveys have been returned and analysed. Metric reports twice per year.

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board: Nottingham

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	4.Aligning systems and sharing benefits and risks

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	Yes	Peers to peer learning / challenge opportunities	
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	
3. Developing underpinning integrated datasets and information systems	Yes	Workshops or other face to face learning opportunities	
4. Aligning systems and sharing benefits and risks	Yes	Workshops or other face to face learning opportunities	
5. Measuring success	Yes	Workshops or other face to face learning opportunities	
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Case studies or examples of good practice	

New Integration Metrics

Selected Health and Well Being Board: Nottingham

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	TBA	TBA	TBA	TBA

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the beginning of the quarter	38
Rate per 100,000 population	12

Number of new PHBs put in place during the quarter	4
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2015)	313,809

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html

Narrative

Selected Health and Well Being Board: Nottingham

Remaining Characters	23,849

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).
BCF Scheme 1 Access & Navigation: - The Community Triage Hub is able to accept referrals based on patients' needs and direct to appropriate community provision, ensuring timely transfer of care. System wide actions are being progressed along with colleagues in Nottinghamshire County to resolve issues which have lead to increase in DTOCs. The Care Co-Ordinators are operational across all Care Delivery Groups within the City (and expanding to seven day working through BCF funding). They are actively supporting monthly MDT meetings with GPs and neighbourhood team staff (Including social care) to focus on citizen-centered co-ordinated care for those most at risk of admission, as well as those citizens with a high number of re-admissions. Staff survey results demonstrate clear benefits including efficiencies in working practices, reduction in duplication of visits to citizens and closer integration amongst staff groups. This role will be developed further within 15/16 to increase staffing and specialisms within the role -including a citizen facing element. BCF Scheme 2 Assistive Technology: - The number of AT users (aged 65+) has increased by 245 in Q3 of 15/16. The NEL position for month 6 shows a continued reduction in admissions into hospital. The service specification for an integrated assistive technology service has been drafted and is out for consultation. We are exploring options to deliver the integrated service seven days per week, and how AT can be delivered in Care Homes. The cost effectiveness study is underway and will report back by the end of the year. BCF Scheme 3 Carers: - Provision for carers of those with long term conditions will be more effective, this should support a reduction residential and nursing care admissions. The scheme will also contribute to outcomes regarding improved citizen experience by enabling residence in their own home for as long as is practical and desirable. Reporting indicates that citizen experiences are improving, for example a recent quarterly report from the Alzheimer's Society established that 100% of current service users felt more supported and more informed following receipt of our Memory Café, and/or Carers Group services. BCF Scheme 4 Co-Ordinated Care:-The DTOC position at month 9 shows an increase in delayed transfers of care. System wide actions are being progressed along with colleagues in Nottinghamshire County to resolve issues which have lead to increase in DTOCs. The NEL position for month 9 shows a continued reduction in admissions into hospital. Care Delivery Group model is in place across the City, this is supported by social care link workers for each CDG. The next step in MDT development will focus on mental health integration. Analysis is on-going to ensure workforce capacity is aligned to health prevalence (or demands). Significant progress has been made to implement the use of the NHS number as the Identifier within social care systems, 98% of records have now been successfully matched. All NHS ID's are now on the Social Care system (CareFirst). There is a continuous manual process of updating these on a periodic basis. A new Social Care System "Liquid Logic" will be implemented from May 2016 and this will enable direct connectivity to health systems to allow for each new record to be matched as and when that new record is created. BCF Scheme 5:- Capital Schemes (Incl Disabled Facilities Grant):- Adapting the homes of citizens with disabilities and long-term conditions enables them to continue living independently in their community reducing the risk of social isolation and deterioration of condition associated with a move to a different/less independent setting. The adaptations funded through this scheme will also facilitate discharge from a hospital setting and through improving the safety and appropriateness of the home environment reduce the risk of further admissions. This will enable a reduction in residential and nursing care admissions, and delayed transfers of care. The scheme will also improve citizen experience by enabling citizens to stay living independently in their own home for longer.

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Better Care Fund Indicator Report

February 2016

V4.5

NHS
Nottingham City
Clinical Commissioning Group

NHS Nottingham City CCG Information Team

Data Sources

Activity is monitored using a number of data tools and sources:

Residential Admissions – Local Authority Reporting Systems

Reablement Metrics – Local Authority Reporting Systems

Delayed Transfers of Care – NHS England monthly DTOC Reports

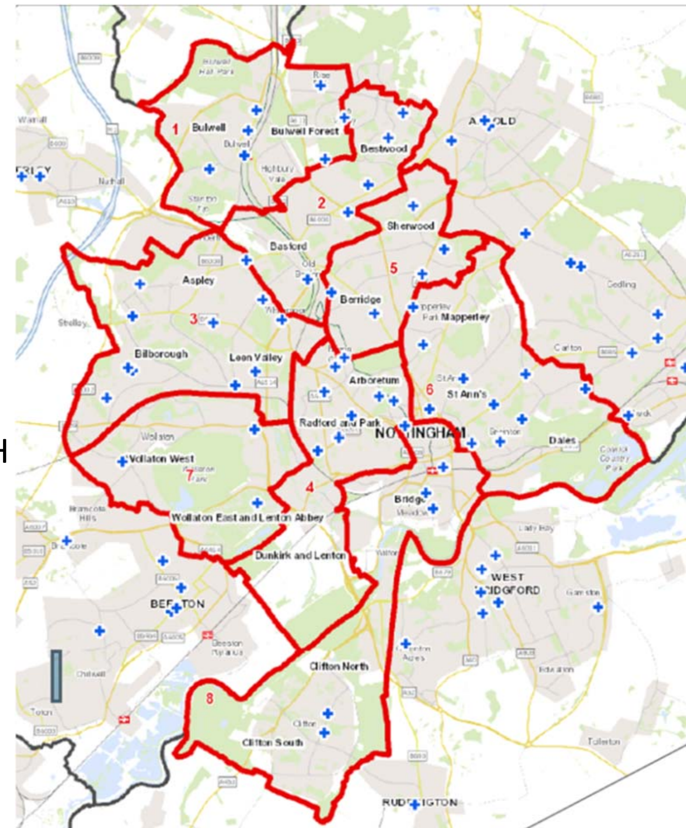
Non Elective Admissions to Hospital
- Monthly Activity Recording (MAR) published by HSCIC
- Secondary User Service (SUS) held in local data warehouse
- Fast Track Reporting - early reporting feed received from NUH

Admission Reduction Programme
- Nottingham CityCare Monthly Performance Report

Assistive Technology
- AT project statistics

Patient/Service User Improvement Metric
- Patient Surveys

Care Delivery Groups



CDG Profiles Link: http://www.nottinghaminsight.org.uk/insight/search/list.aspx?fl=139191

Dashboard

NHS Nottingham City CCG

Meets target	Within 0.1% - 5% of target	>5% from target

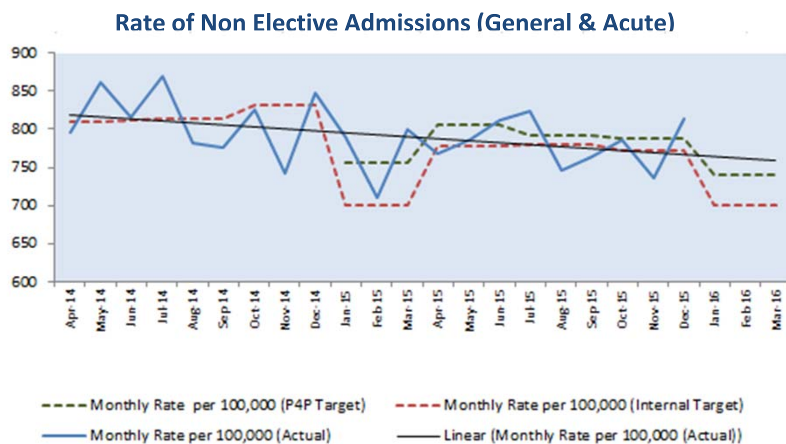
Better Care Fund Metrics Dashboard

Version at *23-Feb-16*

		Indicator	2015/16 Target	2015/16 Year to Date Target	2015/16 year to Date Actual	Year to date Performance	Month of Activity	Month Target	Month Actual	Month Performance	What trend is best	Month on Month trend
Summary	1	Residential Admissions	221	184	207	23	Jan-16	18	13	-5	Lower	
	2	Reablement - still at home 91 days after discharge	66.7%	66.7%	73.6%	6.9%	Jan-16	66.7%	75.2%	8.5%	Higher	
	3	Delayed Transfers of Care	9,314	7,416	10,030	2614	Dec-15	905	1,312	407	Lower	
	4a	Non Elective Admissions to Hospital (G&A) - Payment for Performance	29,465	22,462	22,073	-389	Dec-15	2,472	2,556	84	Lower	
	4b	Non Elective Admissions to Hospital (G&A) - local target	28,562	21,937	22,073	136	Dec-15	2,420	2,556	136	Lower	
	5	Proportion of 65yrs + Population Supported by Assistive Technology	6,000	5,800	5,718	-82	Jan-16	100	99	-1	Higher	
	6	Improvement in Citizen Health & Social Care Outcomes	83%	83%	84%	0.7%	Aug-15	83%	84%	0.7%	Higher	

Quarter 1, 2 and 3 Non Elective Payment for Performance targets have been met.

Non Elective Admissions - MAR



Source: MAR – with adjustment, admissions per 100,000 pop

Chart 1

Non Elective Admissions (General & Acute) P4P performance

Payment for Performance Fund	Quarterly Performance		
	Q1 2015-16	Q2 2015-16	Q3 2015-16
Quarterly 15/16 Target	7593	7453	7416
Quarterly 15/16 Actual Performance	7413	7323	7332
Variance against target	-180	-130	-84
Admissions reduced absolute	-303	-251	-205
Payment achieved	£183,949	£180,564	£179,682
% Payment Achieved	100%	100%	100%
Payment available during Quarter	£183,949	£180,564	£179,682
Payment not available	£0	£0	£0

Source: MAR

Table 1

Non Elective Admissions (General & Acute) local target performance

Month	Target (local)	Actual	Variation	Var at Quarter
Apr-15	778	768	-10	
May-15	778	785	7	
Jun-15	778	811	33	29
Jul-15	781	823	42	
Aug-15	781	746	-34	
Sep-15	781	764	-16	-9
Oct-15	771	786	15	
Nov-15	771	736	-35	
Dec-15	771	815	43	23
Total YTD	**6,991**	**7,034**	**43**	

Source: MAR–with adjustment, admissions per 100,000 pop

Table 2

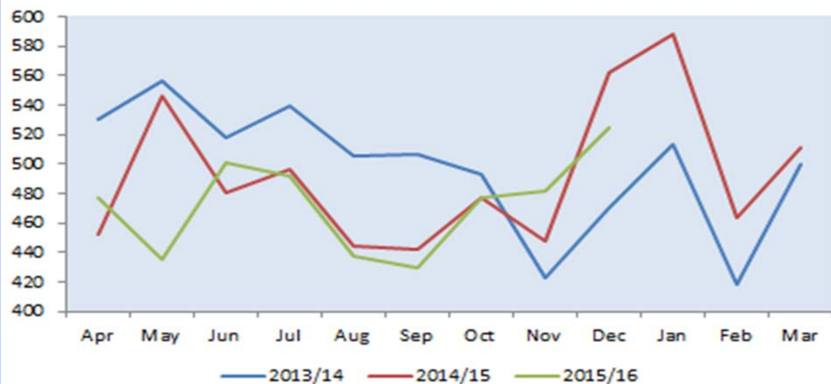
Chart 1 - admissions against target based on MAR with adjustment for other CCGs activity counted within the Nottingham City target. This chart includes both the revised target and the internal target. The general trend in admissions is still downwards, however the December performance did see a sharp rise. The trend is till above both the P4P and the internal target.

Table 1 - December payment for performance is now in, which allows Q3 performance table to be displayed which shows the P4P has been met. Q1 and Q2 P4P had already been met.

Table 2 shows figures for monthly performance against the internal target based on admissions per 100,000 population.

Non Elective Admissions - SUS

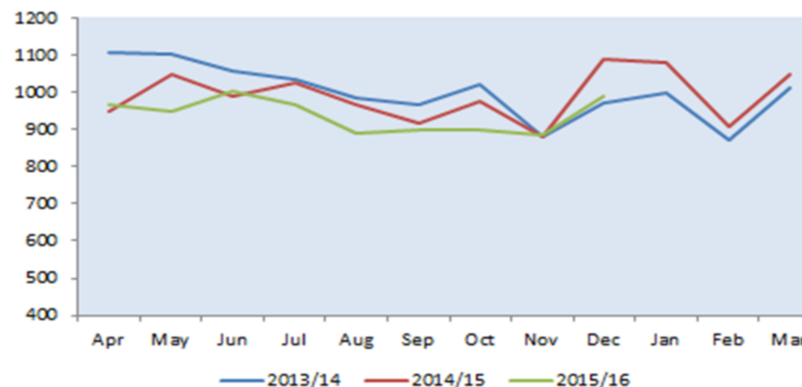
Non Elective Admissions for patients aged 80 years and older (General & Acute)



Source: SUS

Chart 1

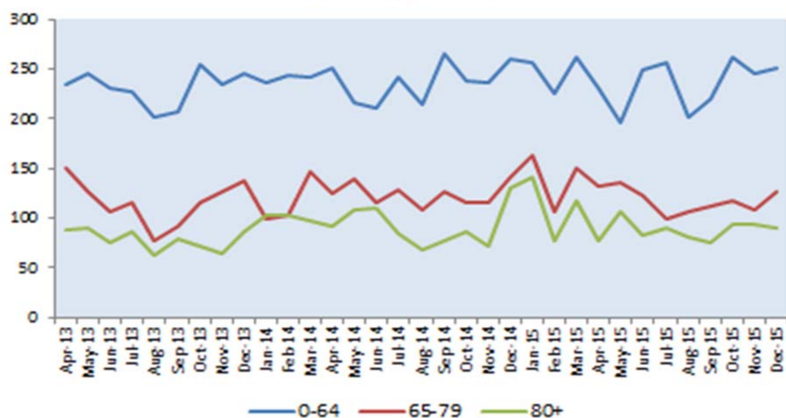
Non Elective Admissions for patients aged 65 years and older (General & Acute)



Source: SUS

Chart 2

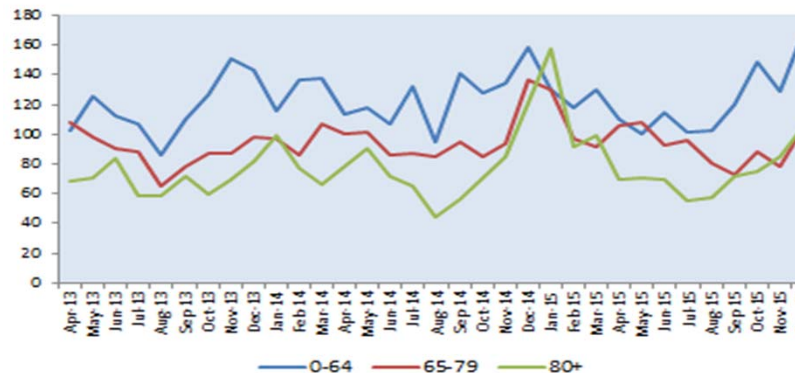
Non Elective Admissions for patients with LTC (ACS)



Source: SUS

Chart 3

Non Elective Admissions for patients with Respiratory Diagnosis (General & Acute)



Source: SUS

Chart 4

Non Elective Admissions – Fast Track

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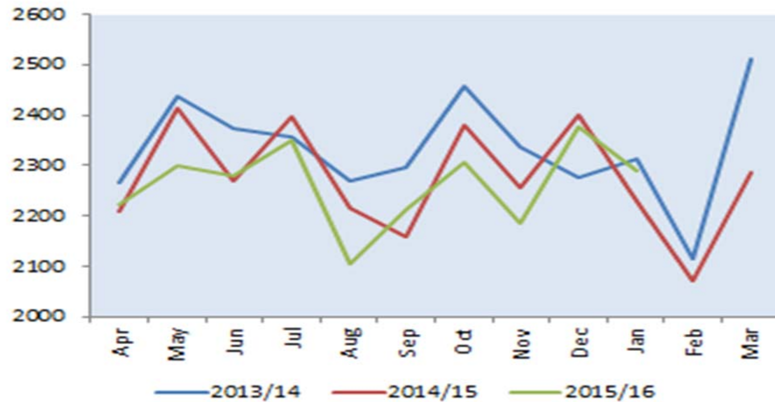
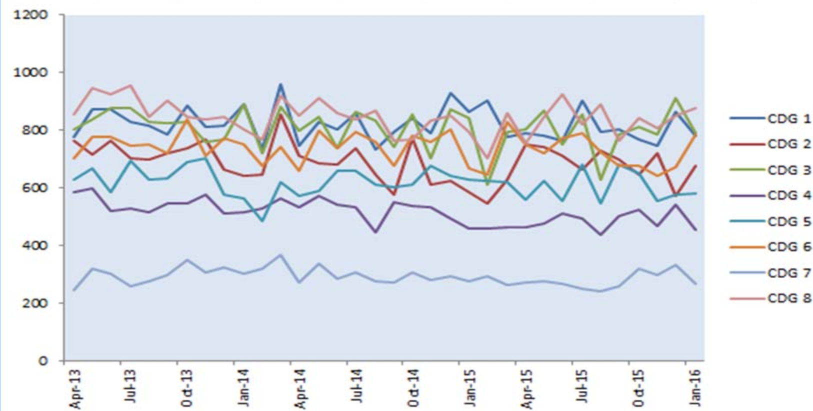


Source: Fast Track

Chart 5



Source: Fast Track

Chart 6

Non Elective Admissions – SUS

SUS is the detailed information that is published nationally allowing break down by diagnosis, procedure and HRG for All Providers.

Chart 1 Non Elective Admissions for patients aged 80 years and older. Admissions for December 2015 are below the numbers seen in 2014/15 but above those in 2013/14.

Chart 2 Non Elective Admissions for patients aged 65 years and older. December 2015 figures are in line with 2013/14 but below last year. With comparison to Chart 1, which shows the 80+ age group continuing to rise, the 65-79 group is also on the rise after a fall last month..

Chart 3 Non Elective Admissions to NUH with LTC based on Ambulatory Care Sensitive (ACS) definitions. These activity levels are suggest a slight downward trend in the 65-79 and 80+ age groups from the previous winter.

Chart 4 Non Elective Admissions to NUH with a Respiratory primary diagnosis – admissions in the 0-64 year age group have risen again after the November drop. 80+ and 65-79 have started to turn upwards.

Non Elective Admissions – Fast Track

Early sight of data for NUH without details of diagnosis and responsible commissioner.

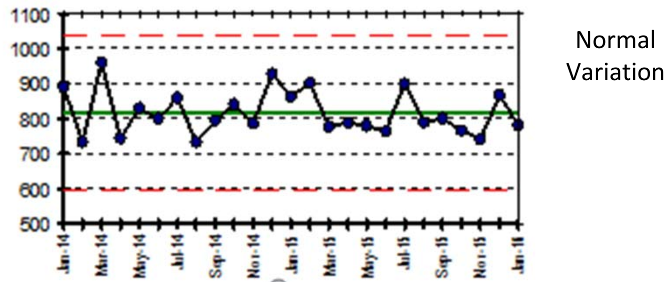
Chart 5 Non Elective admissions to NUH were fairly in line with previous years for January 2016. In total, there were 60 more admissions than 14/15. The current mean average admissions per month is 38 fewer than the corresponding period in 2014.

Chart 6 Non Elective Admissions by CDG as a proportion of constituent CDG Practice List sizes per 100,000.

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 1

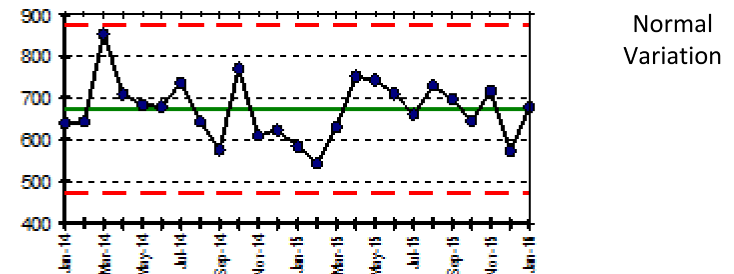


Source: Fast Track

Chart 1

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 2

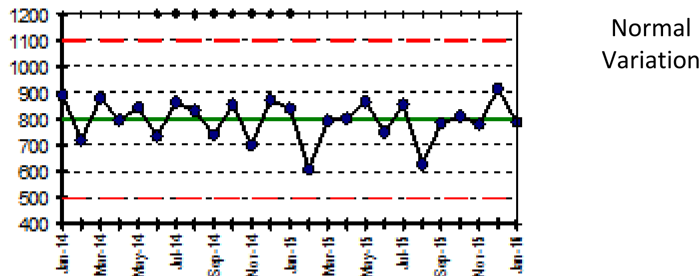


Source: Fast Track

Chart 2

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 3

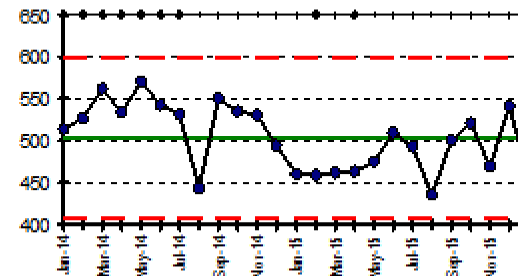


Source: Fast Track

Chart 3

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 4



2 University practices are in this CDG. Similar position to Jan'15

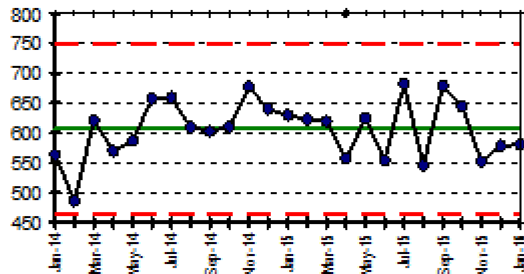
Source: Fast Track

Chart 4

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 5



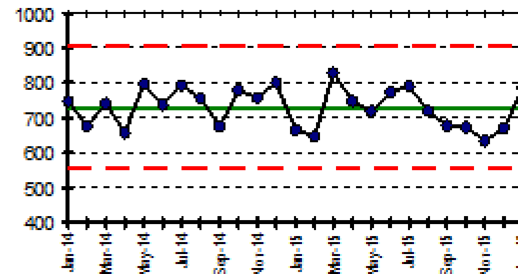
Normal Variation

Source: Fast Track

Chart 1

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 6



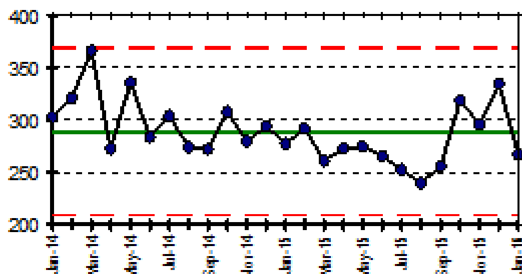
Normal Variation

Source: Fast Track

Chart 2

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 7



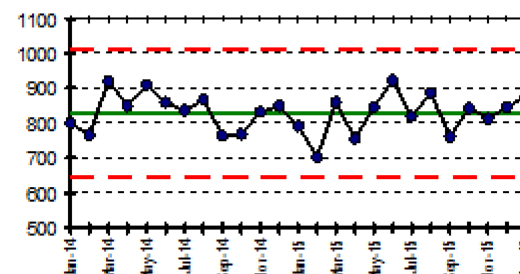
Since Aug’15 an upward trend but Jan’16 sees a dramatic dip. Appears to be greater fluctuation. Cripps are in this CDG.

Source: Fast Track

Chart 3

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG - 8



Normal Variation

Source: Fast Track

Chart 4

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG percentage change - 6 month rolling average

Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	2.5%	-0.4%	0.5%	-1.0%	2.2%	3.2%	6.9%	0.1%
Nov-13	-1.0%	1.3%	-1.6%	-0.4%	1.4%	-1.0%	0.2%	-1.9%
Dec-13	-0.9%	-2.1%	-2.1%	-0.2%	0.4%	0.4%	1.7%	-1.3%
Jan-14	1.5%	-1.3%	0.6%	-0.3%	-2.9%	0.5%	3.3%	-2.8%
Feb-14	-1.2%	-1.1%	-1.7%	0.6%	-3.7%	-1.2%	3.1%	-1.6%
Mar-14	4.6%	3.8%	2.1%	0.7%	0.8%	1.2%	4.0%	0.8%
Apr-14	-1.3%	0.5%	0.4%	-0.1%	-2.1%	-3.4%	-3.1%	0.5%
May-14	2.0%	-0.7%	2.8%	0.1%	-1.9%	2.5%	2.7%	1.8%
Jun-14	1.4%	1.4%	0.5%	1.2%	3.1%	-0.1%	-0.6%	0.8%
Jul-14	1.0%	3.4%	0.7%	0.7%	3.5%	1.6%	1.5%	1.2%
Aug-14	1.5%	1.2%	3.3%	-2.5%	4.5%	2.5%	-1.1%	2.5%
Sep-14	-2.2%	-6.0%	-2.3%	0.4%	-0.2%	-0.9%	-3.5%	-2.9%
Oct-14	2.4%	2.5%	1.9%	0.8%	1.3%	3.5%	2.9%	-1.5%
Nov-14	-0.5%	-0.4%	-2.1%	-0.5%	2.6%	-0.4%	-2.5%	-1.3%
Dec-14	3.1%	0.1%	4.1%	-0.8%	-0.3%	1.7%	0.9%	0.0%
Jan-15	0.7%	-2.4%	0.6%	-1.6%	-0.6%	-2.3%	-1.2%	-0.7%
Feb-15	3.8%	-1.4%	-3.4%	1.1%	0.5%	-2.0%	1.3%	-3.2%
Mar-15	0.2%	3.0%	3.5%	-2.8%	0.6%	4.4%	-0.3%	2.5%
Apr-15	-0.6%	0.5%	1.1%	-2.3%	-1.3%	0.3%	-1.8%	0.4%
May-15	0.3%	3.8%	5.4%	-1.7%	-1.1%	0.0%	-0.1%	1.0%
Jun-15	-3.0%	2.7%	-0.9%	0.6%	-2.1%	0.4%	-1.5%	2.2%
Jul-15	1.1%	2.6%	2.1%	1.2%	2.0%	3.6%	-1.5%	1.5%
Aug-15	-1.6%	5.5%	2.2%	-0.7%	-1.1%	2.6%	-3.1%	4.7%
Sep-15	0.9%	2.1%	1.3%	1.7%	3.0%	-3.1%	-0.2%	-1.4%
Oct-15	-0.1%	-2.3%	1.7%	2.4%	3.9%	-1.5%	3.2%	2.4%
Nov-15	-0.4%	-0.2%	-0.2%	0.2%	-0.5%	-1.8%	1.8%	-0.2%
Dec-15	2.7%	-2.9%	4.8%	1.6%	2.0%	-2.2%	4.4%	-0.9%
Jan-16	-1.9%	1.3%	0.2%	-0.5%	-1.6%	0.2%	2.1%	1.5%

average percentage change over 6 month rolling period

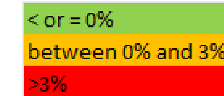


Table 1

Source: Fast Track

Table 1 – Shows the rolling average percentage change in Non Elective admissions by CDG per 100,000 population of list size, based on rolling 6 month periods.

Page 41

Non Elective Admissions (General & Acute) by CDG actual admissions - 6 month rolling average

Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	843	722	844	542	649	767	299	903
Nov-13	833	731	831	538	655	756	298	885
Dec-13	823	714	813	536	653	755	301	872
Jan-14	833	704	816	534	632	756	309	846
Feb-14	820	695	798	536	608	743	317	832
Mar-14	849	717	807	539	607	747	328	835
Apr-14	825	713	802	537	587	718	315	836
May-14	829	699	816	536	567	732	320	848
Jun-14	827	701	811	542	581	727	314	851
Jul-14	821	717	806	545	597	734	314	857
Aug-14	822	717	825	531	617	747	306	874
Sep-14	794	671	802	529	614	736	290	848
Oct-14	810	681	811	529	621	757	296	834
Nov-14	803	669	788	522	636	750	287	821
Dec-14	824	660	810	514	633	761	289	820
Jan-15	825	635	806	502	628	739	284	812
Feb-15	853	618	769	505	631	721	287	785
Mar-15	850	627	778	490	634	747	285	801
Apr-15	841	624	770	478	625	741	280	799
May-15	840	646	797	469	616	735	279	801
Jun-15	813	660	777	472	602	730	274	813
Jul-15	819	673	779	477	610	751	270	818
Aug-15	801	704	782	473	597	763	261	848
Sep-15	804	715	781	480	607	738	260	832
Oct-15	801	697	782	489	621	726	268	846
Nov-15	794	694	768	488	609	712	272	841
Dec-15	811	671	795	494	614	695	283	828
Jan-16	792	674	785	488	597	695	285	837

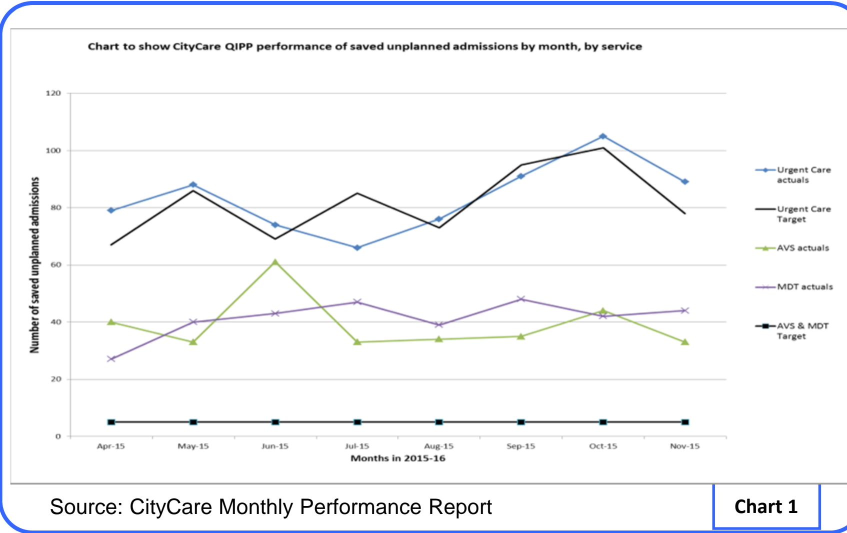
< or = 0%
between 0% and 3%
>3%

Table 2

Source: Fast Track

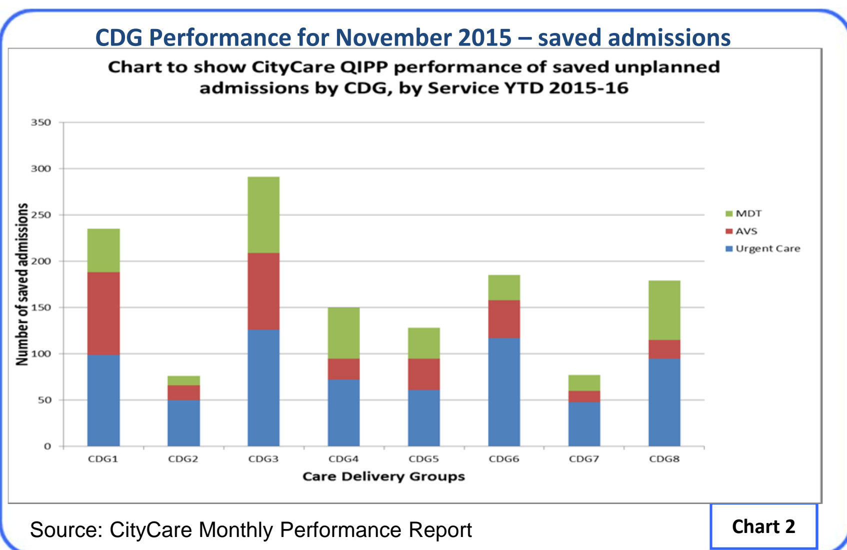
Table 2 – Shows the rolling average of Non Elective admissions by CDG per 100,000 population of list size, based on rolling 6 month periods. Formatting is based on the % change in the previous slide.

Admission Reduction Programmes – CityCare QIPP



Source: CityCare Monthly Performance Report

Chart 1



Source: CityCare Monthly Performance Report

Chart 2

3 Services are now in place within the Nottingham CityCare contract to deliver QIPP savings as reductions in hospital admissions.

Chart 1 shows months 1 -8 (April – November 15) performance against the QIPP target and the cumulative Year to Date position.

CityCare achieved 587 saved unplanned admissions YTD against their target of 120. They exceeded their target by 467.

Urgent Care has achieved the target for month 8 and year to date. It is expected that the winter months will see a further increase of patients against plan and that unsaved admissions will be higher.

AVS and MDT continue to perform above target as this is over and above activity delivered in 2014/15 that was not commissioned in 2014/15 and therefore has no baseline data for comparison.

Chart 2 show the November (month 8) CDG breakdown of all saved unplanned admissions by service. CDG 3 saw the most unplanned admissions saved followed by CDG 6. Urgent Care achieved the highest number of saved unplanned admissions in total.

Based on performance per 100,000 population CDG1 is significantly out performing other CDGs in November.

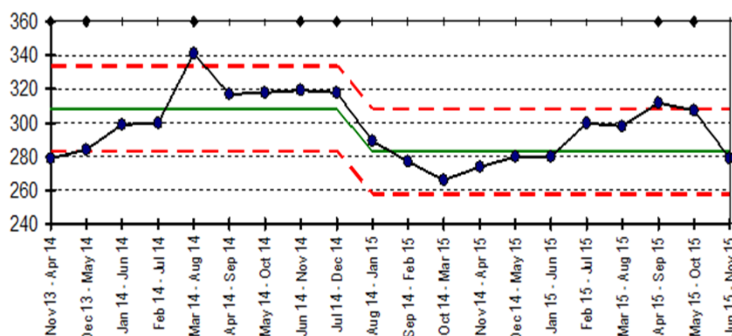
Savings are based on an average admission cost of £1,490.

To November 2015, £1,968,290 was delivered against a Year to Date target of £1,093,660.

Emergency Multiple Admissions to NUH - SUS

Emergency Multiple-Admissions to NUH patient count

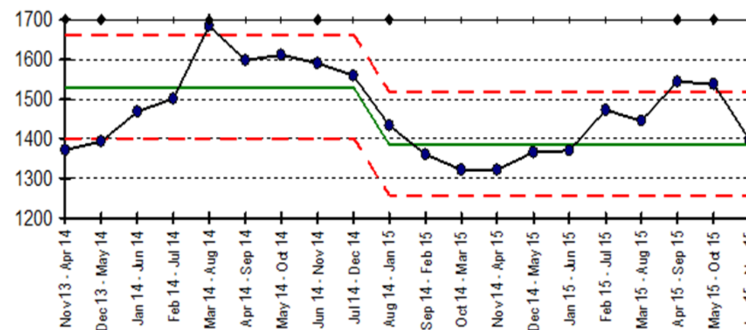
Multiple Admission Patients



Source: SUS Rolling 6 month periods from Nov 2013 to Nov 2015 **Chart 1**

Emergency Multiple-Admissions to NUH admissions count

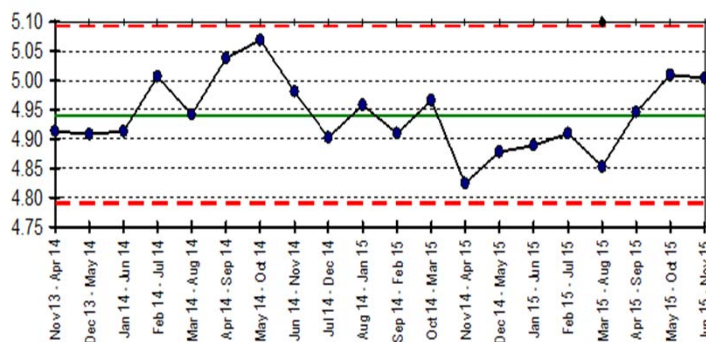
Multiple Admissions



Source: SUS Rolling 6 month periods from Nov 2013 to Nov 2015 **Chart 2**

Emergency Multiple-Admissions to NUH patient to admission ratio

Patient to Admission Ratio



Source: SUS Rolling 6 month periods from Nov 2013 to Nov 2015 **Chart 3**

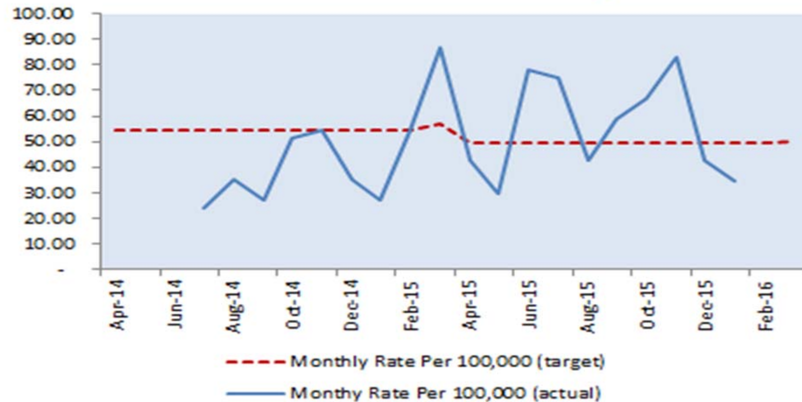
Chart 1 – shows a reduction in the number of distinct patients who have had multiple emergency admissions (4 or greater in a 6 month period) at NUH by rolling 6 month period. In recent months numbers have started to rise with 2 periods right at the top of the limits to be considered normal variation. The latest period sees a return to normal levels.

Chart 2 – shows the reduction in the activity relating to the multiple admissions patients by rolling 6 month period which has followed the same pattern as Chart 1.

Chart 3 – shows the ratio of admissions to distinct patients by rolling 6 month period, after a fall this is again starting to rise but still within the limits of normal variation.

Residential Admissions

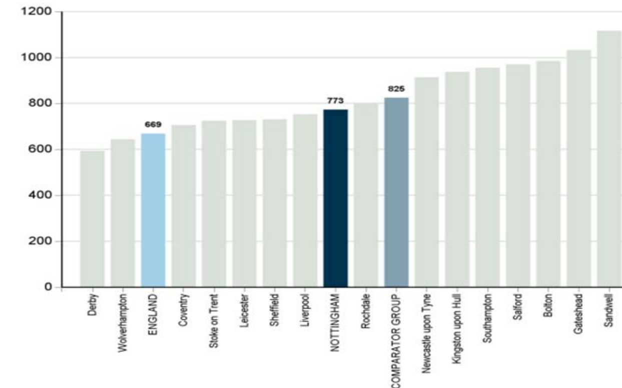
Permanent Admissions to Care Homes – aged 65+



Source: Local Authority Reporting

Chart 1

Permanent Admissions to Care Homes – aged 65+



Source: HSCIC Adult & Social Care Outcomes

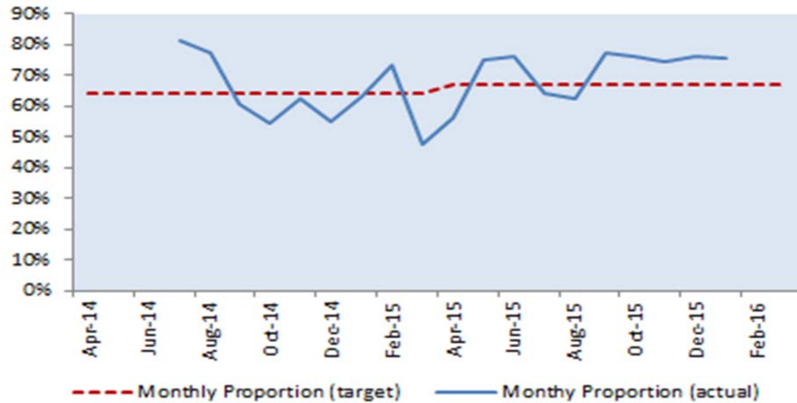
Chart 2

Chart 1 – Summer Admissions to Care Homes have been higher than the levels seen in the same period in 2014, admissions have generally continued to rise above the target level. However, January like December was a good month seeing the figure hitting the target set, although this did also happen in August before rising again. Should also be noted Dec'14 and Jan'15 was also well under target.

Chart 2 – ASCOF 2A part 2 Long term support needs of older people (aged 65 and over) met by residential and nursing homes, per 100,000 population, 2014-15. Nottingham sits above the England average but below it's comparator Group. The comparator Group is based on 15 comparable Councils identified by CIPFA Nearest Neighbour model.

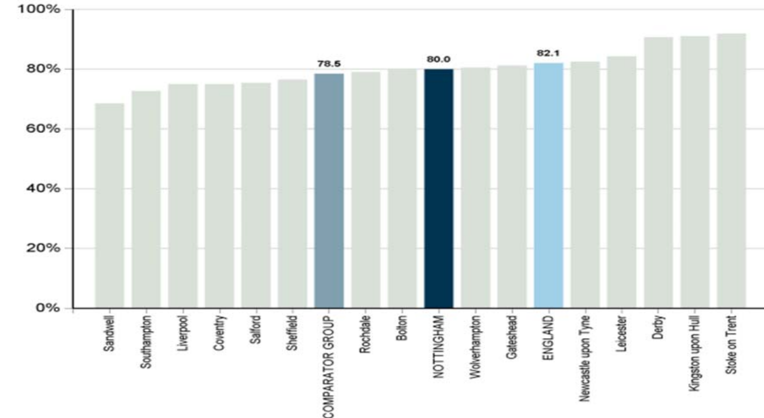
From ASCOF Comparator Report – Nottingham (512) HSCIC

Reablement



Source: Local Authority Reporting & City Care Reports

Chart 1



Source: HSCIC Adult & Social Care Outcomes

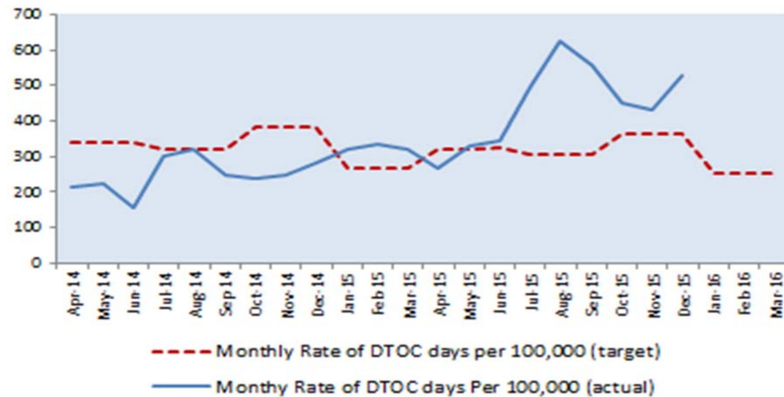
Chart 2

Chart 1 - Shows monthly trend of reablement metric, proportion of actual number of older people at home after 91 days against discharge for the identified population. This is based on combined figures from the Local Authority and City Care. The City Care figures are currently based on both step-up and step-down services. They are working to split this to be able to just show the step-down service as the metric should just related to those patients discharged from Hospital. City Care attempt to contact all users of the reablement service 91 days after discharge, those users who are not contactable are excluded from the denominator. The last 5 months have seen performance above target, this may be partly due to Local Authority having more resource to check relevant patients, current monthly performance is bringing the year to date performance figure back towards target. **Community Beds are no longer included in this metric.**

Chart 2 - ASCOF 2B part 1 – Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, as a percentage, 2014/15. Nottingham sits higher than it's comparator group but lower than the England average. The comparator Group is based on 15 comparable Councils identified by CIPFA Nearest Neighbour model.

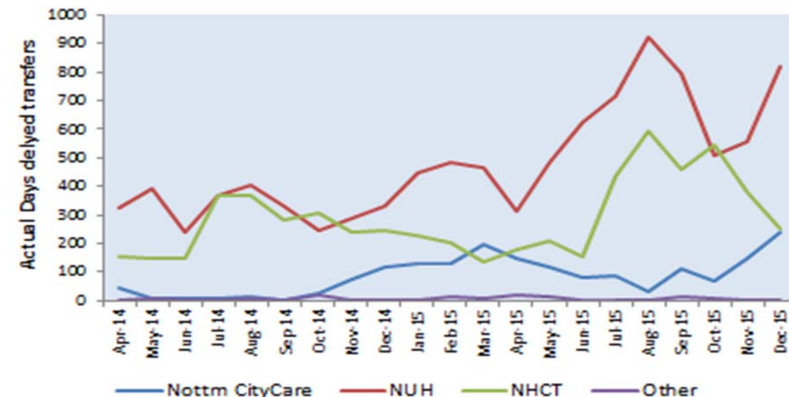
From ASCOF Comparator Report – Nottingham (512) HSCIC

Delayed Transfers of Care (DTOC)



Source: DTOC National Reports

Chart 1



Source: DTOC National Reports

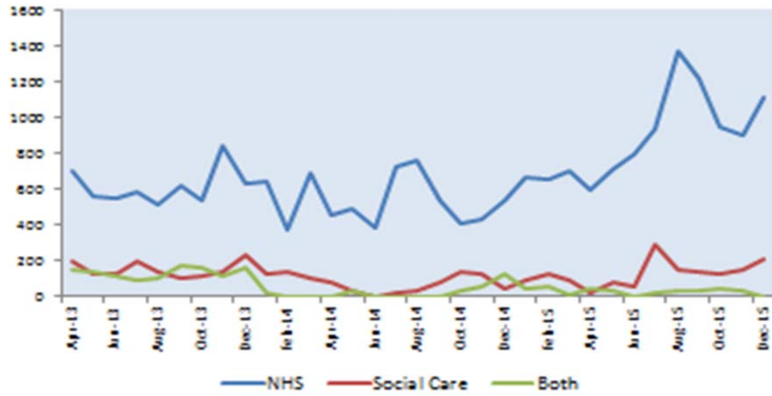
Chart 2

Chart 1 - Delayed Transfers of Care for Nottingham Unitary Authority based on the National DTOC reports, by 100,000 population aged 18 years and over. Summer performance has been significantly above target – much of this activity does relate to NUH and NHCT as can be seen within Chart 2. However, December did see a rise on the CityCare side which in turn saw the DTOC total days take an up turn after several months of falling. The level of activity seen in the previous few months means that without significant intervention it will be very difficult achieve the annual target.

Chart 2 - Trend in Delayed Transfers of Care by local providers for Nottingham Unitary Authority. The upward trend in activity appears to be now primarily due to NHS delays at NUH. December saw another increase for NUH after the reductions in October which had followed high numbers seen in August and September.

Delayed Transfers of Care

Trend of Delayed Transfers of Care All Provide



Source: Monthly DTOC reports NHSE

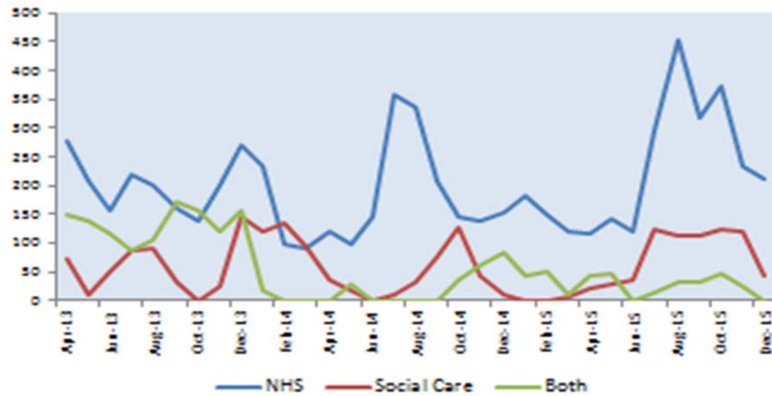
Chart 1

Trend of Delayed Transfers of Care NUH

Source: Monthly DTOC reports NHSE

Chart 2

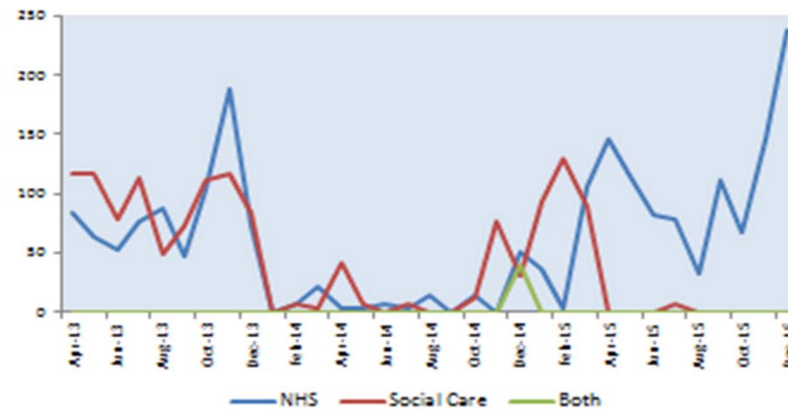
Trend of Delayed Transfers of Care Notts Healthcare Trust



Source: Monthly DTOC reports NHSE

Chart 3

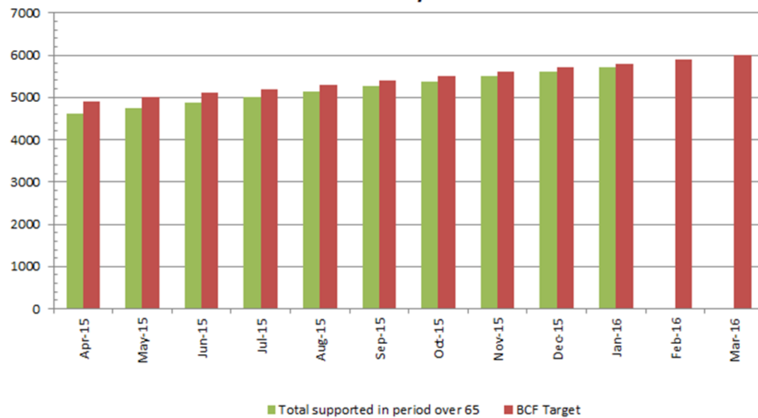
Trend of Delayed Transfers of Care Nottingham City Care



Source: Monthly DTOC reports NHSE

Chart 4

Uptake of Assistive Technology



Source: AT project statistics

Chart 1

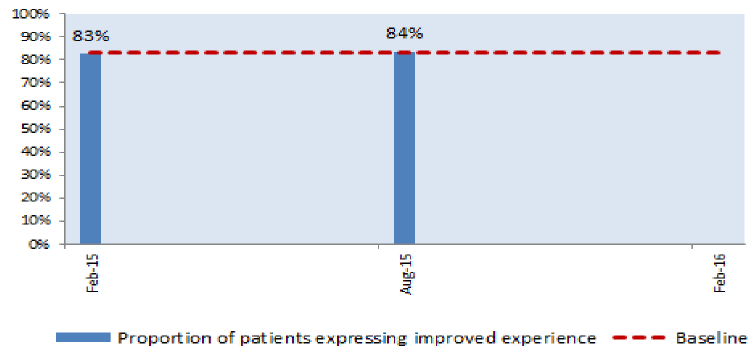
Chart 2

Chart 1 Shows the number of citizens aged 65 and older supported by Assistive Technology during each month in 2015/16 against the BCF target. January 2016 saw performance remain on a par with December slightly under the target. Recent increases in performance are slowly bringing overall performance back on track.

Note: This is the first month the difference between Total numbers supported to Target has not reduced.

Chart 2 Shows approximate numbers of Citizens 65+ who have been supported by Assistive Technology during each month in 2015/16 as a percentage of the Total Citizens assisted regardless of age. The number 65+ assisted has been fixed at 79%.

Patient / Service User Experience Metric



Source: 6 monthly Patient Survey

Chart 1

The patient survey results for February 2015 has been used as a baseline for this metric which shows 83% of those citizens with long term conditions taking part in the survey reported an improved experience. The metric will be updated on a 6 monthly basis. The survey result for August 2015 was 84%.

The next survey results are not expected until late February 2016.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - 16 March 2016

Title of paper:	**2016/17 Better Care Fund Plan**	
Director(s)/ Corporate Director(s):	Candida Brudenell Marie Principe	**Wards affected: All**
Report author(s) and contact details:	Joanne.Williams@nottinghamcity.nhs.uk Clare.Gilbert@nottinghamcity.gov.uk	
Other colleagues who have provided input:	**Darren Revill**	
Date of consultation with Portfolio Holder(s) (if relevant)	**N/A**	
Total value of the decision:	**£25,857,401**	

Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	☐
Schools	☐
Planning and Housing	☐
Community Services	☐
Energy, Sustainability and Customer	☐
Jobs, Growth and Transport	☐
Adults, Health and Community Sector	X
Children, Early Intervention and Early Years	☐
Leisure and Culture	☐
Resources and Neighbourhood Regeneration	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	X
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):
This report presents details of the financial elements of the 16/17 Better Care Fund (BCF) Plan for approval.

Exempt Information:
The appendix to this report is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains commercially sensitive information. Having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Recommendation(s):

1	Committee approves the draft submission for the 2016/17 BCF Planning Return for submission to NHS England which will be presented for formal approval by the Health and Wellbeing Board

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

1. REASONS FOR RECOMMENDATIONS

1.1 A condition of NHS England is that the Better Care Fund Plan requires the sign off of the Health and Wellbeing Board and by the constituent Councils and CCGs.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The technical guidance for the 2016/17 BCF has now been issued and the first submission is now due on Wednesday 2nd March. The final submission is due on 25th April.

2.2 The Better Care Fund Allocations were made available on the 10th February 2016. In addition to the minimum contribution, the CCG has agreed an additional £1.748 million.

	Gross Contribution
Total Local Authority Contribution	£2,604,709
Total Minimum CCG Contribution	£21,504,692
Total Additional CCG Contribution	£1,748,000
Total BCF pooled budget for 2016-17	**£25,857,401**

2.3 The timescales around submissions are:

First BCF Submission consisting of BCF Planning Return only (attached)	2nd March
Assurance of BCF plans by the regional team	March
Second submission following assurance feedback to consist of:	
• Revised BCF Planning Return	
• High level narrative plan	21st March
• Final BCF plans submitted having been signed off by HWB Boards	25th April

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 A wholesale review of BCF schemes: This option has been rejected as, in general, good progress is being made in delivery BCF objectives and the delivery of the Integrated Adult Care programme. Evolution of current schemes is viewed as the more appropriate and proportionate option.

4. FINANCE COMMENTS (INCLUDING VALUE FOR MONEY/VAT)

4.1 Financial details are as per the exempted BCF Planning submission

5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES AND, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 Not applicable

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No ☐

An EIA is not required because:

- The schemes identified do not significantly differ from those identified in 2015/16.
- The new schemes that are identified have been previously funded from other sources
- The extended services will provide continuation of provision

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

7.1 Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 BCF Technical Guidance
Draft 2016/17 Better Care Fund Plan HWBCSC 20th January 2016

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - 16th March 2016

Title of paper:	**BCF New Schemes and Underspend Proposals**	
Director(s)/ Corporate Director(s):	Candida Brudenell Marie Principe	**Wards affected: All**
Report author(s) and contact details:	**Clare Gilbert** **Clare.gilbert@nottinghamcity.gov.uk**	
Other colleagues who have provided input:	**Jo Williams, Darren Revill**	
Date of consultation with Portfolio Holder(s) (if relevant)		
Total value of the decision:	**£2,297,036**	

Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	☐
Schools	☐
Planning and Housing	☐
Community Services	☐
Energy, Sustainability and Customer	☐
Jobs, Growth and Transport	☐
Adults, Health and Community Sector	X
Children, Early Intervention and Early Years	☐
Leisure and Culture	☐
Resources and Neighbourhood Regeneration	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	X
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):
The paper sets out the proposals in relations to new schemes within the 2016/17 Better Care Fund (BCF) and sets out the proposed schemes in relation to the carry forward of money from the 2015/16 BCF.

Exempt Information:
Appendices 1, 2, 3 and 4 are exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains information relating to the financial or business affairs of organisations involved in delivered services to the council. Having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Recommendation(s):

1	Commissioning Sub-committee approves the inclusion of the additional schemes in the 2016/17 BCF as detailed in Exempt Appendix 1

2	Commissioning Sub-committee approve proposals for utilisation of 2015/16 BCF underspend as detailed in Exempt Appendix 2 and commit funds for this purpose totalling £903,565.
3	Commissioning Sub-committee approve proposals for the extension of the Mental Health Resettlement Service for up to 18 months. To dispense with Contract Procedure Rule 5.1.2 in accordance with Financial Regulation (3.29) (Operational Issues) and to enable a direct award in order to allow for a joint review of mental health pathways to take place between the NCC and the CCG.
4	Commissioning Sub-Committee approve proposals for the extension of the Sixty Plus Independent Living Support Service (ILSS) for up to 3 years.

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

These recommendations support the continued funding of the Mental Health Resettlement Service to support improved mental health pathways.

1. REASONS FOR RECOMMENDATIONS

1.1 A number of new schemes have been identified for inclusion within the 2016/17 BCF. The schemes have been identified in line with the new technical guidance to support integration in line with the nationally agreed metrics.

1.2 There is identified underspend against agreed 2015-16 BCF funding. These proposals will support delivery of BCF metrics, further integration of Health and Social Care provision in the City and improve outcomes for vulnerable older citizens and those with long-term conditions.

1.3 The contract for the Mental Health Resettlement Service pilot ends the 31st March 2016. A contract extension of up to 18 months is requested in order to undertake a review of mental health pathways and to align this with the re-commissioning of other mental health provision.

1.4 The contract for the 60 Plus ILSS is due to expire on the 30th June 2016 and whilst there is contractual permission to extend for a further three years, the financial permission is not in place.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The technical guidance for the 2016/17 BCF has now been issued and the first submission is now due on Wednesday 2nd March. The final submission is due on 25th April.

2.2 The Better Care Fund Allocations were made available on the 10th February 2016. In addition to the minimum contribution, the CCG has agreed an additional £1.748 million.

	Gross Contribution
Total Local Authority Contribution	£2,604,709
Total Minimum CCG Contribution	£21,504,692
Total Additional CCG Contribution	£1,748,000
Total BCF pooled budget for 2016-17	**£25,857,401**

The BCF includes £1.869m from the Disabled Facilities Grant (DFG). This represents a change from the previous allocation as the Social Care Grant has now been ended and that the value of the DFG has increased accordingly. There is also a requirement that the element of the BCF that meets the requirement to provide NHS Out of hospital commissioned services should not fall below £6.111 million.

2.3 This report identifies the new schemes for inclusion in the Plan. These have been identified based on on-going analysis of the delivery of key BCF performance metrics and progress of the Integrated Adult Care programme. These include:

- Older person Home Safety and Improvement Service
- Seven Day Services in Rapid Response and Hospital Discharge
- CDG Assessor posts
- Primary Carers Service
- Information and Advice support posts
- Access and Navigation Pilot
- Looking After Each Other Pilot

More details on these services is available in Exempt Appendix 1.

2.4 In addition the report includes the proposals for the utilisation of the under spend that is being carried forward from the 2015/16 fund. Underspend proposals are also targeted to support the performance metrics and to promote integration.
The Temporary Assessment Project Team is a pilot to develop new ways of working.

The Sixty Plus Homeless Independent Living Support Service supports older people to live independently in their own homes. There is an on-going need for this service. The future funding of this service will need to be reviewed alongside all other services identified within the BCF to identify resources required in future years.

The Hospital Discharge Team additional temporary post proposals addresses the current shortfall in capacity of the Hospital Discharge Team through the provision of four additional posts.

More details on these services is available in Exempt Appendix 2.

2.5 The Mental Health Resettlement Service Contract is due to expire on the 31st March. The service was commissioned from 1st April 2013 as a pilot project to allow for the evaluation of a model of short-term supported accommodation (with stays up to 24 weeks) available to vulnerable adults leaving inpatient mental health services, designed to support their timely discharge and safe return to more independent living arrangements within the community. The service provides a total of 13 bed spaces. Performance monitoring and feedback from key stakeholders suggests that the service is performing well. Permission is sought to extend the contract for a further 18 months in order to allow for the wider consideration of services (including similar supported accommodation options) available to adults with mental health difficulties living in the City. This requires dispensation from Contract Procedure Rule 5.1.2 in accordance with Financial Regulation (3.29) (Operational Issues) to enable a direct award in order to allow for a joint review of mental health pathways to take place between the NCC and the CCG. The Chief Finance Officer (Nottingham City Council) has been consulted on and approved the dispensation. For further details of the contract value see Exempt Appendix 3.

2.6 The Sixty Plus Service has newly been included within the BCF Underspend Proposals. For a detailed description, see Appendix 2. The service supports the frail

elderly to stay in their accommodation. The service was commissioned alongside a way range of housing support services as part of the Independent Living Support Services Framework. The contract for this service is due to expire on 30th June 2016. The current framework expires in December 2016 but under the current framework it is possible to extend the current service for up to three years until 30th June 2019. Although the underspend monies are only available for one year, there is commitment to review the money for this service on an equal footing with all other BCF expenditure. It is therefore proposed permission is granted to extend this contract for up to three years but to make clear that this extension will be subject to funding availability and that the contract will be terminated if no further funding is available.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 A wholesale review of BCF schemes: This option has been rejected as, in general, good progress is being made in delivery BCF objectives and the delivery of the Integrated Adult Care programme. Evolution of current schemes is viewed as the more appropriate and proportionate option.

4. FINANCE COMMENTS (INCLUDING VALUE FOR MONEY/VAT)

4.1 See attached Exempt Appendix 4 for finance comments.

5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES AND, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 The Mental Health Resettlement contract referred to in recommendation 3 is to be extended for a period of 18 months. This is the first extension of the contract. There is no option to extend however the value of the extension is below the applicable light touch financial threshold. As the contract was previously awarded as a 'Part B' contract when contract value was not a determining factor it is not considered necessary that the value of the contract extension should be aggregated with the preceding years. On that basis the extension is a permissible direct award.

The extension to the Sixty Plus service referred to in recommendation 4 is in accordance with an option under the contract.

Joint legal and procurement comments - Kate Lowman Procurement Lead Officer and Andrew James Team Leader (Contracts and Commercial)

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No X☐

An EIA is not required because:

- The schemes identified do not significantly differ from those identified in 2015/16.
- The new schemes that are identified have been previously funded from other sources
- The extended services will provide continuation of provision

(Please explain why an EIA is not necessary)

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

7.1 Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 BCF Technical Guidance
Draft 2016/17 Better Care Fund Plan HWBCSC 20th January 2016

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