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NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 14 December 2016

Time: 3.00 pm

Place: LH1.32, Loxley House, Station Street, Nottingham NG2 3NG

Contact: Jane Garrard **Direct Dial:** 0115 8764315

- 1 **APOLOGIES FOR ABSENCE**
- 2 **DECLARATIONS OF INTERESTS**
- 3 **MINUTES** 3 - 4
To confirm the minutes of the meeting held on 9 November 2016
- 4 **BETTER CARE FUND QUARTERLY PERFORMANCE REPORTS** 5 - 48
- 5 **BETTER CARE FUND 2016/17 QUARTER 2 BUDGET MONITORING REPORT** 49 - 54
- 6 **BETTER CARE FUND 2018-2020 PLANNING**
Verbal report
- 7 **UTILISATION OF DISABLED FACILITIES GRANT** 55 - 62
- 8 **EXCLUSION OF PUBLIC**
To consider excluding the public from the meeting during consideration of the remaining item(s) in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 9 **BETTER CARE FUND UNDERSPEND PROPOSAL** 63 - 72

The Nottingham City Health and Wellbeing Board Commissioning Sub Committee is a partnership body whose role includes providing advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund and domestic violence pooled budgets.

Members:

Voting members

Katy Ball	City Council Director of Commissioning and Procurement
Councillor Alex Norris	City Council Portfolio Holder with a remit covering health
Maria Principe	NHS Nottingham City Clinical Commissioning Group Director of Cluster Development and Performance
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

Christine Oliver	City Council Head of Commissioning
Alison Challenger	City Council Director of Public Health
Colin Monckton	City Council Director of Commissioning, Policy and Insight
Lucy Anderson	NHS Nottingham City Clinical Commissioning Group Assistant Director – Mental Health and Community Services
Martin Gawith	Healthwatch Nottingham representative

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 9 November 2016 from 16.48 - 16.52

Membership

Voting Members

Present

Dr Marcus Bicknell
Maria Principe

Absent

Katy Ball
Councillor Alex Norris

Non Voting Members

Present

Martin Gawith
Christine Oliver (substitute for Katy Ball)

Absent

Lucy Anderson
Alison Challenger
Colin Monckton

Colleagues, partners and others in attendance:

- | | |
|---------------|--|
| Clare Gilbert | - Commissioning Lead – Adults, Nottingham City Council |
| Rachel Sokal | - Public Health Consultant, Nottingham City Council |
| Jo Williams | - Assistant Director Health and Care Integration, NHS Nottingham City Clinical Commissioning Group |
| Jane Garrard | - Senior Governance Officer |

77 APOLOGIES FOR ABSENCE

Katy Ball
Councillor Alex Norris – personal

78 DECLARATIONS OF INTERESTS

None

79 MINUTES

The minutes of the meeting held on 14 September 2016 were confirmed as an accurate record and signed by the Chair.

80 BETTER CARE FUND UNDERSPEND PROPOSALS

Maria Principe, Director of Cluster Development and Performance, NHS Nottingham City Clinical Commissioning Group introduced the report. It was proposed that the Better Care Fund underspend be used to fund existing mainstream services that support the Better Care Fund objectives. There was support in principle for funding homecare services but it was felt that further information was required before a decision could be taken, including how implementation would be performance managed by the Sub Committee.

RESOLVED to

- (1) use the Better Care Fund underspend to fund existing mainstream services;**
- (2) use £40,000 of the Better Care Fund underspend for a project manager to oversee transformational activity related to the integrated savings plan;**
- (3) bring proposals for use of the remaining Better Care Fund underspend to fund existing mainstream services to a future meeting of the Sub Committee; and**
- (4) consider funding the Transfer to Assess proposal at the Sub Committee's meeting in December 2016 subject to further details around the model and the inclusion of performance management measures.**

81 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

82 EXEMPT MINUTES

The exempt minutes of the meeting held on 14 September 2016 were confirmed as an accurate record and signed by the Chair.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

14 DECEMBER 2016

	Report for Information
Title:	Better Care Fund Quarterly Performance Reports
Lead officer(s):	Jo Williams
Author and contact details for further information:	Charlotte Harris, Project Manager - Health & Social Care Integration. Nottingham City CCG & Nottingham City Council Charlotte.harris@nottinghamcity.nhs.uk
Brief summary:	This report provides information in relation to the Better Care Fund performance metrics for Q1 16/17 and Q2 16/17.
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- a) note the performance in relation to the Better Care Fund metrics for quarter one and quarter two of this financial year.
- b) note the quarterly returns which were submitted to NHS England 26.8.16 and 24.11.16 respectively, both of these were authorised virtually by the Health & Wellbeing Board Chair – Councillor Alex Norris.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: <ul style="list-style-type: none"> - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to meet their need The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a	By 2020, the aspiration is that: <ul style="list-style-type: none"> - People will be living longer, more independent and better quality lives, remaining at home for as long as possible

healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	<ul style="list-style-type: none"> - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital
Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	<ul style="list-style-type: none"> - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. <p>The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person’s journey through the system of care as simple as possible, and encourage shared decision making.</p>
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board’s aspiration to give equal value to mental and physical health	
<p>A core element of the Integrated Care model is the integration of mental health services which is being progressed through the Mental Health Integration Steering Group. This steering group oversees a work plan which will be supported by task and finish groups. Clinical assurance has been delegated to the Clinical Strategic Commissioning Group. Commissioning assurance has been delegated to the Mental Health Joint Commissioning Group.</p>	

Reason for the decision:	n/a
total value of the decision:	n/a
Financial implications and comments:	Quarterly finance information is included within the Appendices attached to this report. The reported financial position aligns to the Quarterly Budget Monitoring Reports presented to Commissioning Sub-Committee on 14 September and 14 December 2016.
Procurement implications and comments (including where relevant social value implications):	n/a
Other implications and comments, including legal, risk management, crime and disorder:	n/a
Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	n/a
Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	n/a
Background papers relied upon in writing the report: <i>Documents which disclose important facts or matters on which the decision has been based</i>	<p>Nottingham City BCF Quarterly Return – Quarter 1 2016/17</p> <p>Nottingham City BCF Quarterly Return –</p>

<i>and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	Quarter 2 2016/17
Other options considered and rejected:	n/a

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE –
14 December 2016

Title of paper:	Better Care Fund Quarterly Performance Reports
Report author(s) and contact details:	Charlotte Harris, Project Manager – Health & Social Care Integration, Nottingham City CCG and Nottingham City Council Charlotte.harris@nottinghamcity.nhs.uk

1. REASONS FOR RECOMMENDATIONS

1.1 To enable Sub-committee to consider performance of the Better Care Fund 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

2.1 The 2016/17 Nottingham City BCF Plan was approved by the Health & Wellbeing Board Commissioning Sub-Committee on 16 March 2016 and the Health and Wellbeing Board on 25 April 2016.

2.2 In line with national reporting arrangements for 2015/16 NHS England continues to require all Health and Wellbeing Boards to report on their BCF performance on a quarterly basis through a standardised return in 2016/17.

2.3 NHS England required the return for Q1 to be submitted to them by 26 August 2016 and the return covering Q2 by 25 November 2016. Due to a mismatch between the timing of the publication of performance data and the scheduling for this meeting both quarterly returns were shared with the Chair of the Health and Wellbeing Board, Councillor Alex Norris for virtual approval. A copy of each return is included within the appendices. A summary of both returns is detailed below; this includes performance against the national conditions and performance metrics.

National conditions	Nottingham City position
1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services	Yes
3) Agreement for the delivery of seven day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings where clinically appropriate	Yes
4) In respect of Data Sharing i) Is the NHS Numbers being used as the consistent identified for health & social 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 the revised Caldicott principles and guidelines iv) Have you ensured that people have clarity about how data about them is used, who au have access and how they can exercise their legal rights?	Yes – in alignment with plans across Nottinghamshire through the Connected Notts work led by Andy Evans
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	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted	Yes

substantially affected by plans	
7) Agreement to invest in NHS Commissioned out of hospital services, which may include a wide range of services including social care	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTC) and to develop a joint local action plan	In progress- The target has been locally agreed, the deep dive review and local action plan were produced during quarter two.

2.4 Summary of performance

Performance against each BCF metric is described below.

Performance as at Q1 2016/17

Metric	Performance
Avoiding permanent residential admissions	Q1 performance shows admission to residential homes on track to meet target. This has improved significantly since Q4 of 2015/16. Q1 shows a similar position to Q1 2015/16. The review of admissions will be completed within Q2 16/17, we expect to identify actions from the review to support a continued improvement in performance against this metric. Progress on this work will be reported to the Integrated Care Board.
Increased effectiveness of reablement	Performance against this metric continues to be above the target. During June 82.4% of citizens were at home 91 days after discharge from hospital, the monthly BCF target was also 77.6%. Performance will continue to be monitored closely as the integrated reablement service is implemented.
Reduced delayed transfer of care (DTC)	During June there were 1,298 delayed days, the target for this month was 776. A local deep dive analysis into reasons for the recent increase in DTCs across all providers is being conducted. An action plan will be co-produced with providers. Through the BCF Finance and Performance group we will monitor the impact of the action plan on DTC performance to ensure that a reduction is achieved and through the new monitoring mechanisms tackle system issues as they arise.
Increased uptake of Assistive Technology (AT)	An increasing number of citizens are supported to maximise their independence through the use of AT. During June 169 citizens were supported by AT, the monthly target were 150 citizens.
Improvement in health and social care outcomes	The fourth wave of survey results are due in February 2017.
Reduced non-electivity activity	Q1 performance has been slightly higher than the target. However, this position should be recoverable. During June there were 2,523 NEL admissions, the monthly target was 2,361.

Performance as at Q2 2016/17

Metric	Performance
Avoiding permanent residential admissions	The council moved to a new recording system earlier in the year which has resulted in null reporting for July 2016. For the other months within the quarter this metric performed to target or better. The deep dive review into admissions into residential and nursing home care has been completed. A set of action have been proposed and will be presented to the BCF & Integrated Care Board December 2016.
Increased effectiveness of reablement	Performance against this metric continues to be above the target. During August 82.4% of citizens were at home 91 days after discharge from hospital, the monthly BCF target was 77.6%. Performance will continue to be monitored closely as the integrated reablement service goes live.
Reduced delayed transfer of care (DTC)	During July there were 2,032 delayed days, the target for this month was 1,384. A particularly high volume of DTCs reported by NUH in July has exacerbated the level of performance. It is unlikely that the year-end target is recoverable. A local deep dive analysis into reasons for the recent increase in DTCs across all providers has been conducted and an action plan has been agreed. Through the BCF Finance and Performance group we will monitor the impact of the action plan on DTC

	performance to ensure that a reduction is achieved and escalate any system issues as they arise.
Increased uptake of Assistive Technology (AT)	During August 79 citizens were supported by AT, the monthly target were 150 citizens. Although this metric is currently under performing against for the quarter it is expected to pick up later in the year as new projects begin to deliver more activity and hit target.
Improvement in health and social care outcomes	The fourth wave of survey results is due in February 2017.
Reduced non-electivity activity	Q2 has seen a greater number of admissions than the target, the variance to target in July was particularly high, analysis suggests that Respiratory Admissions for those aged 80 years and over was particularly high in comparison to the previous year.

Appendices

Appendix.A



BCF Quarterly Data
Collection Template Q

Appendix.B



BCF Quarterly Data
Collection Template Q

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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 9th September 2016.

The BCF Q1 Data Collection

This Excel data collection template for Q1 2016-17 focuses on budget arrangements, the national conditions, 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 8 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 BCF Policy Framework 16-17 and BCF planning guidance.

4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.

7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key 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

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

Have the funds been pooled via a s.75 pooled budget?

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 eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned income into the pooled fund for each quarter of the 2016-17 financial year
Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 2016-17
Planned expenditure from the pooled fund for each quarter of the 2016-17 financial year
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 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.

5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, 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 six metrics for Q1 2016-17
Commentary on progress against each 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.

6) Additional Measures

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 /Q3/Q4 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.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q1 16/17.

Better Care Fund Template Q1 2016/17

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

Have funds been pooled via a 5.75 pooled budget? If no, date provided?
Yes

3. National Conditions

	7 day services				
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4) Is the NHS Number being used as the consistent identifier for health and social care services?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes
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)	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17
Income to	Plan	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes
	Actual	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes		
Expenditure From	Plan	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes
	Actual	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes		
Commentary on progress against financial plan:		Yes		

5. Supporting Metrics

NEA	Please provide an update on indicative progress against the metric?	Yes	Commentary on progress
DTOC	Please provide an update on indicative progress against the metric?	Yes	Commentary on progress
Local performance metric	Please provide an update on indicative progress against the metric?	Yes	Commentary on progress
Patient experience metric	If no metric, please specify	Yes	Commentary on progress
Admissions to residential care	Please provide an update on indicative progress against the metric?	Yes	Commentary on progress
Reablement	Please provide an update on indicative progress against the metric?	Yes	Commentary on progress

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health
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
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
	To GP	To Hospital	To Social Care	To Community	To Mental health
From GP	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes
	GP	Hospital	Social Care	Community	Mental health
Progress status	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	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 end 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
Brief Narrative	Yes

7. Narrative

Data sharing			
4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there 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
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes

Q4 2016/17
Yes
Yes

Yes
Yes

Specialised palliative
Yes
Yes

To Specialised palliative
Yes
Yes
Yes
Yes
Yes

Specialised palliative
Yes
Yes

Cover

Q1 2016/17

Health and Well Being Board

Nottingham

completed by:

Jo 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:

Clr Alex Norris, HWB Chair

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

	No. of questions answered
1. Cover	5
2. Budget Arrangements	2
3. National Conditions	36
4. I&E	21
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Nottingham

Have the funds been pooled via a s.75 pooled budget?

Yes

If the answer to the above is 'No' please indicate when this will happen
(DD/MM/YYYY)

National Conditions

Selected Health and Well Being Board:

Nottingham

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 have been met, 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 an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	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)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (standard 9)?	No	31/03/2017	A number of measures were taken in 15/16 to develop 7 day working for community services, where appropriate. This has been carried into 16/17, to date th
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
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	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan	No - In Progress	30/09/2016	The target was agreed as part of the planning process, a detailed situation analysis is underway. We expect to agree an action plan with providers and system

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. 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. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also 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) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

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

The appropriate and lawful 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 consistent 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 demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/infogov/iga>

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 named care coordinator, 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 care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delivered days) per 100,000 population (attributable to either NHS, social care or both) per month).

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

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

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
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	£6,464,350.00	£6,464,350.00	£6,464,350.00	£6,464,351.00	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	N/A
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Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
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	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	
	Actual*	£6,286,065					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	N/A
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Commentary on progress against financial plan:	At this point the fund expects to fully spend the fund value in the year. Planned and forecast expenditure have been phased to reflect proportionally higher expenditure expected in quarters 2, 3 and 4 of this financial year, compared to quarter 1.
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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 and has been rounded to the nearest whole number.

National and locally defined metrics

Selected Health and Well Being Board:

Nottingham

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q1 performance has a slightly higher number of admissions to target. However, this is a recoverable position given that we are only at Q1.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q1 continues to have significantly higher activity than target for delayed transfers of care. As noted in tab 3, a situation analysis is underway and action plan is being co-produced.
Local performance metric as described in your approved BCF plan	Proportion of the population supported by Assistive Technology
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Currently slightly under the target for Q1 but we expect to meet target by the end of the year.
Local defined patient experience metric as described in your approved BCF plan	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:	Latest assessment against target is not expected until later in year when patient surveys have been analysed.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q1 performance shows Admission to residential homes on track to meet target. This has improved significantly since Q4 of 2015/16. Q1 shows a similar position to Q1 2015/16. The review of admissions will be completed within Q2 16/17, we expect to identify actions from the review to support a continued improvement in performance against this metric.

Additional Measures

Selected Health and Well Being Board:

Nottingham

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: 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	No	No	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 Measure: 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 Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Shared via Open API
From Hospital	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Shared via Open API
From Mental Health	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Shared via Open API

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	Live	In development	Unavailable	Unavailable	Unavailable	Unavailable
Projected 'go-live' date (dd/mm/yy)		30/01/17	01/12/18	01/10/17	30/01/17	01/10/17

3. Proposed Measure: 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
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Other Measures: Measures (4-5)

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

Total number of PHBs in place at the end of the quarter	166
Rate per 100,000 population	52

Number of new PHBs put in place during the quarter	10
Number of existing PHBs stopped during the quarter	8
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	25%

Population (Mid 2016)	320,056
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5. Proposed Measure: 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 most of the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Nottingham

Remaining Characters

25,613

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

BCF Narrative

BCF Scheme 1 – Access and Navigation

A major innovation within the Access and Navigation model will be the implementation of the Citizen Triage Point. The Citizen Triage Point responds to the request of citizens to have minimal options to select from and navigates them to a Citizen Triage Point where they can speak to an adviser about their need. It is proposed to expand and remodel the current triage function within the Social Care Services Point to enable a higher volume of calls to be taken, reduce the queue waiting time and resolve or signpost the majority of calls within one call for the citizen. In addition to the Citizen Triage Point, Nottingham City will also be rolling out an Integrated Directory of services. The Integrated Directory will encompass all health, social care, mental health and voluntary services and is undergoing citizen testing to ensure its accessibility and ease of use to all users. Care Co-ordinators are continuing to be a successful addition to the CDGs and their service will be undergoing a overhaul, where they will be allocated additional staff to support the transfer of care from hospital to home, with anyone living alone to be prioritised for home visits to ensure they are safe at home, provided with adequate support and signposted onto relevant services. The anticipated rollout of these 3 initiatives will be during Q2 and Q3 16/17.

BCF Scheme 2 – Assistive Technology

The number of people being supported by Assistive Technology increased from 7109 to 7352 - an increase of 243 active users, however, below the target increase of 375 additional active users. In addition there were 141 users who were supported in the period i.e. had equipment but was removed before the end of the quarter. The Health and Wellbeing Board approved the proposals to create the integrated Assistive Technology Service –bringing together the NCC Telecare Service and CCG Telehealth Service. The integrated Service will be delivered by Nottingham City Homes from October 2016. A new initiative to support patients to take their medication by receiving text message reminders has been approved by the Assistive Technology Strategic Group. The project is called Medicines Optimisation through Assistive Technology (MOAT) and will see community pharmacies setting up selected patients to get text reminders. The 2 year external Assistive Technology Evaluation concluded with a final report being presented to the Assistive Technology Strategic Group in April and the highlights presented to the Integrated Care Programme Board in May. The highlights were high levels of users and carer satisfaction, high levels of staff and stakeholder understanding of AT and integration plans, and the results of a cost effectiveness study being a return on investment of £3.51 for every £1 spent. This is achieved through good levels of non-elective admission and A&E attendance avoidance.

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 25th November 2016

The BCF Q1 Data Collection

This Excel data collection template for Q2 2016-17 focuses on budget arrangements, the national conditions, 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 8 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 BCF Policy Framework 16-17 and BCF planning guidance.

4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.

7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key 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

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

If it had not been previously stated that the funds had been pooled can you now confirm that they have now?

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 eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 & Q2 2016-17
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 & Q2 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 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.

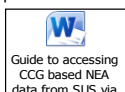
5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, 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 six metrics for Q2 2016-17
Commentary on progress against each 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.

Guidance on accessing CCG based NEA numerator data from SUS via the 'Activity and Planning Report' has been circulated in tandem with this report in order to enable areas to perform their own in year monitoring of NEA data. This guidance document can also be accessed via the embedded object below.



NEA denominator population (All ages) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here: <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Please note that the Non-Elective Admissions per 100,000 population (All ages) population projections are based on a calendar year.

Delayed Transfers Of Care numerator data for actual performance has been sourced from the monthly DTOC return found here: <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

DTOC denominator population (18+) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here: <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Please note that the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year.

Actual and baseline data on Re-ablement and Residential Admissions can be sourced from the annual ASCOF return found here: <http://content.digital.nhs.uk/searchcatalogue?productid=22085&q=ascof>

Please note these are annual measures and the latest data for 2015/16 data was published 05/10/2016. Plan data for these metrics in 2016/17 were submitted by HWBs within Submission 4 planning returns and final figures are displayed within the 'Remaining Metrics Enquiry' tab of the Submission 4 report.

6) Additional Measures

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 last years BCF Quarterly Data Collection Template (Q2/Q3/Q4 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.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Better Care Fund Template Q2 2016/17

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

Funds pooled via a 5.75 pooled budget? If not previously stated that the funds had been pooled can you confirm that they have now? If no, date provided?
Yes

3. National Conditions

		7 day services			
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4) Is the NHS Number being used as the consistent identifier for health and social care services?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes
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)	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17
Income to	Forecast	Yes	Yes	Yes
	Actual	Yes	Yes	Yes
	Please comment if there is a difference between the annual totals and the pooled fund	Yes	Yes	Yes
Expenditure From	Forecast	Yes	Yes	Yes
	Actual	Yes	Yes	Yes
	Please comment if there is a difference between the annual totals and the pooled fund	Yes	Yes	Yes
Commentary on progress against financial plan:		Yes	Yes	Yes

5. Supporting Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
NEA	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
DTOC	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
If no metric, please specify	Yes	Yes
Patient experience metric	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential care	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health
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
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

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

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

7. Narrative

Brief Narrative	Yes
-----------------	-----

Data sharing			
4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there 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
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes

Q4 2016/17
Yes

Yes

Specialised palliative
Yes
Yes

To Specialised palliative
Yes
Yes
Yes
Yes
Yes
Yes

Specialised palliative
Yes
Yes

Cover

Q2 2016/17

Health and Well Being Board

Nottingham

completed by:

Jo 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:

Cllr Alex Norris, HWB Chair

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5 of 5

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

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	15
5. Supporting Metrics	13
6. Additional Measures	67
7. 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 had not been previously stated that the funds had been pooled can you confirm that they have now?	
---	--

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 a previous quarterly collection returned 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 have been met, 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 an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Q1 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)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes		
3) In respect of 7 Day Services - please confirm:				
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No	Yes		
4) In respect of Data Sharing - please confirm:				
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes		
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	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - In Progress	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. 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 consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also 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) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

By 2017 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

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

The appropriate and lawful 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 consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. Local areas should ensure that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide accessible central repository guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/infogov/iga>

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 named care coordinator, 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 social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (days) per 100,000 population (attributable to either NHS, social care or both) per month).

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

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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 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350					

Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350	£6,464,350				

Please comment if one of the following applies:
 - There is a difference between the forecasted annual total and the pooled fund
 - The Q2 actual differs from the Q2 plan and / or Q2 forecast

N/A

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	
	Actual*	£6,286,065					

Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	
	Actual*	£6,286,065	£6,297,538				

Please comment if one of the following applies:
 - There is a difference between the forecasted annual total and the pooled fund
 - The Q2 actual differs from the Q2 plan and / or Q2 forecast

Slippage across schemes and initiatives has resulted in a revised forecast and actual spend for Qtr 2 against the original plan. Funding has / is being reallocated and the revised Qtr 3 & 4 forecast reflects the updated expected levels of spend.

Commentary on progress against financial plan:

Planned and forecast expenditure have been phased to reflect proportionally higher expenditure expected in quarters 3 and 4 of this financial year as slippage in schemes is reallocated to other BCF initiatives. It is expected that the fund is fully spent in the year.

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. Pre-populated Plan, Forecast and Q1 Actual figures are sourced from the Q1 16/17 return previously submitted by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Nottingham

Non-Elective Admissions	Reduction in non-elective admissions
--------------------------------	--------------------------------------

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q2 has seen a greater number of admissions than the target, the variance to target in July was particularly high, analysis suggests that Respiratory Admissions for those aged 80 years and over was particularly high in comparison to the previous year.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
----------------------------------	--

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Delayed Discharges are above the target for Q2 and has been in each month of the quarter. A particularly high volume of DTOCS reported by NUH in July has exacerbated the level of performance. It is unlikely that the year end target is recoverable.

Local performance metric as described in your approved BCF plan	Proportion of the population supported by Assistive Technology
--	--

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	This metric is currently under performing against for the quarter but is expected to pick up later in the year as new projects begin to deliver more activity and hit target.

Local defined patient experience metric as described in your approved BCF plan If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	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.
---	--

Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Latest patient survey results have not been received at present.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
---------------------------------------	---

Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	The council moved to a new recording system earlier in the year which has resulted in null reporting for July 2016. For the other months within the quarter this metric performed to target or better.

Additional Measures

Selected Health and Well Being Board:

Nottingham

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: 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 Measure: 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 Open API	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	Shared via interim solution	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	N.A	N.A	N.A	N.A

3. Proposed Measure: 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
---	--------------------------

Other Measures: Measures (4-5)

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

Total number of PHBs in place at the end of the quarter	160
Rate per 100,000 population	50.0
Number of new PHBs put in place during the quarter	9
Number of existing PHBs stopped during the quarter	4
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	21%
Population (Mid 2016)	320,056

5. Proposed Measure: 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 - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Nottingham

Remaining Characters

22,499

Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

BCF Scheme 1 – Access and Navigation

Highlights and successes

Great progress has been made in the development of the Citizen Triage Point (CTP) over the last quarter. The new 0300 number has been secured, recruitment is underway for the new posts and a project manager has been recruited to ensure there is no slippage within the project. The integrated nature of this project has ensured that joint input has been received from both the local authority and the CCG. In addition to this, the project lead has been proactive in engaging both clinicians and patients about the rollout of the new model, as well as gaining feedback from them which will contribute to the final delivery of the CTP.

Challenges and concerns

A potential challenge that has been identified was an issue with estates. There was a concern that estates provision would meet the requirements for the new staffing model and there was a risk that we would not be able to co-locate all of the staff.

Potential actions and support

The above challenge was rectified internally by the estates team and the project manager to ensure that the CTP project is on track and ready to be rolled out in January, as expected.

BCF Scheme 2 – Assistive Technology

Highlights and successes

The number of citizens supported by Assistive Technology (AT) increased from 247 to 7599 – 7296 with Telecare and 304 with Telehealth / Flo. Unfortunately this is 260 behind target (although there were 240 citizens who had AT in this period but no longer have). There are various initiatives underway which should increase the number of AT users in Q3/Q4 such as the use of Flo for medication reminding through community pharmacy, and residents in care homes being supported by video conferencing.

Challenges and concerns

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

14 December 2016

	Report for Information
Title:	Better Care Fund 2016/17 Quarter 2 Budget Monitoring Report
Lead officer(s):	Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children and Adults
Author and contact details for further information:	Darren Revill darren.revill@nottinghamcity.gov.uk
Brief summary:	The report presents the cash flow and forecast position of the Better Care Fund (BCF) Pooled Budget as at Quarter 2 of 2016/17.
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- a) Note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 2 of 2016/17 as per **Table 1** (paragraph 2.3) in the main report.
- b) Note the forecast position of the Better Care Fund Pooled Fund as detailed in **Tables 2 and 3** (paragraphs 2.4.1 & 2.4.2) in the main report.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The effective use of resources will support the achievement of the Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and	

manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health	
n/a	

Reason for the decision:	<p>Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2016/17 BCF pooled budget and to support decision making on the use and effectiveness of the pooled fund.</p> <p>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.</p>
Total value of the decision:	Nil
Financial implications and comments:	Financial information is detailed in the body of this report.
Procurement implications and comments (including where relevant social value implications):	None.
Other implications and comments, including legal, risk management, crime and disorder:	None.
Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	Not applicable.
Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	None.
Background papers relied upon in writing the report: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None.
Other options considered and rejected:	This report provides an update to Commissioning Sub-Committee and therefore no recommendations or options require approval.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
14 December 2016

Better Care Fund 2016/17 Quarter 2 Budget Monitoring Report

1. REASONS FOR RECOMMENDATIONS

- 1.1 Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2016/17 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.

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 are presented to Commissioning Sub-Committee to note the position of the pooled fund.
- 2.2 The 2016/17 Nottingham City BCF Plan was approved by the Health & Wellbeing Board Commissioning Sub-Committee on 16 March 2016 and the Health and Wellbeing Board on 25 April 2016.
- 2.3 **Table 1** below shows the cash flows of the 2016/17 pooled fund and the fund balance at the end of quarter 2 against the approved BCF plan. The cash flow represented in Table 1 reflects both slippage in scheme spend and the phasing of expenditure to date.

TABLE 1 – 2016/17 NOTTINGHAM BCF CASH FLOWS		
Better Care Fund	BCF Annual Plan £	Cash Flow at end of Qtr 2 £
Funding into Pool:		
CCG		
CCG Baseline (Minimum Contribution)	(21,504,692)	(10,752,346)
Other CCG Allocation	(1,748,000)	(874,000)
Sub-Total	(23,252,692)	(11,626,346)
City Council		
Disabled Facilities Grant	(1,888,709)	(944,354)
Social Care Contribution	(716,000)	(358,000)
Sub-Total	(2,604,709)	(1,302,354)
Total Income	(25,857,401)	(12,928,700)
Funding out of Pool:		
CCG	11,188,814	5,509,176
City Council	14,668,587	7,074,427
Total Expenditure	25,857,401	12,583,603
Fund Balance	Page 51 0	(345,097)

2.4 Forecast

2.4.1 **Table 2** below shows the forecast position of the pooled fund at quarter 2. The information is represented at an area of spend level of detail and includes approvals by Commissioning Sub-Committee throughout the financial year to date.

The forecast position of the BCF as represented in Table 2 is an underspend of **£0.559m**. The underspend has predominantly arisen as a result of the allocation for seven day working within social care now not planned to start during 2016/17 and lower levels of activity within Carers schemes.

TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND MONITORING STATEMENT (QUARTER 2)				
Area of Spend (Scheme)	2016/17 (£000)			
	Original S75 Annual Budget	Revised S75 Annual Budget	Annual Forecast	Forecast Variance
Access & Navigation	1,698	1,674	1,644	(30)
Assistive Technology	1,335	1,335	1,267	(68)
Carers	1,527	1,527	1,427	(100)
Co-ordinated Care	7,854	7,760	7,453	(307)
Capital Grants	1,889	1,889	1,889	0
Independence Pathway	11,249	11,327	11,300	(27)
Programme Costs	305	345	318	(27)
Total	25,857	25,857	25,298	(559)

2.4.2 The BCF Pre-Audit Outturn Report presented to Commissioning Sub-Committee on 20 July 2016 reflected a 2015/16 pooled fund balance at year end of £2.324m.

Table 3 below shows the updated forecast spend of schemes against the 2015/16 pooled fund balance.

TABLE 3 – 2015/16 POOLED FUND BALANCE			
Fund Position	Plan £000	Forecast £000	Variance £000
Funds Carried Forward	2,324	2,135	(189)
Total	2,324	2,135	(189)

This balance has occurred from delays to recruitment in a number of temporary initiatives within this allocation of funding.

2.4.3 The underspend and forecast fund balances as shown in Tables 2 and 3, totalling £0.748m, will be subject to further reports to Commissioning Sub-Committee for approval to utilise the available funding during the financial year.

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 See cover sheet.

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

5.1 See cover sheet.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

14 DECEMBER 2016

	Report for Resolution
Title:	Utilisation of Disabled Facilities Grant
Lead officer(s):	Maria Principe, Director of Cluster Development and Performance Katy Ball, Director of Procurement and Commissioning
Author and contact details for further information:	Clare Gilbert clare.gilbert@nottinghamcity.gov.uk Rasool Gore rasool.gore@nottinghamcity.gov.uk
Brief summary:	The report seeks agreement around the utilisation of the Disabled Facilities Grant.
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- 1) approve the utilisation of the Disabled Facilities Grant (DFG) totalling £1.889m for Major Adaptations.
- 2) note the Council's proposed contributions towards spend on Major Adaptations and the Integrated Community Equipment and Loans Service.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Through the provision of major adaptations, citizens will be enabled to live in their own homes and to participate in their communities.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its	

citizens to have good health and wellbeing	
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health	
Not applicable	

Reason for the decision:	The value of the DFG increased in 2016/17
Total value of the decision:	£1.889 million
Financial implications and comments:	Recommendation 1 of this report requests approval for the full value of the DFG grant to be allocated to spend on major adaptations. Recommendation 2 and section 2.4 of the main report is for information purposes only and it should be noted that approvals for these elements will align to the appropriate council governance process.
Procurement implications and comments (including where relevant social value implications):	The major adaptations service is a City Council service
Other implications and comments, including legal, risk management, crime and disorder:	<u>Legal</u> This report raises no significant legal issues provided the grant funding is used for the purposes for which it is awarded.
Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	There is no significant change to the service provision
Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	Housing Grants, Construction and Regeneration Act 1996
Background papers relied upon in writing the report: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
Other options considered and rejected:	To maintain the current level of the Council capital allocation in addition to the increased DFG for the funding of Major Adaptations. The infrastructure is currently not in place for the Major Adaptations team to utilise the whole grant. In addition, the lack of funding to ICELS would create a financial pressure for the Council. To maintain the current level of the Council capital allocation in addition to the

	increased DFG and to utilise the additional monies to fund related projects such as assistive technology. There is insufficient time to utilise the funds effectively within alternative services.
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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

14 December 2016

UTILISATION OF DISABLED FACILITIES GRANT

1. REASONS FOR RECOMMENDATIONS

- 1.1 The Disabled Facilities Grant (DFG) sits within the Better Care Fund and supports the development of major adaptations to allow people to stay in their own homes. This aligns closely to the aspirations of the BCF in order to prevent or reduce admissions to residential care, to reduce unplanned admissions to hospital and to speed up discharge from hospital into the community.
- 1.2 The level of funding of the DFG has increased in 2016/17 whilst the Social Care Capital Grant, which also sat within the Better Care Fund, has now ended.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Disabled Facilities Grant (DFG) is a grant paid from central government to the local authority to fulfil its responsibilities in relation to the Housing Grants, Construction and Regeneration Act 1996 around the provision of funding major adaptations.
- 2.2 In 2015/16 the BCF included two capital funding streams, the DFG and the Social Care Capital Grant (SCCG).

The Capital Funding levels for 2015/16 were:

- DFG £1.013m
- SCCG £0.863m
- Total £1.876m

The DFG allocation was used in full to fund the Major Adaptations service. In addition the scheme received a further capital allocation through the City Council's capital programme making a total Major Adaptations allocation of £2 million.

The Social Care Capital Grant was utilised to fund:

Integrated Community Equipment Loans Service (ICELS)	£0.400m
Capital Project Evolution Costs (Non –recurrent)	£0.463m

- 2.3 The level of DFG allocation was unknown at the time the council's 2016/17+ capital programme was submitted for approval. The Department of Health guidance (LASSL (DH)(2016)) confirmed that the social care capital grant will be discontinued from 2016/17 and was being concentrated into the Disabled Facilities Grant to support people to remain independent in their own homes.

The confirmed DFG allocation of £1.889m for 2016/17 has been incorporated into the overall council capital programme.

The discontinuation of the Social Care Capital Grant has resulted in a pressure for the council in meeting some elements of spend within the ICESL Service, however this will be managed through the prioritisation of council capital funding in 2016/17 and will be subject to approval through the appropriate governance process.

- 2.4 Considering the total funding available to support services aligned to BCF capital spend, the following allocations are proposed;
- £1.9m DFG allocation
Of which;
£1.889m is funded from the total BCF DFG allocation
£0.011m is funded from the Council Capital Programme
 - £0.336m spend on ICELS funded through the Council Capital Programme
- 2.5 There has been a clear steer from the Department of Health that they anticipate that this grant will be utilised to increase the level of Major Adaptations and related activity and are monitoring Council spend accordingly. Indication has been given that the DFG will continue to rise annually until 2019/20.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 To allocate the full value of the increase in the DFG allocation to spend on further Major Adaptations. The infrastructure is currently not in place for the Major Adaptations team to utilise the full increase in funding, the DFG spend is incorporated within the total Council capital programme and the correct 2016/17 DFG allocation must be recognised and the funding of ICELS would create a financial pressure for the Council.

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

- 4.1 The DFG capital grant paid direct to local authorities has been included within the scope of the Better Care Fund since 2015/16.
- 4.2 The 2016/17 Nottingham City BCF plan was approved by the Health & Wellbeing Board Commissioning Sub-Committee on 16 March 2016 and the Health and Wellbeing Board on 25 April 2016. Included within the plan was the DFG allocation of £1.889m.
- 4.2 The BCF capital grant allocations for 2015/16 and 2016/17 are detailed in **Table 1** below.

TABLE 1 - BCF CAPITAL ALLOCATIONS		
	2015/16	2016/17
	£m	£m
DFG	1.013	1.889
Social Care Capital (SCC)	0.863	0
Total Capital Grant	1.876	1.889

In recognition of the increase in the DFG allocation, recommendation 1 of this report is being presented to Commissioning Sub-Committee to approve the utilisation of **all** the BCF DFG allocation totalling £1.889m on spend on major adaptations.

- 4.3 Recommendation 2 and section 2.4 of the main report is for information purposes and it should be noted that approvals for these elements will align to the appropriate council governance process.

5. **LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES AND, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**
- 5.1 This report raises no significant legal issues provided the grant funding is used for the purposes for which it is awarded.

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