NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 20 July 2016

Time: 2.00 pm

Place: LH2.13 Loxley House, Station Street, Nottingham NG2 3NG

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

Corporate Director for Resilience

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

1 CHANGE TO COMMITTEE MEMBERSHIP
To note that Dr Marcus Bicknell has been appointed to replace Dr Ian Trimble as the GP Lead for NHS Nottingham City Clinical Commissioning Group on the Committee.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTERESTS

4 MINUTES 3 - 6
To confirm the minutes of the meeting held on 18 May 2016

5 FUTURE MEETINGS
To agree to meet on the following Wednesdays at 3pm:

- 14 September 2016
- 14 December 2016
- 8 March 2017

6 BETTER CARE FUND - QUARTER 4 PERFORMANCE REPORT 7 - 48

7 BETTER CARE FUND PRE-AUDIT OUTTURN 2015/16 49 - 54

8 BETTER CARE FUND UNDERSPEND PROPOSALS JULY 16 55 - 58

9 EXCLUSION OF THE PUBLIC
To consider excluding 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.

10 BETTER CARE FUND UNDERSPEND PROPOSALS JULY 2016 - EXEMPT APPENDICES 59 - 70

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 LH 2.13 - Loxley House, Station Street, Nottingham, NG2 3NG on 18 May 2016 from 14.00 - 14.20

Membership

Voting Members

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

Non-Voting Members

Present	Absent
Katy Ball	Alison Challenger
Colin Monckton	Lucy Davidson
	Martin Gawith
Rachel Sokal (substitute for Alison Challenger)	

Colleagues, partners and others in attendance:

Clare Gilbert	-	Interim Strategic Commissioning Manager
Helen Jones	-	Director of Adult Social Care
Dave Miles	-	Assistive Technology Project Manager
Christine Oliver	-	Head of Commissioning
Jo Williams	-	Assistant Director of Health and Social Care Integration
Jane Garrard	-	Senior Governance Officer

50 APOLOGIES FOR ABSENCE

Maria Principe
Alison Challenger

The Chair noted that it was Dr Ian Trimble's last meeting as a member of the Health and Wellbeing Board Commissioning Sub Committee and the Committee extended its thanks to Dr Ian Trimble for his contribution.

51 DECLARATIONS OF INTERESTS

None.

52 MINUTES

The minutes of the meeting held on 16 March 2016 were confirmed as an accurate record and signed by the Chair.

53 BETTER CARE FUND UNDERSPEND PROPOSAL

Clare Gilbert, Interim Strategy Commissioning Manager, introduced the report outlining proposals around the utilisation of the Better Care Fund 2015/16 underspend. Clare Gilbert and Jo Williams, Assistant Director of Health and Social Care Integration, provided the following information:

a) There needed to be a realignment of projects within the Better Care Fund to meet the additional cost of contracts for a range of CityCare services.
b) The new proposals for the underspend were:
    a. Looking After Each Other pilot. It was initially agreed that this would form part of the Better Care Fund plan but it was proposed that it be moved into the underspend to enable cost pressures for a range of CityCare contracts to be met. The pilot would be going ahead as planned but funded from the underspend.
    b. The Hospital Discharge Service was a proposal from CityCare. The initial proposal was for £152,370 but it was proposed that opportunities to ensure a cost effective approach are explored and that a maximum of £70,000 is allocated.
    c. The creation of a City Council Generic Homecare Team is intended to address a gap of approximately 45 people who are waiting for homecare or are currently receiving care in inappropriate settings. It had not been possible to increase the supply in the external market.
    d. One to One Care project intends to embed the better outcomes for citizens that were achieved in the pilot.
    e. Integration of the City Council and CityCare Reablement and Urgent Care Services is intended to be achieved through the delivery of efficiencies. This proposal is to cover costs for 2016/17.
c) The underspend funds are non-recurrent.

RESOLVED to

(1) increase the Better Care Fund allocation for CityCare contracts by £111,000;

(2) transfer the funding for the Looking After Each Other (LAEO) Project from the main Better Care Fund submission to the underspend budget;

(3) approve utilisation of 2015/16 Better Care Fund underspend and approve spend for this purpose as detailed below

Looking After Each Other Pilot	**£95,000**

One to One Care	**£50,838**
Integration of CityCare and NCC Reablement and Urgent Care Services	**£108,282**
Creation of NCC Generic Homecare Team	**£303,000**
Hospital Discharge Service Proposal by CityCare	**£70,000**

(4) require that the agreed proposals are subject to robust performance management arrangements which will be reported to the Integrated Care Board

54 FUTURE MEETINGS

RESOLVED to

(1) meet on 20 July 2016 2pm; and

(2) defer agreement of future meeting dates until the next meeting.

55 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.

56 INTEGRATED ASSISTIVE TECHNOLOGY SERVICE

Dave Miles, Assistive Technology Project Manager introduced the report about an Integrated Assistive Technology Service.

RESOLVED to approve the recommendation as set out in the exempt report.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD COMMISIONING SUB-COMMITTEE – 20 JULY 2016

Title of paper:	**Better Care Fund – Quarter 4 Performance Report**	
Director(s)/ Corporate Director(s):	Colin Monkton - Director of Strategy and Commissioning, Nottingham City Council Maria Principe - Director of Contracting and Transformation, NHS Nottingham City CCG	**Wards affected:** All
Report author(s) and contact details:	Joanne Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council Joanne.Williams@nottinghamcity.nhs.uk	
Other colleagues who have provided input:	Charlotte Harris, Project Manager – Health & Social Care Integration, Nottingham City CCG and Nottingham City Council	
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	x
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☐
Deliver effective, value for money services to our citizens	
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	x
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

This report provides information on performance in relation to the Better Care Fund Performance metrics for the period Quarter 4 2015/16; the indicator report is included.

Recommendation(s):

1	That the Sub-Committee note the performance in relation to the Better Care Fund metrics as detailed in paragraph 2.4.
2	That the Sub–Committee note the quarterly return (Quarter 4) submitted to NHS England on

	27 May 2016.

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

1. REASONS FOR RECOMMENDATIONS

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

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The end of the financial year 2015/16 marks the end of the first year of implementation of the Better Care Fund which provided £3.8 billion worth of funding nationally (£23.297m Nottingham City). This funding has been used to fund health and social care services and drive closer integration and improve outcomes for patients and service users and carers. The emphasis of our approach has been a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.

2.2 The Nottingham City plan for 15/16 was approved in October 2014 and implementation through the last financial year has included:

- The development of section 75 pooled budget agreement which was approved by both Nottingham City Council and Nottingham City CCG. This included the governance arrangements for monitoring and reporting on performance and finance as well as the management of risks.
- The development of a Better Care Fund indicator report to monitor performance against the national BCF metrics.
- Submission of quarterly monitoring returns to NHS England detailing financial monitoring information and performance data against the key national metrics.

2.3 NHS England required the return for Q4 to be submitted to them by 27 May 2016. Due to a mismatch between the timing of the publication of performance data and the scheduling for this meeting the return for Q4 was shared with the Chair of the Health and Wellbeing Board, Councillor Alex Norris for virtual approval in this instance. A copy of the return is attached as Appendix B for information. A summary of the return is detailed below; this includes performance against the national conditions and performance metrics.

NHS England Requirement	Nottingham City position
Budget arrangements – tracks whether section 75s are in place for pooling funds.	We confirmed that a section 75 is in place to manage the pooled budget.
National conditions – the spending round established 6 national conditions to access the fund	We are on track for all 7 national conditions as per our BCF plan.
Non elective activity (Please note that in line with NHSE	During 2015/16 there were 29,422 NEL admissions in Nottingham City. Comparing

planning guidance a payment for performance target was not aligned to performance in Q4 of 15/16, instead performance was measured over quarter four of 2014/15 to quarter 3 of 2015/16).	activity to the four quarters which made up the baseline sees a reduction in admissions of 764.This is a reduction of 2.07% against the 14/15 baseline.
Income and expenditure	Finances have been transacted as detailed in the section 75.

2.4 Summary of performance

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

Q4 2015/16

Metric	Performance
Avoiding permanent residential admissions	During 15/16 289 citizens were permanently admitted into residential care, the annual target was 221 admissions. During March there were 18 admissions, the monthly BCF target was 23. The rate of admissions each month has consistently varied; this is linked to the frequency of data cleanses within the City Council reporting system. Data cleanses on the current IT system will continue to be required until the new IT system "Liquid Logic" is implemented in summer 2016. External support will be commissioned to produce a situation analysis and develop a residential admissions strategy. Progress on this work will be reported to the Integrated Care Board.
Increased effectiveness of reablement	Performance against this metric has improved; 74 % of citizens were still at home 91 days after discharge, the annual target was 66.7%. Looking specifically at the month of March 72.6% of citizens were at home 91 days after discharge from hospital, the monthly BCF target was also 66.7%. Performance will continue to be monitored closely as the integrated reablement service is implemented.
Reduced delayed transfer of care (DTOC)	There were 13,466 delayed days during 15/16, the annual target was 9,314 delayed days (across all providers). During March there were 1,134 delayed days, the target for this month was 634. We are conducting a local deep dive analysis into reasons for the recent increase in DTOCs across all providers, recognising that the issues for individual providers may vary, which will include findings from recent audits led by the Urgent Care Team. This will produce a local situation analysis which will include a review of interventions against national best practice and co-produce with providers a local DTOC action plan for 2016/17 which supports the system wide action plan. Through the BCF Finance and Performance group we will monitor the impact of the action plan on DTOC 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 (AY)	A total of 6,087 citizens (aged 65+) were supported by Assistive Technology, the annual target was 6,000. During March 156 citizens were supported by AT, the monthly target was 100 citizens.
Improvement in health and social care outcomes	The third wave of surveys has been issued to citizens and collation and analysis is on-going. There has been a delay in reporting the survey results; this data has been requested as soon as possible.

Reduced non-electivity activity	During 2015/16 there were 29,422 NEL admissions for Nottingham City residents. Comparing activity to the four quarters which made up the baseline sees a reduction in admissions of 764.This is a reduction of 2.07% against the 14/15 baseline. During March there were 2,526 NEL admissions, the monthly target was 2,335.

2.5 As part of the year end feedback required for the BCF Q4 Return, we were required to comment on what we felt were our greatest successes and challenges in delivering the BCF plan for 2015/16. To inform future decision making, it is important to note the challenges we have encountered along the past year to ensure that plans have been made and implemented to turn these challenges into future successes. Please find a summary of these below:

Successes

1. Implementation of CDGs and Neighbourhood Teams
2. Joint working and governance arrangements
3. Increasing independence for citizens through integrated assistive technologies

Challenges

1. Governance and contracting
2. Evaluating the impact of BCF schemes
3. Reducing delayed transfers of care

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

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

None

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

This report does not raise any significant legal issues.

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact been assessed?

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

No ☐

Yes – Equality Impact Assessment attached Page 16

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

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

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

None.

Appendices

A:Nottingham City Better Care Fund Indicator Report v4.7 May 2016

Enc.2 Better Care Fund Indicators v4.7

B:Nottingham City Better Care Fund Q4 Quarterly Return

BCF Quarterly Data Collection Template Q

This page is intentionally left blank

Better Care Fund Indicator Report

May 2016

V4.7

Data Sources

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

Residential Admissions – Local Authority Reporting Systems

Reablement Metrics – Local Authority Reporting Systems

Delayed Transfers of Care – NHS England monthly DTOC Reports

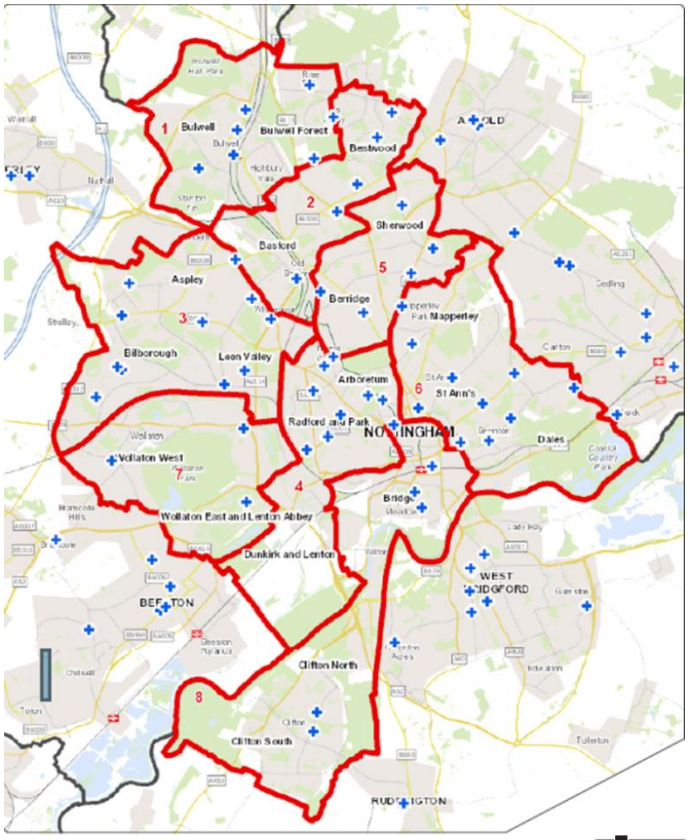
Non Elective Admissions to Hospital
- Monthly Activity Recording (MAR) published by HSCIC
- Secondary User Service (SUS) held in local data warehouse
- Fast Track Reporting - early reporting feed received from NUH

Admission Reduction Programme
- Nottingham CityCare Monthly Performance Report

Assistive Technology
- AT project statistics

Patient/Service User Improvement Metric
- Patient Surveys

Care Delivery Groups



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

Dashboard

NHS Nottingham City CCG

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

Better Care Fund Metrics Dashboard

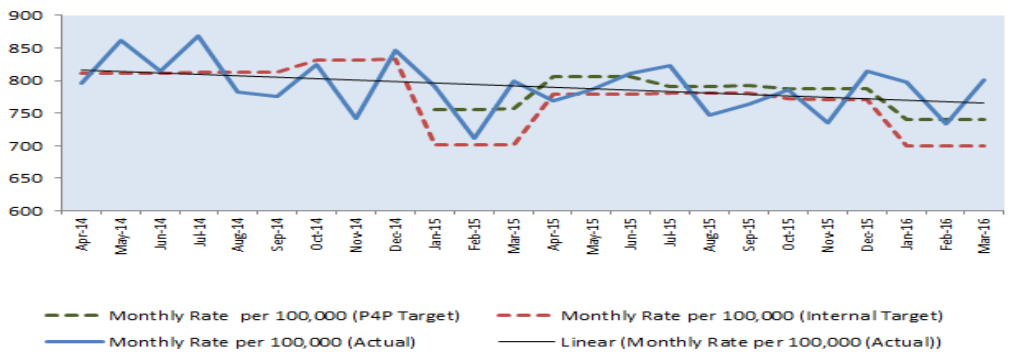
Version at *20-May-16*

		Indicator	2015/16 Target	2015/16 Year to Date Target	2015/16 year to Date Actual	Year to date Performance	Month of Activity	Month Target	Month Actual	Month Performance	What trend is best	Month on Month trend
Summary		Residential Admissions	221	221	289	68	Mar-16	18	23	5	Lower	
		Reablement - still at home 91 days after discharge	66.7%	66.7%	74.0%	7.3%	Mar-16	66.7%	72.6%	5.9%	Higher	
	3	Delayed Transfers of Care	9,314	9,314	13,466	4152	Mar-16	634	1,134	500	Lower	
	4a	Non Elective Admissions to Hospital (G&A) - Payment for Performance	29,465	29,465	29,427	-38	Mar-16	2,335	2,526	191	Lower	
	4b	Non Elective Admissions to Hospital (G&A) - local target	28,562	28,562	29,427	865	Mar-16	2,208	2,526	318	Lower	
	5	Proportion of 65yrs + Population Supported by Assistive Technology	6,000	6,000	6,087	87	Mar-16	100	156	56	Higher	
	6	Improvement in Citizen Health & Social Care Outcomes	83%	83%	84%	0.7%	Aug-15	83%	84%	0.7%	Higher	

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

Non Elective Admissions - MAR

Rate of Non Elective Admissions (General & Acute)



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

Chart 1

Non Elective Admissions (General & Acute) local target performance

Month	Target (local)	Actual	Variation	Var at Quarter
Apr-15	778	768	- 10	
May-15	778	785	7	
Jun-15	778	811	33	29
Jul-15	781	823	42	
Aug-15	781	746	- 34	
Sep-15	781	764	- 16	- 9
Oct-15	771	786	15	
Nov-15	771	736	- 35	
Dec-15	771	815	43	23
Jan-16	700	797	97	
Feb-16	700	733	33	
Mar-16	700	800	101	231
Total YTD	**9,090**	**9,364**	**274**	

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

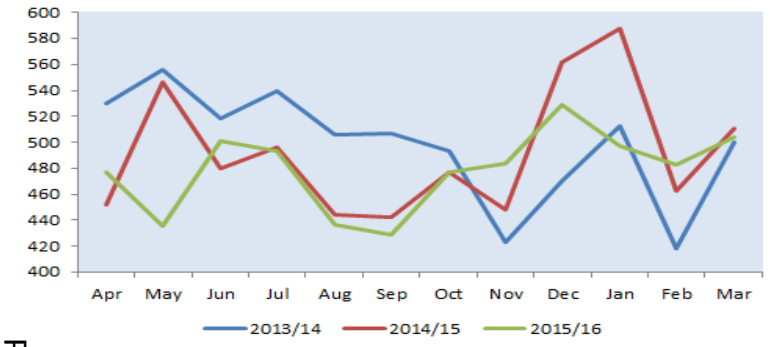
Table 2

Chart 1 - admissions against target based on MAR with adjustment for other CCGs activity counted within the Nottingham City target. This chart includes both the revised target and the internal target. The general trend in admissions is still downwards, however the December performance did see a sharp rise. The final quarter of 2015-16 has seen actual activity mostly above both the P4P and the internal monthly targets although the overall trend in admissions is still downwards

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

Non Elective Admissions - SUS

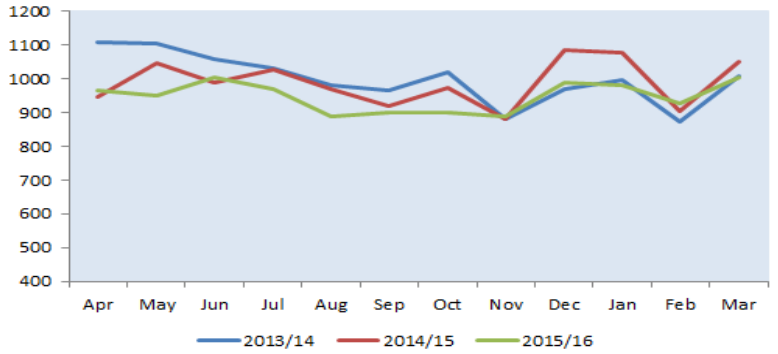
Non Elective Admissions for patients aged 80 years and older (General & Acute)



Source: SUS

Chart 1

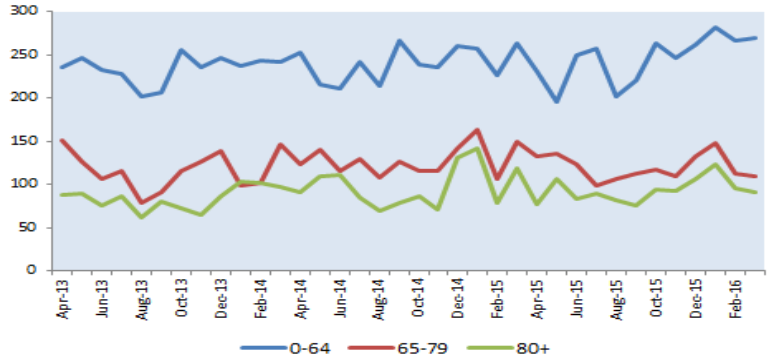
Non Elective Admissions for patients aged 65 years and older (General & Acute)



Source: SUS

Chart 2

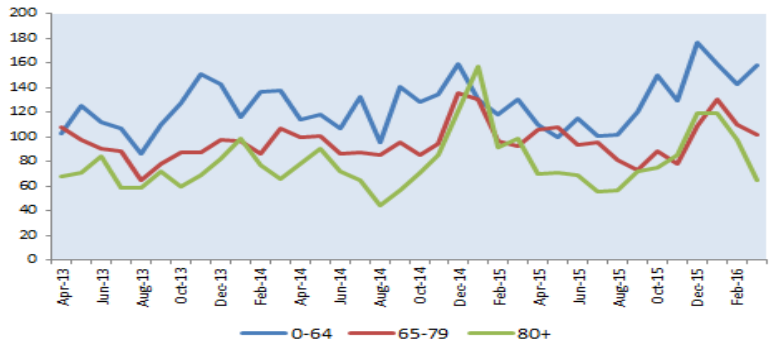
Non Elective Admissions for patients with LTC (ACS) (General & Acute)



Source: SUS

Chart 3

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

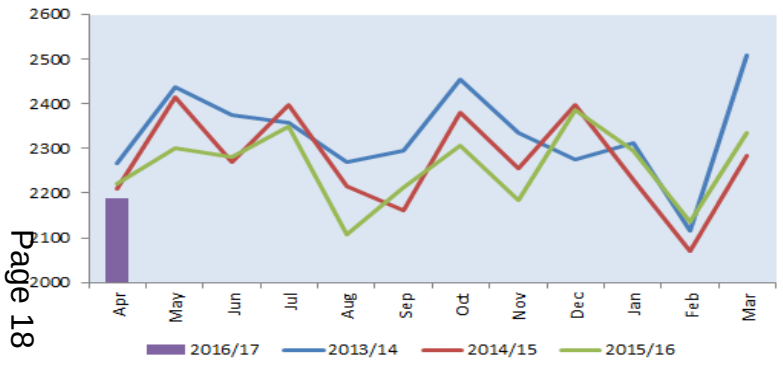


Source: SUS

Chart 4

Non Elective Admissions – Fast Track

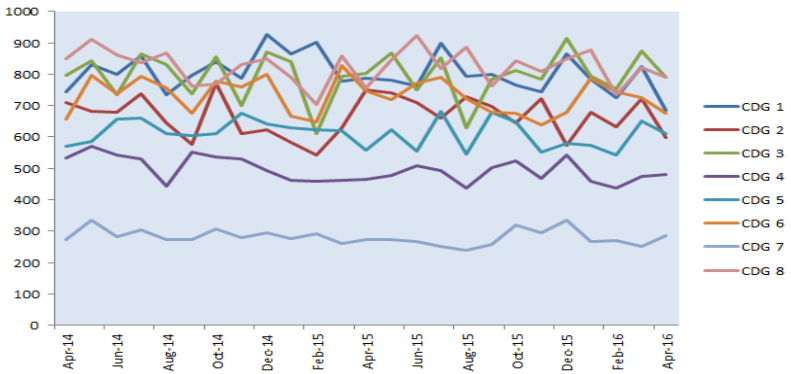
Non Elective Admissions (General & Acute) NUH only



Source: Fast Track

Chart 5

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



Source: Fast Track

Chart 6

Non Elective Admissions – SUS

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

Chart 1 Non Elective Admissions for patients aged 80 years and older. Admissions for March 2016 are similar to those seen in previous years. Overall 2015/16 saw fewer admissions than in the previous years.

Chart 2 Non Elective Admissions for patients aged 65 years and older. Overall 2015/16 saw fewer admissions than in previous years for this cohort.

Chart 3 Non Elective Admissions to NUH with LTC based on Ambulatory Care Sensitive (ACS) definitions. The 0-64 year cohort has seen relatively high levels of activity over the last 6 months.

Chart 4 Non Elective Admissions to NUH with a Respiratory primary diagnosis. The winter peak seems to be over now and activity levels are falling slightly. Overall admissions in 2015/16 are the same as 2014/15.

Non Elective Admissions – Fast Track

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

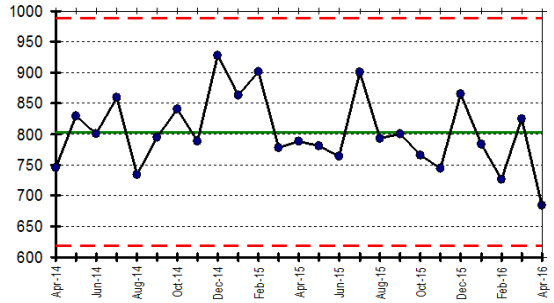
Chart 5 Non Elective admissions to NUH in April were lower than the same period in the previous 3 years.

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

Non Elective Admissions – Fast Track

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

CDG - 1



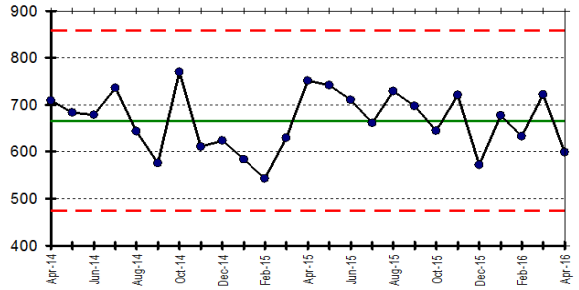
Normal Variation

Source: Fast Track

Chart 1

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

CDG - 2



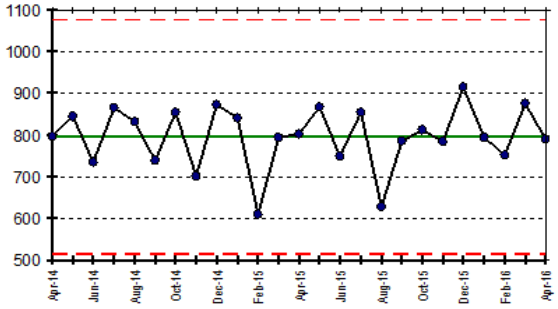
Normal Variation

Source: Fast Track

Chart 2

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

CDG - 3



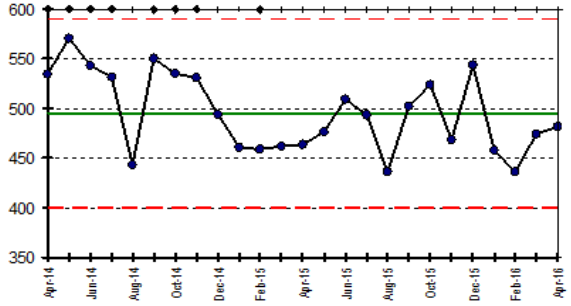
Normal Variation

Source: Fast Track

Chart 3

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

CDG - 4



2 University practices are in this CDG.

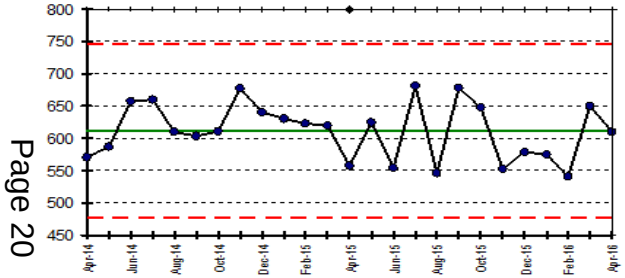
Source: Fast Track

Chart 4

Non Elective Admissions – Fast Track

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

CDG - 5



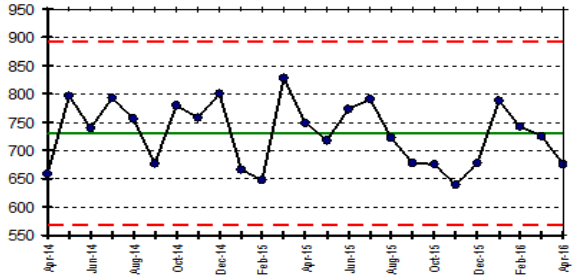
Normal Variation

Source: Fast Track

Chart 1

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

CDG - 6



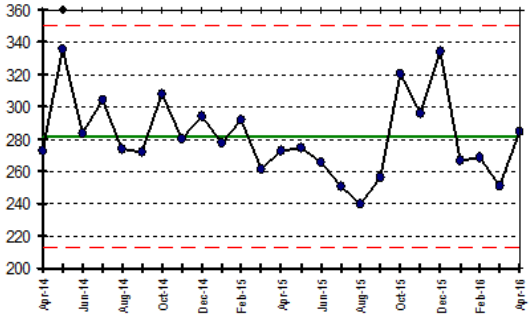
Normal Variation

Source: Fast Track

Chart 2

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

CDG - 7



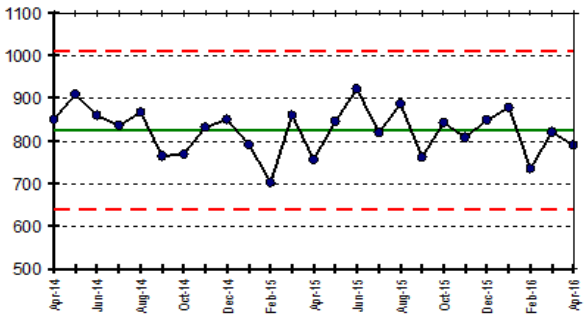
Winter 2015 saw increases in admissions for this CDG The main University Practice at Cripps is in this CDG.

Source: Fast Track

Chart 3

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

CDG - 8



Normal Variation

Source: Fast Track

Chart 4

Non Elective Admissions – Fast Track

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

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

average percentage change over 6 month rolling period

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

Table 1

Source: Fast Track

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

Non Elective Admissions – Fast Track

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

Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	843	722	844	542	649	767	299	903
Nov-13	833	731	831	538	655	756	298	885
Dec-13	823	714	813	536	653	755	301	872
Jan-14	833	704	816	534	632	756	309	846
Feb-14	820	695	798	536	608	743	317	832
Mar-14	849	717	807	539	607	747	328	835
Apr-14	825	713	802	537	587	718	315	836
May-14	829	699	816	536	567	732	320	848
Jun-14	827	701	811	542	581	727	314	851
Jul-14	821	717	806	545	597	734	314	857
Aug-14	822	717	825	531	617	747	306	874
Sep-14	794	671	802	529	614	736	290	848
Oct-14	810	681	811	529	621	757	296	834
Nov-14	803	669	788	522	636	750	287	821
Dec-14	824	660	810	514	633	761	289	820
Jan-15	825	635	806	502	628	739	284	812
Feb-15	853	618	769	505	631	721	287	785
Mar-15	850	627	778	490	634	747	285	801
Apr-15	841	624	770	478	625	741	280	799
May-15	840	646	797	469	616	735	279	801
Jun-15	813	660	777	472	602	730	274	813
Jul-15	819	673	779	477	610	751	269	818
Aug-15	801	704	782	473	597	763	261	848
Sep-15	804	715	781	480	607	738	260	832
Oct-15	801	697	783	490	622	726	268	846
Nov-15	795	694	769	489	610	713	271	840
Dec-15	811	671	796	494	614	697	283	828
Jan-16	792	674	786	489	596	697	286	838
Feb-16	781	658	807	489	595	700	290	812
Mar-16	785	662	822	484	591	708	289	822
Apr-16	771	654	818	477	584	708	284	813

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

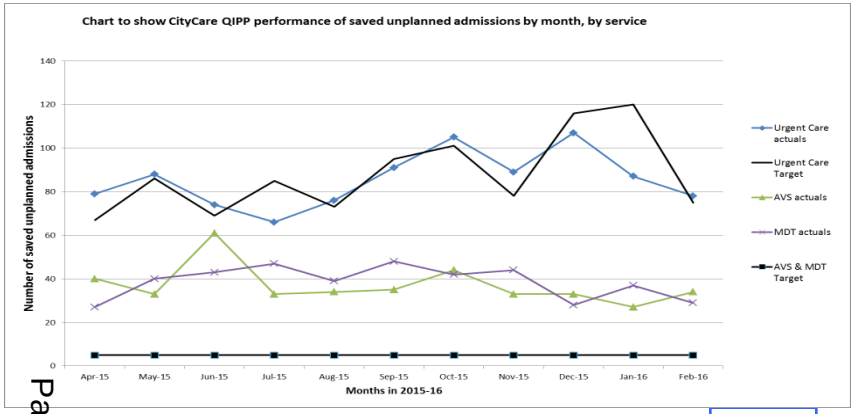
Table 2

Source: Fast Track

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

Admission Reduction Programmes – CityCare QIPP

Service trends and target



Source: CityCare Monthly Performance Report

Chart 1

Non Elective Admission Avoidance by month 2015-16 to M11

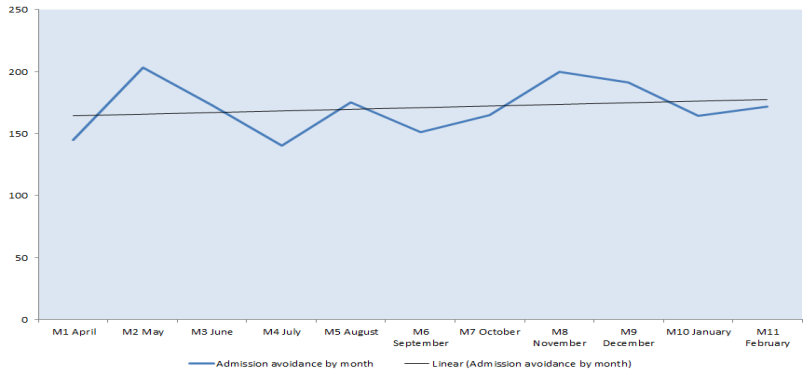
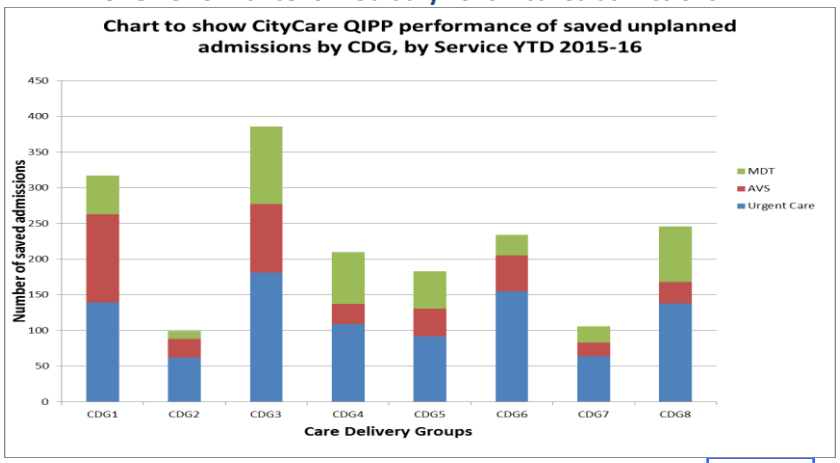


Chart 3

CDG Performance for February 2016 – saved admissions



Source: CityCare Monthly Performance Report

Chart 2

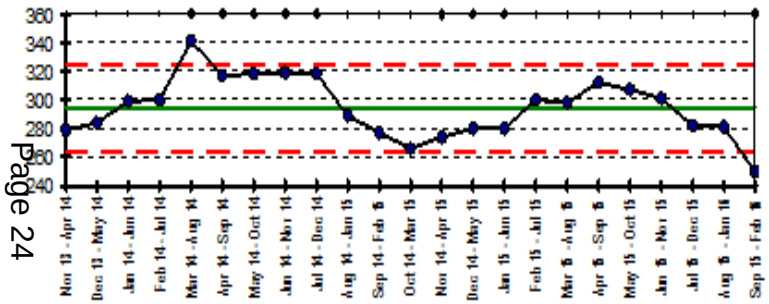
Non Elective Admission Avoidance by service 2015-16 to M11

BCF Scheme	Service	Metric	Contract Indicator	YTD total
Access & Navigation	Care Co-ordintion Team	Prevented Admissions Supported by CCT 'Choose to Admit' Team	RM2	666
Access & Navigation	Community Triage Hub	Number of prevented admission referrals	QM1	196
Co-ordinated Care	Neighbourhood Teams CDGs 1-8	Total number of avoided hospital admissions/attendances attributed to service	QQ1	70
Independence Pathway	Urgent Care (Also a QIPP target)	Number of referral outcomes - ED/Hospital Admission Avoided (from home) and number of referral outcomes - Full hospital admission avoided (from ED/ admissions wards)	RM7	947
			YTD total	**1879**

Table 1

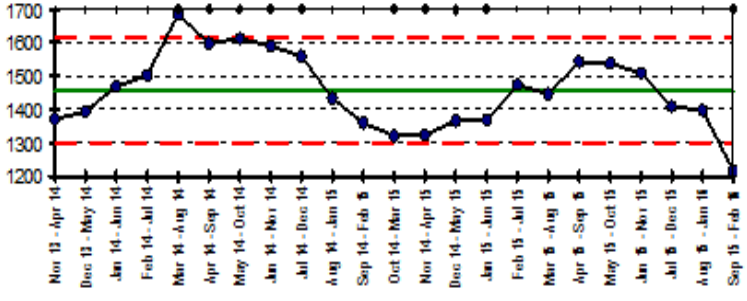
Emergency Multiple Admissions to NUH - SUS

Emergency Multiple-Admissions to NUH patient count



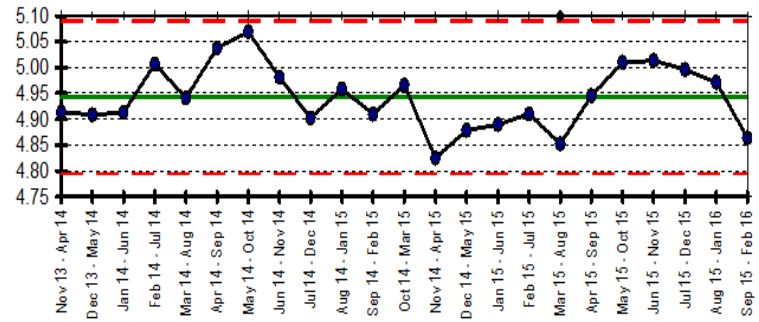
Source: SUS Rolling 6 month periods from Nov 2013 to Nov 2015 **Chart 1**

Emergency Multiple-Admissions to NUH admissions count



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

Emergency Multiple-Admissions to NUH patient to admission ratio



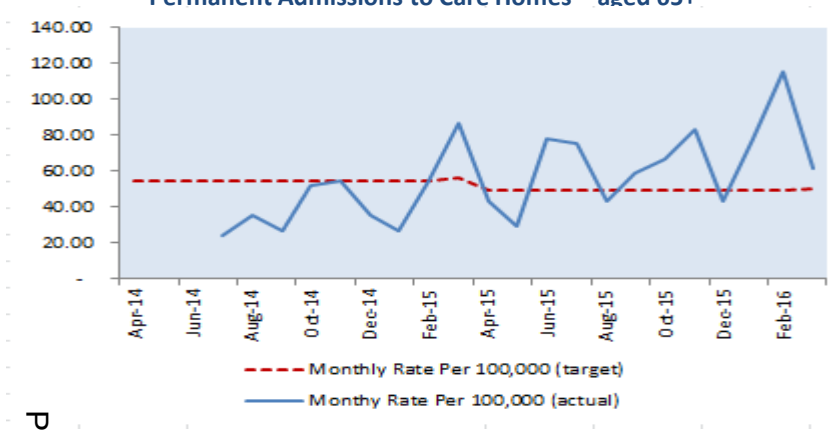
Source: SUS Rolling 6 month periods from Nov 2013 to Nov 2015 **Chart 3**

Chart 1 – shows a reduction in the number of distinct patients who have had multiple emergency admissions (4 or greater in a 6 month period) at NUH by rolling 6 month period. Numbers started to drop from Apr-Sept'15. The latest period implies a drop in admissions beyond what is considered normal variation.

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

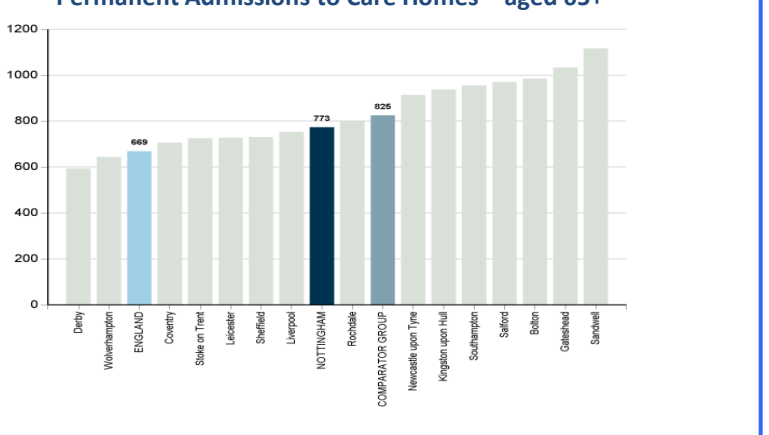
Chart 3 – shows the ratio of admissions to distinct patients by rolling 6 month period. This is starting to reduce again but is still within the limits of normal variation.

Residential Admissions



Source: Local Authority Reporting

Chart 1



Source: HSCIC Adult & Social Care Outcomes

Chart 2

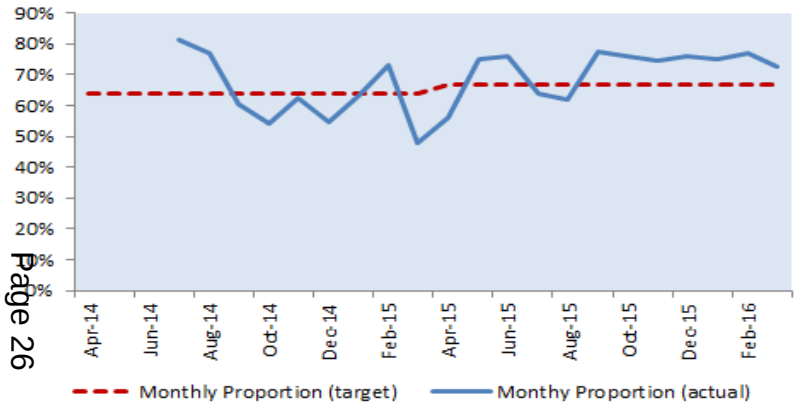
Chart 1 – Summer Admissions to Care Homes have been higher than the levels seen in the same period in 2014, admissions have generally continued to rise above the target level. December was a good month hitting the target set before rising again in January and February. March has seen the number drop back down just above target.

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

From ASCOF Comparator Report – Nottingham (512) HSCIC

Reablement

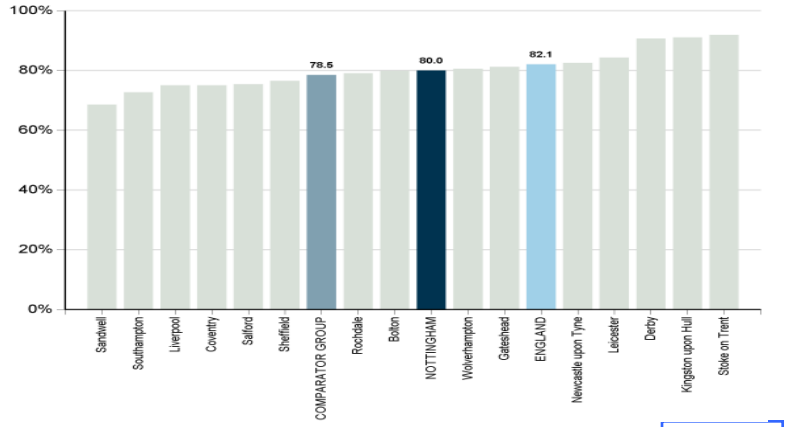
Older people at home 91 days after leaving hospital into reablement



Source: Local Authority Reporting & City Care Reports

Chart 1

Older people at home 91days after leaving hospital into reablement



Source: HSCIC Adult & Social Care Outcomes

Chart 2

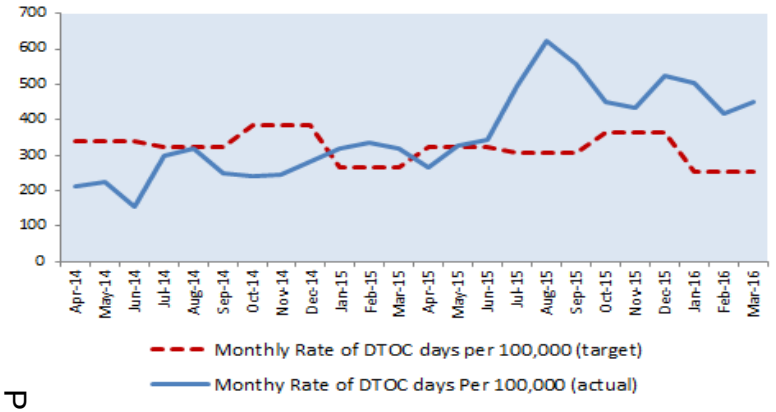
Chart 1 - Shows monthly trend of reablement metric, proportion of actual number of older people at home after 91 days against discharge for the identified population. This is based on combined figures from the Local Authority and City Care. The City Care figures are currently based on both step-up and step-down services. They are working to split this to be able to just show the step-down service as the metric should just related to those patients discharged from Hospital. City Care attempt to contact all users of the reablement service 91 days after discharge, those users who are not contactable are excluded from the denominator. The last 7 months have seen performance above target, this may be partly due to Local Authority having more resource to check relevant patients, current monthly performance is bringing the year to date performance figure back towards target. **Community Beds are no longer included in this metric.**

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

From ASCOF Comparator Report – Nottingham (512) HSCIC

Delayed Transfers of Care (DTOC)

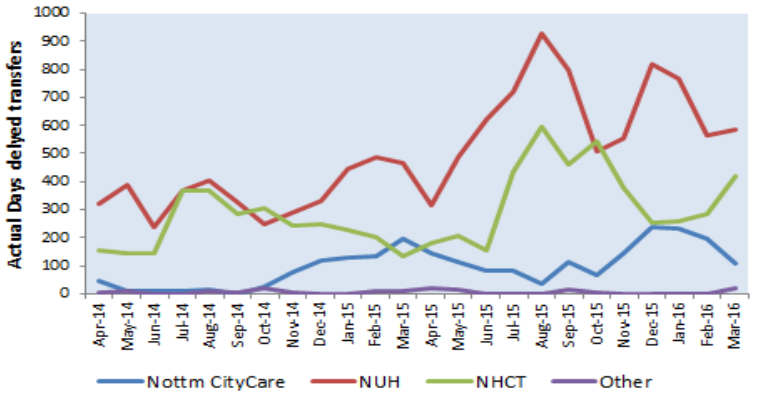
Delayed transfers of Care (Days) for Nottingham UA by 100,000 pop



Source: DTOC National Reports

Chart 1

Delayed transfers of Care (Days) by local provider



Source: DTOC National Reports

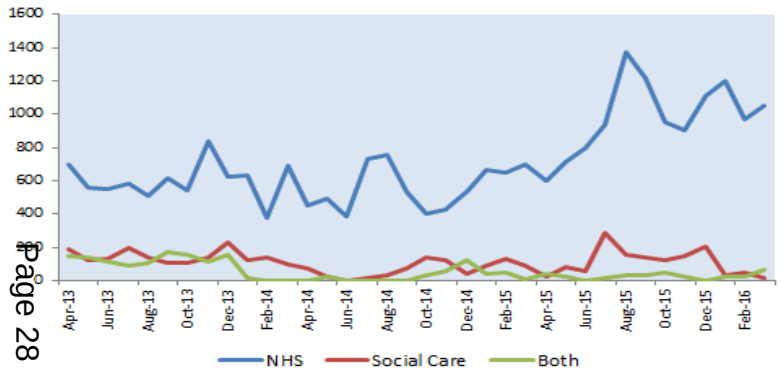
Chart 2

Chart 1 - Delayed Transfers of Care for Nottingham Unitary Authority based on the National DTOC reports, by 100,000 population aged 18 years and over. Summer performance has been significantly above target – much of this activity related to NUH and NHCT as can be seen within Chart 2. March has seen a slight increase from February, mainly due to NHCT. Overall delays are still well above target and have seen an increase on the number seen in the previous year.

Chart 2 - Trend in Delayed Transfers of Care by local providers for Nottingham Unitary Authority. The upward trend in activity appears to be now primarily due to NHS delays at NUH.

Delayed Transfers of Care

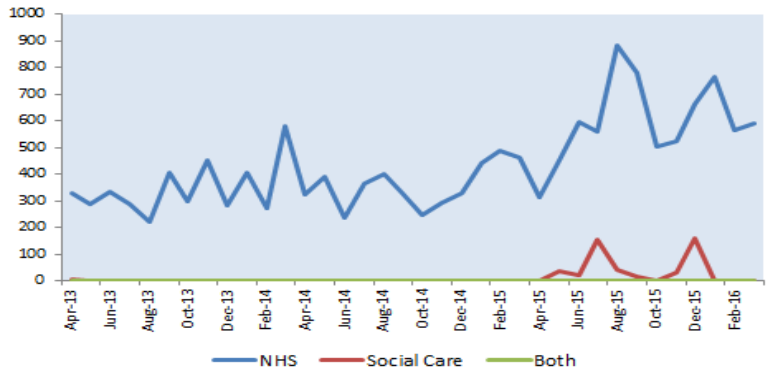
Trend of Delayed Transfers of Care All Providers



Source: Monthly DTOC reports NHSE

Chart 1

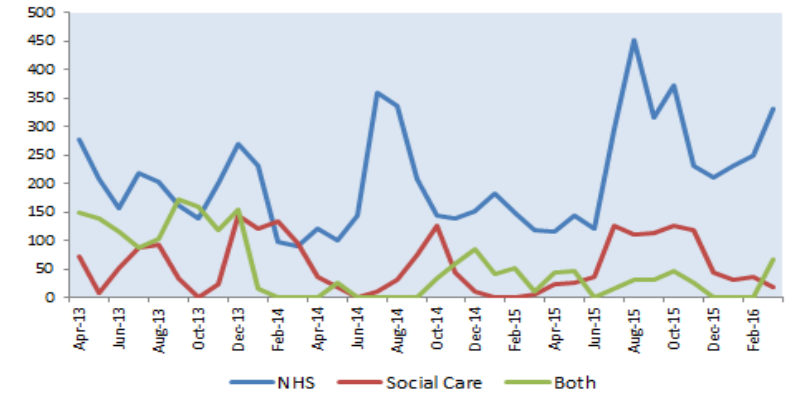
Trend of Delayed Transfers of Care NUH



Source: Monthly DTOC reports NHSE

Chart 2

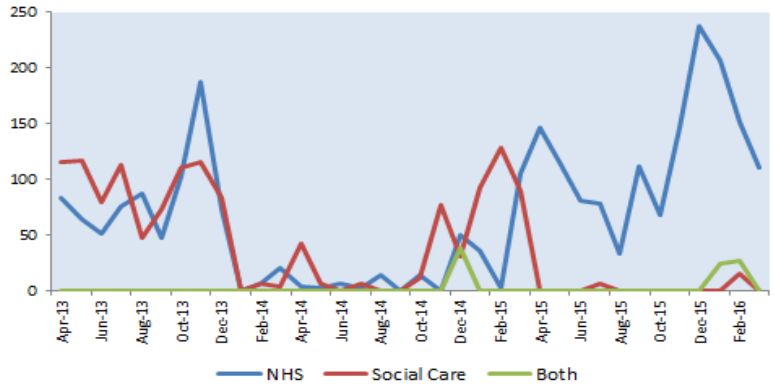
Trend of Delayed Transfers of Care Notts Healthcare Trust



Source: Monthly DTOC reports NHSE

Chart 3

Trend of Delayed Transfers of Care Nottingham CityCare



Source: Monthly DTOC reports NHSE

Chart 4

Uptake of Assistive Technology

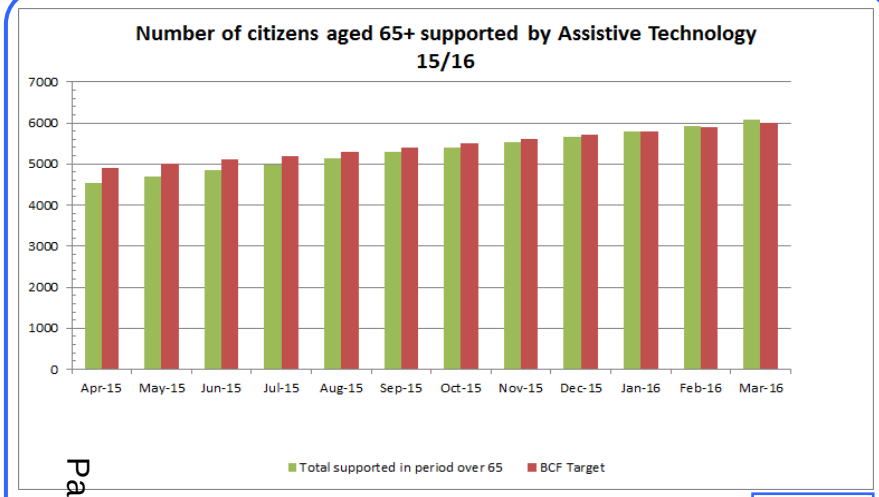


Chart 1

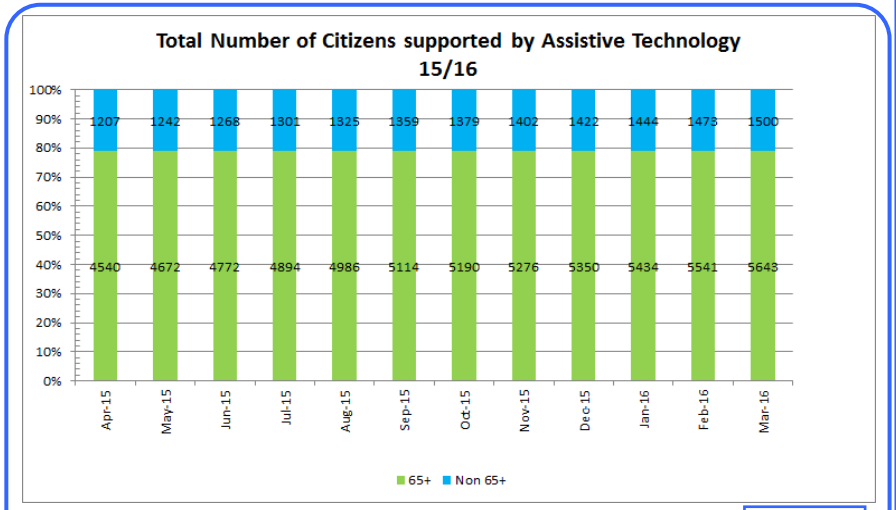


Chart 2

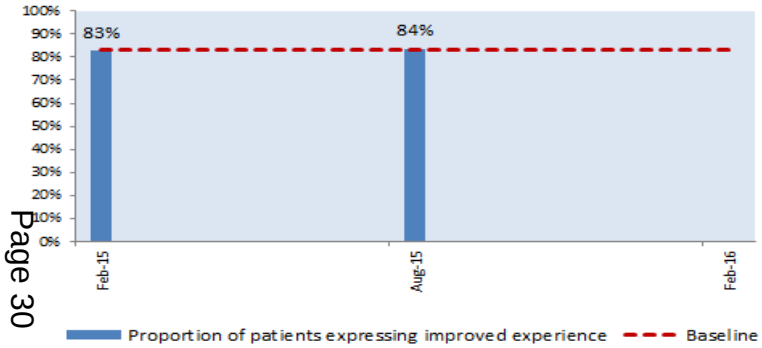
Source: AT project statistics

Chart 1 Shows the number of citizens aged 65 and older supported by Assistive Technology during each month in 2015/16 against the BCF target. Recent increases in performance has seen the target exceeded in February and March.

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

Patient / Service User Experience Metric

Proportion of citizens with Long Term Conditions reporting Improved Experience



Source: 6 monthly Patient Survey

Chart 1

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

The next survey results are not expected until February 2016.

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 27th May 2016.

The BCF Q4 Data Collection

This Excel data collection template for Q4 2015-16 focuses on budget arrangements, the national conditions, non-elective admissions, income and expenditure to and from the fund, and performance on BCF metrics.

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

Cell Colour Key

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

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

Content

The data collection template consists of 9 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Non-Elective Admissions - this tracks performance against NEL ambitions.

6) Supporting Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Year End Feedback - a series of questions to gather feedback on impact of the BCF in 2015-16

8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) 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 9 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

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

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

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

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide 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 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 to Q4
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure from the pooled fund in Q1 to Q4

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

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

5) Non-Elective Admissions

This section tracks performance against NEL ambitions. The latest figures for planned activity are provided. One figure is to be input and one narrative box is to be completed:

Input actual Q4 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell P8
Narrative on the full year NEA performance

6) Supporting Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:
An update on indicative progress against the four metrics for Q4 2015-16
Commentary on progress against the metric

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

7) Year End Feedback

This tab provides an opportunity to provide give additional feedback on your progress in delivering the BCF in 2015-16 through a number of survey questions. The purpose of this survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country. There are a total of 12 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund
There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Disagree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. Our BCF schemes were implemented as planned in 2015-16
2. The delivery of our BCF plan in 2015-16 had a positive impact the integration of health and social care in our locality
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan

Part 2 - Successes and Challenges
There are a total of 2 questions in this section, for which up to three responses are possible. The questions are:
11. What have been your greatest successes in delivering your BCF plan for 2015-16?
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?

These are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 / Q3 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.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on year-end overall progress, reflecting on a first full year of the BCF, with reference to the information provided within this and previous quarterly returns.

Better Care Fund Template Q4 2015/16

Data collection Question Completion Checklist

1. Cover

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

2. Budget Arrangements

Funds pooled via a S.75 pooled budget, by Q4? If no, date provided?
Yes

3. National Conditions

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

4. I&E (2 parts)

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

5. Non-Elective Admissions

Actual Q4 15/16	Comments on the full year NEA performance
Yes	Yes

6. Supporting Metrics

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

7. Year End Feedback

Statement:	Response:
1. Our BCF schemes were implemented as planned in 2015-16	Yes
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Yes
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Yes
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Yes
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Yes
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Yes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Yes
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Yes
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Yes
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Yes

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response and category
Success 1	Yes
Success 2	Yes
Success 3	Yes

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response and category
Challenge 1	Yes
Challenge 2	Yes
Challenge 3	Yes

8. New Integration Metrics

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

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

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

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes
Total number of PHBs in place at the 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

9. Narrative

Brief Narrative	Yes

Cover

Q4 2015/16	
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

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	16
4. I&E	19
5. Non-Elective Admissions	2
6. Supporting Metrics	9
7. Year End Feedback	16
8. New Integration Metrics	67
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:	Nottingham

Have the funds been pooled via a s.75 pooled budget?	Yes
If it 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 (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 the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide 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?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

National conditions - Guidance

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

1) Plans to be jointly agreed

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

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

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

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

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

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

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

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

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

Selected Health and Well Being Board: Nottingham

Income

Previously returned data:

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

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,461,250	£6,461,250	£6,461,250	£6,461,250	£25,845,000	£25,845,000
	Forecast	£6,307,780	£6,461,250	£6,461,250	£6,461,250	£25,691,530	
	Actual*	£6,307,780	£6,461,250	£6,463,250	£6,459,495	£25,691,775	

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

Expenditure

Previously returned data:

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

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,461,250	£6,461,250	£6,461,250	£6,461,250	£25,845,000	£25,845,000
	Forecast	£6,461,250	£6,211,250	£5,761,750	£5,761,750	£24,196,000	
	Actual*	£6,461,250	£5,889,000	£5,217,750	£5,799,607	£23,367,607	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The difference between the annual plan and actual spend relates predominantly to underspends arising from slippage on the implementation of 7 day working. A range of alternative proposals have been agreed that support BCF outcomes however these are profiled over 2015/16 & 2016/17.

Commentary on progress against financial plan:	There are underspends arising predominantly from delays to implementing 7 day working schemes. Of the total underspend, approvals to the value of £2.295m have been agreed on initiatives that support BCF outcomes. The year end balance has been carried forward to support these schemes in 2016/17.

Footnotes:

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

Non-Elective Admissions

Selected Health and Well Being Board: Nottingham

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	7,359	7,716	7,574	7,537	7,117	7,593	7,453	7,416	7,003	7,218	7,413	7,323	7,332	7,354

Please provide comments around your full year NEA performance	During 2015/16 there were 29,422 NEL admissions in Nottingham City. Comparing activity to the four quarters which made up the baseline sees a reduction in admissions of 764.This is a reduction of 2.07% against the 14/15 baseline.

Footnotes:

Source: For the Baselines and Plans which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs, as of 26th February 2016.

National and locally defined metrics

Selected Health and Well Being Board:	Nottingham

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

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Improvements made has seen target exceeded. Through the integrated care programme an integrated reablement service is being commissioned this will improve the affectiveness of reablement in the longer term.

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Proportion of the population (Aged 65+) supported by Assistive Technology.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	There has been a continued increase in performance since mid 2015/16.

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

Footnotes:

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

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board: Nottingham

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	Good progress was made to implement the following schemes in 15/16: Assistive Technology; Carers; Capital; Co-ordinated Care; Independence Pathway and Programme Management. Significant development work has been undertaken to progress the implementation of the Access & Navigation scheme, implementation is planned for 2016/17.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree	The implementation of the BCF schemes has supported the local integrated care development plan which is a key priority for the Health and wellbeing Board. Funding through the BCF has supported new transformation activity and joint governance arrangements have led to more joined up decision making processes and integrated commissioning.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	NEA activity was reduced by 2.07% during 15/16.During 2015/16 there were 29,422 NEL admissions in Nottingham City. Comparing activity to the four quarters which made up the baseline sees a reduction in admissions of 764.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Neither agree nor disagree	We acknowledge that DTOC activity is an issue locally. Services funded by BCF schemes have reduced DTOCs however, as described within our 16/17 plan we recognise that a much wider piece of detailed work is required to reduce DTOCs over 16/17. As described within the plan a city specific situation analysis will be completed and a locally developed action plan agreed with providers this will tailor the response of our BCF schemes in 2016/17 to ensure that there is a
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Progress has been made to improve the effectiveness of reablement services in 15/16. Local montoring highlighted that eight of the last twelve months reablement performance has been above the BCF metric. Looking ahead to 16/17 the health and social care reablement services will be integrated and further improvement the effectivensss of this service is expected.
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Neither agree nor disagree	Due to issues with the data reporting system and the timing of data cleanses on this system the reconicliation of this metric is not timely, therefore its not currently possible to identify the impact of the BCF plan on this metric. Looking ahead to 16/17 a new data system will be implemented in Q2/Q3 this should over time improve the sensitivty and accuracy of real time reporting. In addition a review of admissions will be undertaken and an action plan produced.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Agree	Funding through the BCF has supported community health and social care provision, new transformation activity and joint governance arrangements that have led to more joined up decision making processes and integrated commissioning. Our working relationships between health and social care partners is strengthened by (1) committed senior leadership – the programme has senior level (chief executive) sponsorship from both the CCG and the City
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	The pooled budget management is through a joint BCF Finance & Performance Group with representatives from both the CCG and Local Authority. Recommendations are jointly produced through this group for a joint decision to be made at the Better Care Fund/Integrated Care Programme Board. Both parties having sight of the investment and expenditure within the fund has been beneficial because it has supported the prioritisation of resources and joint decision making.
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	There is recognition that joint working between health and social care in our locality is mature, this has been influenced by the implementation of the Better Care Fund schemes, BCF Finance & Performance group and joint governance process (including the Commissioning Sub-committee) however, this is not dependent on the risk share arrangements alone.
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Agree	Management through the BCF Finance & Performance Group has ensured that there has not been overspend against schemes within the pooled fund. Where underspends/slippage on schemes has been identified proactive solutions have been found which support the bcf priorities and national metrics.

Part 2: Successes and Challenges
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest **successes** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **successes**	Response category:
Success 1	Implementation of Care Delivery Groups across the City which include groups of GP practices, Neighbourhood team staff, Social Care Link Workers, Care Co-ordinators and Housing Health Co-ordinators. These groups hold multi-disciplinary team meetings for patients identified as most at risk of admission to ensure that care is co-ordinated across health & social care professions to provide patient centered care.The introduction of Care Co-ordinators has been extremly positively received by all areas of the workforce, in particular with GPs. These staff have been pivotal to the risk stratification approach to reducing non-elective admissions for complex patients in Nottingham. Acting as a link between health and social care staff they have facilitated improved	6.Developing organisations to enable effective collaborative health and social care working relationships
Success 2	Joint working/governance arrangements. There is strong willigness to work collaboratively at all levels across health and care partners. Local experience of implementing the BCF has demonstrated that: Joint working provides transparency in investment decisions; Joint prioritisation enables targeting of resources taking a whole economy perspective; Joint decision making has built understanding of impact across the system; We are more able to identify and address duplication. Caroline Dove, Chief Executive Officer of NHS Elect, has worked with the BCF/Integrated Care Programme Board at two recent events. Caroline said: “I have been genuinely struck by the mature level of the relationships at which the CCG and City Council are operating at. They are achieving significant	1.Leading and Managing successful better care implementation
Success 3	Increasing independence for citizens through integrated assistive technologies. Uptake of assistive technology is now among the highest in the country with more than 7,000 people in the city being supported. Within the BCF Scheme "Assistive Technology" Telehealth and Telecare services have been developed with plans to integrate the services which have been traditionally aimed at either health or social care service users. An independent evaluation by Cordis Bright of the city's use of assistive technology has shown the support that the technology provided helped contribute to a reduction in health and social care spend of £333 per service user.In addition to reducing health and care costs the review established that "Almost all of the interviewees felt that their assistive	2.Delivering excellent on the ground care centred around the individual

12. What have been your greatest **challenges** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	Governance and contracting. There are technical challenges that include health having a commissioner/provider split while local government has in-house social care provision. We have attended East Midlands BCF events to share practice and learn from other areas, a number of these issues are challenges for other areas too. This has been particularly noticeable in the forming of the Care Bureau which involved the integration of a ccg commissioned service and service provided by the local authority.	4.Aligning systems and sharing benefits and risks
Challenge 2	Different approaches have been used to explore the impact of BCF schemes in 15/16, this has included the use of the NHSE self assessment tool and logic modelling. The output of this work has been useful, however, as experienced in other areas there is still a difficulty in measuring conclusively the impact of "scheme A" on metric "B". An ambition is to develop more outcomes based measures, and further work is required to utlise the intelligence from performance data to influence positive change.	5.Measuring success
Challenge 3	There has been a lot of system activity to support a reduction in delayed transfers of care through the system reslience groups and there has been small pockets of improvement in processes. However, we acknowledge that there is still significant work to do to reduce DTOCs in Nottingham City. The local action plan will be co-produced with providers including third sector and voluntary services to ensure a joined up approach.	4.Aligning systems and sharing benefits and risks

Footnotes:

Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

New Integration Metrics

Selected Health and Well Being Board: Nottingham

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

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

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

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

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

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

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

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

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

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

Total number of PHBs in place at the end of the quarter	150
Rate per 100,000 population	48

Number of new PHBs put in place during the quarter	6
Number of existing PHBs stopped during the quarter	2
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	25%

Population (Mid 2016)	315,559

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

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

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html
Q4 15/16 population figure has 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	25,311

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
BCF Scheme 1 Access & Navigation: - The Community Triage Hub is able to accept referrals based on patients' needs and direct to appropriate community provision, ensuring timely transfer of care. The Care Co-Ordinators are operational across all Care Delivery Groups within the City (and the service now operates seven days through BCF funding). They actively support monthly MDT meetings with GPs and neighbourhood team staff (Including social care) to focus on citizen-centered co-ordinated care for those most at risk of admission, as well as those citizens with a high number of re-admissions. They have also supported the implementation of the social prescription model within CDG 1. Staff survey results demonstrate clear benefits including efficiencies in working practices, reduction in duplication of visits to citizens and closer integration amongst staff groups. This role will be developed further within 16/17 to develop specialisms within the role such as support to Care Homes. BCF Scheme 2 Assistive Technology: - The number of AT users (aged 65+) has increased by 295 in Q4 of 15/16. The service specification for an integrated assistive technology service has been drafted and is out for consultation. We are exploring options to deliver the integrated service seven days per week, and how AT can be delivered in Care Homes. The independent cost effectiveness study of the city's use of assistive technology has shown the support that the technology provided helped contribute to a reduction in health and social care spend of £333 per service user. In addition to reducing health and care costs the review established that "Almost all of the interviewees felt that their assistive technology (telehealth and telecare) had a highly beneficial impact on their quality of life such that the vast majority would recommend it to a friend or relative." BCF Scheme 3 Carers: - Services within this scheme were enhanced within 15/16 to meet care act requirements, this included amending the contracts with providers to ensure compliance with the Act; and the provision of additional training for social care assessment staff. BCF Scheme 4 Co-Ordinated Care:- We acknowledge that DTOC activity is an issue locally. Services funded by BCF schemes have reduced DTOCs however, as described within our 16/17 plan we recognise that a much wider piece of detailed work is required to reduce DTOCs across the health and care system in Nottingham City during 16/17. As described within the plan a city specific situation analysis will be completed and a locally developed action plan agreed with providers this will tailor the response of our BCF schemes in 2016/17to ensure that there is a reduction in DTOCs. Although the NEL activity in Q4 was above the target, this reflects seasonal variations in demand; the year-end position is positive due to the continued decrease in admissions into hospital. Care Delivery Group model is is in place across the City, this is supported by social care link workers for each CDG. The next step in MDT development will focus on mental health integration. Analysis is on-going to ensure workforce capacity is aligned to health prevalence (or demands). Significant progress has been made to implement the use of the NHS number as the Identifier within social care systems, 98% of records have now been successfully matched. All NHS ID's are now on the Social Care system (CareFirst). There is a continuous manual process of updating these on a periodic basis. A new Social Care System "Liquid Logic" will be implemented from May 2016 and this will enable direct connectivity to health systems to allow for each new record to be matched as and when that new record is created. BCF Scheme 5:- Capital Schemes (Incl Disabled Facilities Grant):- Adapting the homes of citizens with disabilities and long-term conditions enables them

This page is intentionally left blank

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - 20 JULY 2016

Title of paper:	**Better Care Fund Pre-Audit Outturn 2015/16**	
Director(s)/ Corporate Director(s):	Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children & Adults	**Wards affected: All**
Report author(s) and contact details:	**Darren Revill** **darren.revill@nottinghamcity.gov.uk**	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Total value of the decision:	**Nil**	

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

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):
This paper presents the pre-audit 2015/16 Better Care Fund (BCF) Outturn Report and updates Commissioning Sub-Committee on the fund balance and commitments as at 31 March 2016.

The final Statement of Accounts including the Pooled Fund Memorandum Account will be considered by the Audit Committee in September 2016 at the conclusion of the external audit.

Recommendation(s):

1	Commissioning Sub-Committee note the cash flow position of the BCF Pooled Fund as at 31 March 2016 as per **Table 1** in paragraph 2.6.
2	Commissioning Sub-Committee note the outturn position of the BCF Pooled as at 31 March 2016 as per **Table 2** in paragraph 2.7 and approved funding commitments against this balance.

3	Commissioning Sub-Committee note the final position of the Pay for Performance element of the fund as per **Table 3** in paragraph 2.8.

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

1. REASONS FOR RECOMMENDATIONS

1.1 Budget monitoring and outturn information is provided to Commissioning Sub-Committee to enable the formal monitoring of the BCF and to support decision making on the use and effectiveness of the pooled fund.

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

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The 2015/16 Nottingham City Better Care Fund Plan was approved by the Health & Wellbeing Board on 25 February 2014 and subsequently revised in accordance with NHS England requirements and re-approved on 29 October 2014.

2.2 It is a requirement (under s.223GA of the NHS Act 2006, as amended by the Care Act 2014) that the CCG and Council establish a pooled fund to support the integration of health and social care to achieve the national conditions and local objectives; the Better Care Fund.

2.3 The Section 75 (S75) Better Care Fund Partnership Agreement details the governance arrangements, funding allocations for schemes aligning to the Better Care Fund Plan that have been agreed by NHS England and risk sharing arrangements for the pay for performance related element.

2.4 At a national level, the 2015/16 funding comprised:

- £3.46bn that will pass through NHS England to Clinical Commissioning Groups (CCG's).
- £134m Adult Social Care Capital Grant from the Department of Health to Local Authorities.
- £220m Disabled Facilities Grant from the Department for Communities and Local Government.

2.5 Quarterly budget monitoring reports have been presented to Commissioning Sub-Committee throughout 2015/16 to update on the cash, forecast budget position and achievement against the pay for performance element of the pooled fund.

2.6 **Cash Flows**

Table 1 below shows the cash flows of the pooled fund and fund balance as at 31 March 2016 against the original 2015/16 BCF Plan.

TABLE 1 – 2015/16 NOTTINGHAM BCF CASH FLOWS		
Better Care Fund	**BCF Annual Plan £000**	**Cash Flow at 31 March 2016 £000**
Funding into Pool:		
CCG		
CCG Baseline (Minimum Contribution)	(21,421)	(21,421)
Other CCG Allocation	(1,832)	(1,832)
NEL Adjustment *		153
Sub-Total	**(23,253)**	**(23,100)**
City Council		
Disabled Facilities Grant	(1,013)	(1,013)
Social Care Capital Grant	(863)	(863)
Social Care Contribution	(716)	(716)
Sub-Total	**(2,592)**	**(2,592)**
Total Income	**(25,845)**	**(25,692)**
Funding out of Pool:		
CCG	12,302	9,770
City Council	13,543	13,598
Total Expenditure	**25,845**	**23,368**
Fund Balance	**0**	**(2,324)**

*NEL Adjustment is detailed further in paragraph 2.8.

2.7 **Out-turn Position and Spend Commitments**

Table 2 below shows the pre-audit outturn position at 31 March 2016. The information is presented at an 'area of spend' level of detail and includes approvals by Commissioning Sub-Committee throughout the financial year.

Approved commitments on schemes represent £1.879m of the fund balance, leaving an uncommitted value of £0.445m. This balance predominantly relates to the contingency fund of £0.400 agreed to mitigate any potential shortfall in the pay for performance element in 2016/17.

TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND OUTTURN STATEMENT				
Area of Spend	**2015/16 (£000)**			
	Original S75 Annual Budget	**Revised S75 Annual Budget**	**Outturn**	**Forecast Variance**
Access & Navigation	1,610	1,677	1,440	(237)
Assistive Technology	1,185	1,185	1,184	(1)
Carers	1,352	1,410	1,310	(100)
Co-ordinated Care	8,381	7,984	6,778	(1,206)
Capital Grants	1,876	1,876	1,876	0
Independence Pathway	11,281	11,040	10,629	(411)
Programme Costs	160	273	151	(122)
P4P Contingency	0	400	0	(400)
Total	**25,845**	**25,845**	**23,368**	**(2,477)**
Non Achievement Element of Qtr1 (Qtr 4 2014/15) Pay for Performance (reflecting proposal to meet this cost from BCF underspends)		(153)	0	153
Qtr 2 Pay for Performance		0	0	0
Qtr 3 Pay for Performance		0	0	0
Qtr 4 Pay for Performance		0	0	0
Outturn Position	**25,845**	**25,692**	**23,368**	**(2,324)**
Approved Commitments			1,879	1,879
Fund Balance after Commitments	**0**	**25,692**	**25,247**	**(445)**

2.8 **Pay for Performance**

NHS England operational guidance states that for the Pay for Performance related element of the fund, CCG's may only release the full value of this funding into the pool if the non-elective (NEL) admissions target is met. If the target is not met, a proportionate amount will be transferred to the pooled fund and the balance retained by the CCG.

Provisions within the S75 Agreement (Schedule 3 – Risk Share and Overspends) for treatment of the Pay for Performance related element give 2 options:

1) To make additional contributions to the pooled fund in equal proportions of an amount required to meet the Payment for Performance shortfall.
2) Virement from an underspend within the pooled fund.

Commissioning Sub-Committee agreed in July 2015 that any shortfall in 2015/16 be met from pooled fund underspends up to a maximum value of £0.685m.

Table 3 below details the final 2015/16 value, achievement and shortfall of the pay for performance funding reflecting the target reduction in non-elective. This value is reflected in the overall pooled fund and is detailed within Tables 1 & 2 above.

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

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

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

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

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

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

5.1 None.

6. EQUALITY IMPACT ASSESSMENT

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

No ☒

An EIA is not required because the report does not contain proposals or financial decisions.

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

7.1 Not applicable.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - 20th July 2016

Title of paper:	**Better Care Fund Underspend Proposals July 2016**	
Director(s)/ Corporate Director(s):	Candida Brudenell Maria Principe Colin Monckton	**Wards affected:** **All**
Report author(s) and contact details:	**Clare Gilbert clare.gilbert@nottinghamcity.gov.uk**	
Other colleagues who have provided input:	**Linda Sellars linda.sellars@nottinghamcity.gov.uk** **Rachel Jenkins Rachel.Jenkins@nottinghamcitycare.nhs.uk**	
Date of consultation with Portfolio Holder(s) (if relevant)		
Total value of the decision:	**£492,469**	

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

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

It also proposes the transfer of commissioning responsibility for Click Nottingham from Nottingham City CCG to Nottingham City Council.

The appendices to this report are exempt from publication under paragraph 3 of Schedule 12A of the Local Government Act 1972 because they contain information relating to the financial or business affairs of organisations involved in delivering services to the Council and having had regard to all the circumstances the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Recommendation(s):	
1	Commissioning Sub-Committee approve proposals for utilisation of the BCF underspend as detailed in Exempt Appendix 1 and approve spend for this purpose totalling £492,469.
2	Commissioning Sub-Committee agree to the dispensation from Contract Procedure Rule 5.1.2 in accordance with Financial Regulation (3.29)(Operational Reasons) in order to make a direct award to Click Nottingham for 6 months from July 2016 to December 2016 with the potential to extend for a further 3 months to 31st March 2017 subject to the outcome of the review and available funding.
3	To delegate authority for signing the Click Nottingham contract to the Head of Contracting and Procurement.
How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'): The service supports citizens who are socially isolated.	

1. REASONS FOR RECOMMENDATIONS

1.1 There is identified underspend against agreed 2015-16 BCF proposals as well further funding released from 2016/17 services which will no longer be progressed. These proposals will support delivery of BCF metrics, further integration of Health and Social Care provision in the City and improve outcomes for vulnerable older citizens and those with long-term conditions.

1.2 Whilst a robust evaluation of the Click Nottingham service is undertaken, and to fully explore options, the commissioning of the service will transfer from Nottingham City CCG to Nottingham City Council.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Additional funding is now available to support new projects within the Better Care Fund. This funding is as a result of the £400,000 payment for performance figure for 2015/16 that was not allocated in case the performance targets were not achieved, a £45,478 carry forward of unallocated spend for 2015/16 and a further release of funding from schemes within the current year which will not be going ahead. These include; seven day working arrangements for social care within hospital discharge and the care home nursing team.

2.2 The proposals for the utilisation of the underspend are:

- Click Nottingham – in order to support a robust evaluation of the service
- Expansion of Temporary Assessment Project Team - To increase capacity within the Assessment Project Team to meet additional demand over the winter months by a further 8 Community Care Officers and 1 Team Manager
- Citizen Triage Point for Nottingham Health and Social Care Point

2.3 Nottingham CCG has been funding a pilot at Click Nottingham. Whilst the CCG pilot has now concluded, at the Integrated Care Board on the 21st June 2016, the decision was made to undertake a further evaluation of the Click Nottingham service. The review will determine whether the service is value for money and determine whether: to end the funding of the service, to progress a change in the focus of the service or to

procure a new service in line with the current model. Depending on the outcome of the evaluation, further time may be needed to procure a new service and so permission is included to extend the service for a further three months if this is required.

2.4 As the CCG pilot has concluded, both parties have agreed to transfer commissioning to Nottingham City Council. As the funding is only identified for a time limited period to undertake the evaluation, it would not make sense to go out for procurement for this service. Any further continuation of the service will be subject to a formal procurement process.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 To transfer existing projects that are currently funded by Nottingham City Council and Nottingham Clinical Commissioning Group into the BCF and to utilise the savings that are released to meet savings targets that are identified in relation to adult health and social care.

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

4.1 See Exempt Appendix 2 for finance comments.

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

5.1 The decision to award dispensation from financial regulations in order to make a direct award to Click Nottingham (for 6 months with the potential to extend for a further 3 months) is below the financial threshold for application of the EU Light Touch Procurement Regime. This decision raises no issues in relation to Procurement compliance.

5.2 This report raises no significant legal issues. There is a s.75 Agreement between the CCG and the City Council which governs the commissioning arrangements for the Better Care Fund pooled budget. Appendix 1 sets out the justification for the services in this report being commissioned within the terms of the Better Care Fund. The current proposal to commission Click Nottingham is below the applicable procurement financial threshold. However any subsequent proposal to extend the contract would need to include a consideration of the cumulative financial value to ensure no breach of the procurement rules..

6. EQUALITY IMPACT ASSESSMENT

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

No ☒
An EIA is not required because:

The proposed new provision represents an extension of existing provision. The current funding of Click Nottingham is being maintained. The change relates to the funding mechanisms. The outcome of the monitoring will be subject to an EIA process.

Yes ☐

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

7.1 None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank