

# Public Document Pack



## NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

**Date:** Wednesday, 13 December 2017

**Time:** 3.00 pm

**Place:** LH2.17 Loxley House, Station Street, Nottingham NG2 3NG

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

- 1 **APOLOGIES FOR ABSENCE**
- 2 **DECLARATIONS OF INTERESTS**
- 3 **MINUTES** 3 - 4  
To confirm the minutes of the meeting held on 13 September 2017
- 4 **DRAFT REVISED HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE** 5 - 10
- 5 **BETTER CARE FUND QUARTERLY PERFORMANCE REPORT** 11 - 32
- 6 **BETTER CARE FUND SAVINGS PROPOSALS** To follow
- 7 **EXCLUSION OF THE PUBLIC**  
To consider excluding the public from the meeting during consideration of the remaining item(s) in accordance with 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.
- 8 **BETTER CARE FUND SAVINGS PROPOSALS APPENDIX** To follow

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

**Members:**

Voting members

Katy Ball	City Council Director of Commissioning and Procurement
Councillor Nick McDonald	City Council Portfolio Holder with a remit covering health
Maria Principe	NHS Nottingham City Clinical Commissioning Group Director of Contracting and Transformation
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

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

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

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

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

**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 13 September 2017 from 3.04 pm - 3.12 pm**

**Membership**

**Voting Members**

Present

Katy Ball (Chair)  
Dr Marcus Bicknell  
Maria Principe

Absent

Councillor Nick McDonald

**Non Voting Members**

Present

Christine Oliver

Absent

Lucy Anderson  
Alison Challenger  
Martin Gawith  
Colin Monckton

**Colleagues, partners and others in attendance:**

- Ciara Stuart - Assistant Director Out of Hospital Care, Nottingham City  
Clinical Commissioning Group  
Jane Garrard - Senior Governance Officer

**107 APOLOGIES FOR ABSENCE**

Alison Challenger

**108 DECLARATIONS OF INTERESTS**

None

**109 MINUTES**

The minutes of the meeting held on 26 July 2017 were agreed as an accurate record and signed by the Chair.

**110 BETTER CARE FUND QUARTERLY PERFORMANCE REPORT**

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced the report. She highlighted that it provided information in relation to the Better Care Fund performance metrics for quarter 4 2016/17 that had been submitted to NHS England in June 2017.

**RESOLVED to**

- (1) note the performance in relation to the Better Care Fund performance metrics for Quarter 4 2016/17; and**
- (2) note the quarterly return which was submitted to NHS England on 20 June 2017.**

**111 BETTER CARE FUND 2016/17 PRE AUDIT OUTTURN**

This item was withdrawn.

**112 IMPROVED BETTER CARE FUND 2 - 2017/18 QUARTER 1 RETURN**

This item was withdrawn.

**113 BETTER CARE FUND 2017-2019 PLAN**

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, gave a verbal update on the Better Care Fund Plan 2017-2019. She reported that:

- a) The deadline for submission of the Better Care Fund (BCF) 2017-2019 Plan was 11 September 2017.
- b) It had been particularly challenging to get sign off to submit the Plan due to wider financial challenges and the need to save £1.5million from the BCF. It was decided that this needed resolving prior to submission of the Plan.
- c) A covering letter had been sent to NHS England explaining the situation and a refreshed Plan was now due to be submitted by the end of September 2017. Conversations were on-going and colleagues were confident that this could be achieved.
- d) The level of delayed transfers of care (DTC) had become an issue because NHS England had requested a lower target and for delivery to be brought forward from December to November 2017. While recognising that this was ambitious the Clinical Commissioning Group was willing to amend the trajectory, but the local authority (based on informal guidance from the Local Government Association about not signing up to unachievable DTC targets) did not feel able to sign up to it. It was understood that this was the position of many local authorities. The position had been communicated to NHS England and feedback was awaited.

**RESOLVED to note the current position in relation to the Better Care Fund 2017-2019 Plan.**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE**

**13 DECEMBER 2017**

<b>Report for Comment</b>	
<b>Title:</b>	Draft Revised Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference
<b>Lead officer(s):</b>	Katy Ball, Director for Commissioning and Procurement, Nottingham City Council Maria Principe, Director of Contracting and Transformation, Nottingham City Clinical Commissioning Group
<b>Author and contact details for further information:</b>	Ciara Stuart, Assistant Director of Out of Hospital Care <a href="mailto:ciara.stuart@nhs.net">ciara.stuart@nhs.net</a> Jane Garrard, Senior Governance Officer <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	As discussed by the Sub-Committee in July 2017, the Health and Wellbeing Board Commissioning Sub-Committee's terms of reference have been reviewed and a proposed draft terms of reference is attached.  The Sub-Committee is asked to comment on the draft revised terms of reference which will be taken to the Health and Wellbeing Board for approval in January 2018.
<b>Is any of the report exempt from publication?</b> <i>If yes, include reason</i>	No

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

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

- a) comment on the draft revised terms of reference for the Health and Wellbeing Board Commissioning Sub-Committee.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The report relates to governance of the Health and Wellbeing Board Commissioning Sub-Committee, which aims to ensure that it operates appropriately so that it can carry out its role and responsibilities in relation to the Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental	

health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	
<b>How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health</b>	
The report relates to governance of the Health and Wellbeing Board Commissioning Sub-Committee, which aims to ensure that it operates appropriately so that it can carry out its role and responsibilities, including fulfilling the aspiration to give equal value to mental and physical health.	

<b>Reason for the decision:</b>	To provide an opportunity for the Sub-Committee to comment on proposed revisions to its terms of reference, prior to approval by the Health and Wellbeing Board.
<b>Total value of the decision:</b>	n/a
<b>Financial implications and comments:</b>	n/a
<b>Procurement implications and comments (including where relevant social value implications):</b>	n/a
<b>Other implications and comments, including legal, risk management, crime and disorder:</b>	n/a
<b>Equalities implications and comments:</b> <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	n/a
<b>Published documents referred to in the report:</b> <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	Minutes of the meeting of the Health and Wellbeing Commissioning Sub-Committee held on 26 July 2017
<b>Background papers relied upon in writing the report:</b> <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
<b>Other options considered and rejected:</b>	n/a

**Health and Wellbeing Board Commissioning Sub-Committee**  
**Terms of Reference**  
**DRAFT**

The role of the Health and Wellbeing Board Commissioning Sub Committee is:

- a) To provide advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and subsequent action plans and commissioned spend and strategic direction;
- b) To accept delegated actions from the Health and Wellbeing Board and report back on progress and outcomes;
- c) To performance manage the Health and Wellbeing Board commissioning plan and to agree changes to that plan based on monitoring and performance management considerations. This will include the ability to request deep dives to enable greater focus on specific areas;
- d) To provide collective oversight, support and performance management to areas of work identified by the Sub-Committee as being of highest priority. Areas of focus will be jointly commissioned activity or where there is significant system impact;
- e) For every Section 75 Agreement, where responsibility has been delegated to the Sub-Committee, to carry out the following roles in line with requirements of the relevant Agreement:
  - i. take funding decisions, including Key Decisions, on pooled budgets;
  - ii. take decisions on commissioning arrangements for jointly commissioned services; and
  - iii. have oversight to ensure that arrangements are properly managed with, as a minimum, annual reports from the relevant Agreement lead(s)

*A record of which Section 75 Agreements have been delegated to the Sub-Committee and reporting arrangements can be found in the 'Health and Wellbeing Board Commissioning Sub Committee role in relation to Section 75 Agreements' document*
- f) To have oversight of any other Nottingham City Council/ NHS Nottingham City Clinical Commissioning Group joint funding and joint commissioning arrangements either in place now or in development for the future;
- g) Establish one or more time limited task and finish groups to carry out work on behalf of the Sub-Committee.

**Meeting Arrangements**

The Health and Wellbeing Board Commissioning Sub-Committee will meet on a bi-monthly basis following directly on from the Health and Wellbeing Board meetings.

Extraordinary meetings of the Health and Wellbeing Board Commissioning Sub-Committee may be called by the agreement of 2 voting members (one of whom must represent Nottingham City Council and one of whom must represent NHS Nottingham City Clinical Commissioning Group) if a decision is required urgently.

If an urgent decision is required that cannot wait for an extraordinary meeting to be called then the Director for Commissioning and Procurement (Nottingham City Council) and the Nottingham City Locality Director (NHS Nottingham City Clinical Commissioning Group), as the two Sub-Committee Chairs, can act through the following process:

- Circulation of details of the proposed decision to all Sub-Committee members for consultation; and
- There being clear reasons why the decision could not have waited until a full Sub-Committee meeting.

The decision will be recorded and reported, along with the reasons for urgency, to the next full Sub-Committee meeting.

The quorum for the meeting is 2 voting members, one of whom must represent Nottingham City Council and one of whom must represent NHS Nottingham City Clinical Commissioning Group.

The meeting will be chaired in rotation by the Director for Commissioning and Procurement (Nottingham City Council) and the Nottingham City Locality Director (NHS Nottingham City Clinical Commissioning Group). In the absence of both of these members, the Chair will pass to the voting member present from the body due to chair the meeting.

Nottingham City Council and NHS Nottingham City Clinical Commissioning Group have one vote each, shared between its voting members.

The chair of the meeting will not have a casting vote. In the event that agreement cannot be reached on a decision to be taken by the Sub-Committee, the matter will be referred to a meeting of the Sub-Committee which will be convened within the next 10 working days for this purpose by the Corporate Director of Strategy and Resources.

## Membership

<b>Voting Members</b>	<b>Organisation</b>
Portfolio Holder with a remit covering Health	Nottingham City Council
Director of Commissioning and Procurement	Nottingham City Council
Nottingham City Locality Director	NHS Nottingham City Clinical Commissioning Group
GP Lead	NHS Nottingham City Clinical Commissioning Group



Substitution for voting members is permissible provided that the Chair is notified of the substitution in advance of the meeting and the substitution is to a named substitute. These are listed at Appendix 1 (to be drafted). Substitutes must be of sufficient seniority and empowered by their organisation to represent its views and to contribute to decision making in line with Sub-Committee's terms of reference.

<b>Non-Voting Members</b>	<b>Organisation</b>
Director of Public Health	Nottingham City Council
Director of Adult Social Care	Nottingham City Council
Head of Commissioning	Nottingham City Council
Head of Commercial Finance	Nottingham City Council
Director of Children's Integrated Services	Nottingham City Council
Assistant Director of Out of Hospital Care	NHS Nottingham City Clinical Commissioning Group
Assistant Director of Quality Governance, Children and Learning Disabilities	NHS Nottingham City Clinical Commissioning Group
Assistant Director of Finance	NHS Nottingham City Clinical Commissioning Group

All voting members are required to comply with the requirements of the Nottingham City Council Code of Conduct and, as a matter of best practice, it is also expected that all non-voting members will also observe the principles contained in the Code and comply with its requirements.

### **Minutes of Sub –Committee Meetings**

The Health and Wellbeing Board will be informed of the Sub-Committee's decisions by the inclusion on its agenda of the minutes of the Sub- Committee's meetings.

### **Review**

Terms of reference were agreed on XXX at the Health and Wellbeing Subcommittee and will be reviewed annually.

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**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE**

**13 DECEMBER 2017**

	<b>Report for Information</b>
<b>Title:</b>	Better Care Fund Quarterly Performance Report
<b>Lead officer(s):</b>	Maria Principe, Director of Contracting and Transformation, Nottingham City Clinical Commissioning Group
<b>Author and contact details for further information:</b>	Petra Davis, Project Officer, Out of Hospital Care, Nottingham City Clinical Commissioning Group and Nottingham City Council
<b>Brief summary:</b>	This report provides information in relation to the Better Care Fund (BCF) performance metrics for Quarter 2 2017/18
<b>Is any of the report exempt from publication?</b> <i>If yes, include reason</i>	No

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

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

- a) note the performance in relation to the Better Care Fund performance metrics for Quarter 2 2017/18; and
- b) note the quarterly return which was submitted to NHS England on 17<sup>th</sup> November 2017 and was authorised virtually by the Health and Wellbeing Board Chair, Cllr Nick McDonald.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
<b>Aim:</b> To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: - - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to meet their need
<b>Aim:</b> To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
<b>Outcome 1:</b> Children and adults in Nottingham adopt and maintain healthy lifestyles	
<b>Outcome 2:</b> Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
<b>Outcome 3:</b> There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and	The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the

manage ill health well	organisations/different parts of the system delivering it.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	<p>By 2020, the aspiration is that: -</p> <ul style="list-style-type: none"> <li>- People will be living longer, more independent and better quality lives, remaining at home for as long as possible</li> <li>- People will only be in hospital if that is the best place – not because there is nowhere else to go</li> <li>- Services in the community will allow patients to be rapidly discharged from hospital</li> <li>- New technologies will help people to self-care - The workforce will be trained to offer more flexible care</li> <li>- People will understand and access the right services in the right place at the right time.</li> </ul> <p>The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision making.</p>
<b>How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health</b>	
A core element of the Integrated Care model is the integration of mental health services which is being progressed through the Mental Health Integration Steering Group. This steering group oversees a work plan which will be supported by task and finish groups. Clinical assurance has been delegated to the Clinical Strategic Commissioning Group. Commissioning assurance has been delegated to the Mental Health Joint Commissioning Group.	

<b>Reason for the decision:</b>	N/A
<b>Total value of the decision:</b>	N/A
<b>Financial implications and comments:</b>	N/A
<b>Procurement implications and comments (including where relevant social value implications):</b>	N/A
<b>Other implications and comments, including legal, risk management, crime and disorder:</b>	Quarterly reporting is our main external assurance from the national BCF team. The template has altered since last year, reducing the finance reporting requirements and adding more requirements around Delayed Transfers of Care (DToC) and the High Impact Change Model (HICM). This is the first quarterly submission of 2017-18; Q1 reporting was cancelled due to the delays in the planning

	<p>round. We are asked to submit a set of information against the following headings:</p> <ol style="list-style-type: none"> <li>1. <b>National conditions and Section 75</b>– assurance that we continue to meet the national conditions set out in the Policy Framework and Planning Guidance (tab 2);</li> <li>2. <b>Metrics</b> – assurance against our nationally mandated performance metrics (tab 3);</li> <li>3. <b>HICM</b> – assurance around our progress on the 8 elements of the High Impact Change Model (tab 4); and</li> <li>4. <b>Narrative on progress</b> - a narrative around progress against our plan and any successes over the quarter (tab 5).</li> </ol> <p><b>Commentary</b></p> <ol style="list-style-type: none"> <li>1. <b>National conditions and section 75</b> We have successfully met all national conditions in Q2. Our s75 is in development; it will not meet the national deadline of 30<sup>th</sup> November, but work is in progress to agree a S75 pooled budget arrangement that reflects our ongoing joint work around savings and efficiencies from the BCF.</li> <li>2. <b>Metrics</b> We have 4 national metrics in 2017-18: Reduction in non-elective admissions (NEA); Reduction in residential care home admissions; Reduction in Delayed Transfers of Care; and an increase in the number of patients still at home 91 days after Reablement. NEA, Residential admissions and Reablement are green for the quarter and looking green for the year; our Delayed Transfers of Care are red this quarter. This is due to a number of factors: additional investment in homecare packages was withdrawn in June; some complex patients remain in the short-term homecare pathway while their packages of care are sourced; two community beds providers were unable to take complex patients in August. The work on our Integrated Discharge Function and Discharge to Assess pathways, which went live at the start of Q3, is predicted to relieve some of this pressure.</li> <li>3. <b>High Impact Change Model</b> Our performance against the 8 expected elements of the High Impact Change Model and the additional, non-mandated Red Bag element is good, with a score of Established for Q2 on all elements and plans for a score of Mature on 6 elements by Q4.</li> <li>4. <b>Narrative on progress</b> Our progress against plan in Q2 was positive, with milestones around Out of</li> </ol>
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	Hospital Reprourement, an Integrated Discharge Function and Discharge to Assess being met. Adult Social Care's new Adult Duty Service is presented as the quarter's success story.
<b>Equalities implications and comments:</b> <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	N/A
<b>Published documents referred to in the report:</b> <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	Nottingham City BCF Quarterly Return - Quarter 1 2016/17 Nottingham City BCF Quarterly Return - Quarter 2 2016/17 Nottingham City BCF Quarterly Return - Quarter 3 2016/17 Nottingham City BCF Quarterly Return - Quarter 4 2016/17 No return was required for Q1 2017-18 as the BCF planning round was delayed through that quarter.
<b>Background papers relied upon in writing the report:</b> <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
<b>Other options considered and rejected:</b>	N/A

**Overview**

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

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

**Note on entering information into this template**

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

Data needs inputting in the cell

Pre-populated cell

**Note on viewing the sheets optimally**

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

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

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

**Checklist**

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

**1. Cover**

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

**2. National Conditions & s75 Pooled Budget**

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

### 3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template

- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

### 4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model ([link below](#)) and an explanation for each is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

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

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

Hospital Transfer Protocol (or the Red Bag Scheme):

The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

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

Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:

A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPXmULHE>

### 5. Narrative

This section captures information to provide the wider context around health and social integration.

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

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







## Better Care Fund Template Q2 2017/18

### 1. Cover

Version 1

**Please Note:**

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
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<b>Health and Wellbeing Board:</b>	Nottingham
<b>Completed by:</b>	Petra Davis
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<b>Contact number:</b>	0115 883 9432
<b>Who signed off the report on behalf of the Health and Wellbeing Board:</b>	Cllr Nick McDonald

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](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

### Complete

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



## Better Care Fund Template Q2 2017/18

### 2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Nottingham

#### Confirmation of National Conditions

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

#### Confirmation of s75 Pooled Budget

Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	No	S75 in development - delays in planning round meant that plans had not yet been approved and fundi	31/12/2017

## Better Care Fund Template Q2 2017/18

### 3. Metrics

Selected Health and Well Being Board:

Nottingham

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	Significant levels of demand	A new way of working in the Care Co-ordination service is providing an additional focus on reducing admissions.	N/A
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Significant levels of demand	Dedicated programmes of work are underway in the local authority to replicate the County work done on reducing Residential admissions of the 65+ population	N/A
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Significant levels of demand	Co-located Health & Social Care Reablement team achieving planned uplift in performance	N/A
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	Additional investment in homecare packages was withdrawn in June; some complex patients remain in the short-term homecare pathway while their	Short-term homecare needs being met with low to no waits	N/A

*\* Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

Better Care Fund Template Q2 2017/18

4. High Impact Change Model

Selected Health and Well Being Board:

Nottingham

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Mature		<p>The changes in attitude, behaviour and culture (AB&amp;C) is recognised as a challenge across the system. Should there not be a shared sense of purpose with clear communication across Greater Nottingham this will impact the success of Discharge to Assess (D2A).</p> <p>One communication package supporting implementation of D2A and for embedding 'Home First' mantra has been rolled out which provides consistency in language across the system and supports one electronic discharge plan (eTOC) that is being build in to Nerve centre for all members of the integrated discharge team (IDT) to access.</p>	<p>Supported discharge performance; Week 1 = 266 and week 2 = 253 against a trajectory target of 240. Week 3 = 235, Week 4 = 225 and week 5 = 252 against a trajectory target of 231</p> <p>Number of patients medically fit &gt;24 hours and within an acute bed is reducing against a target of 83</p> <p>Social care are inputting directly into nerve centre.</p> <p>Weekly provider to provider meetings taking place to work through operationalising D2A and the IDT.</p> <p>Weekly 'stuck' and stranded patient review meetings taking place to enable complex supported discharge.</p>	<p>IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vital members.</p>
Chg 2	Systems to monitor patient flow	Established	Established	Mature		<p>Systems reconfiguration to enable performance monitoring of the new metrics for D2A.</p>	<p>Red 2 Green is in place in NUH and across community rehabilitation/reablement providers and monitored monthly. Identifying pathways; simple/supported (1, 2 or 3). D2A metrics agreed and Dashboard framework in place with early data. This will be presented to the A&amp;E Delivery board on 09.11.2017</p>	<p>Systems reconfiguration to enable performance monitoring of the new metrics for D2A.</p>

Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Mature		<p>The changes in attitude, behaviour and culture (AB&amp;C) is recognised as a challenge across the system. Should there not be a shared sense of purpose with clear communication across Greater Nottingham this will impact the success of Discharge to Assess (D2A).</p> <p>One communication package supporting implementation of D2A and for embedding 'Home First' mantra has been rolled out which provides consistency in language across the system and supports one electronic discharge plan (eTOC) that is being build in to Nerve centre for all members of the integrated discharge team (IDT) to access.</p>	<p>Integrated Discharge Team (IDT) went live on 02.10.2017. This is a multi-disciplinary team that provides a single point of access for all supported discharges.</p> <p>There is a weeekly 'stuck' and stranded patient meeting to discuss complex cases within NUH and in community facilities.</p>	<p>IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vitural members.</p>
Chg 4	Home first/discharge to assess	Established	Established	Established		<p>Intensive internal work continues to be completed w the external homecare providers to strengthen the resilience of the local home care market in order to ensure that there is sufficient capacity to meet all demand, including that from the community and from the acute hospital and community health providers.</p>	<p>Supported discharge performance; Week 1 = 266 and week 2 = 253 against a trajectoy target of 240. Week 3 = 235, Week 4 = 225 and week 5 = 252 against a trajectory target of 231</p> <p>Number of patients medically fit &gt;24 hours and within an acute bed is reducing against a target of 83</p> <p>Social care are inputting directly into nerve centre.</p> <p>Weekly provider to provider meetings taking place to work through operationalising D2A and the IDT.</p> <p>Weekly 'stuck' and stranded patient review meetings taking place to enable complex supported discharge.</p>	<p>IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vitural members.</p>
Chg 5	Seven-day service	Plans in place	Established	Established		<p>Workforce change to support 7 day services.</p>	<p>Call centre advice for care homes via 111 in place. Community services remain 7 day/week until 18:00 hrs. Members of the IDT undergoing workforce change to support moving to 7 day service 08:00-22:00 hrs</p>	<p>Workforce change to support 7 day services.</p>



Chg 6	Trusted assessors	Plans in place	Established	Established		Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system
Chg 7	Focus on choice	Established	Established	Mature		There remain a small number of citizens and families who do not wish to leave the bed based reablement facility to which they have been admitted following discharge from hospital. Continued work as a system is being completed to improve the frequency and consistency of information provided to citizens and their families in order to avoid citizens remaining in these facilities for longer than the expected 28 days.	System wide patient leaflet in use together with letter from senior clinician within NUH. PDMS set within 48 hours on day 1 of admission. Discharge planning happens on day 1 with the patient; no decision about me without me.	Review effectiveness of the leaflet quarterly and revise if necessary.
Chg 8	Enhancing health in care homes	Established	Established	Mature		Large pool of small providers means roll-out of EHCH elements across all care homes in the City remains a challenge	Care homes red bag in place across Greater Nottingham. Pathfinder via NEMS. Use of skype as an option for a number of care homes. 111 advice line to support care homes.	Care homes will receive continued support from their respective CCG leads.

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

**Better Care Fund Template Q2 2017/18**

**5. Narrative**

Selected Health and Wellbeing Board:

Nottingham

Remaining Characters: 18,197

**Progress against local plan for integration of health and social care**

Our BCF Plan, which set out our plans for health & social care integration, protection of social care, and investment in out of hospital services, was submitted in September with plans to refresh the 18-19 elements later in the financial year. Planned milestones for Q2 included completing a tender for Out of Hospital Services and finalising our plans for an Integrated Discharge Function and Discharge to Assess pathways.

Our Out of Hospital services procurement tender went live during Q2, representing a significant future investment against a single overarching Out of Hospital specification which includes integrated services across health and social care for urgent care and reablement services. The process to agree the service specification and monitoring requirements across organisations was a successful partnership. Going forward, within the current procurement opportunity, we have jointly developed a Memorandum of Understanding for additional integrated services to be delivered under the one single contract. Nottingham Health and Care Point, Duty Team, Care Bureau and additional urgent care and reablement services are proposed to be added to the contract from 2019/20 which will further integrate services and improve patient experience, outcomes and system efficiencies.

Preparation continued for the go-live of an Integrated Discharge Function and Discharge To Assess pathways in the first week of October. Significant partnership work has taken place to agree functions, teams and targets for this piece of work, which will include a D2A dashboard

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

Remaining Characters: 18,802

**Integration success story highlight over the past quarter**

Adult Social Care has implemented significant changes in terms of the processing and allocation of assessments and unplanned reviews which resulted in the design and implementation of an Adult Duty service which works with all citizens requiring an intervention within 28 days of referral. The service was created with a reconfiguration of teams and existing posts and there was no additional investment required.

The new process means that citizens are no longer transferred to other departments for the completion of an assessment of their long term needs as the Duty team works with all citizens to completion rather than until their situation is stabilised. This has helped deliver improved outcomes for citizens through a consistent worker supporting the citizen and their family until completion. It has reduced unnecessary demand for other teams resulting in the majority of citizens waiting less than 28 days for the completion of their social care assessment and enabling the Community Review team to focus on the completion of planned Care Act reviews with a view to maximising citizens' independence and connection to their local community, thereby delivering better outcomes.

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



## Better Care Fund Template Q2 2017/18

### Checklist

[<< Link to Guidance tab](#)

#### Complete Template

#### 1. Cover

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

Sheet Complete:	Yes
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#### 2. National Conditions & s75

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

Sheet Complete:	Yes
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#### 3. Metrics

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

Sheet Complete:	Yes
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#### 4. HICM

	Cell Reference	Checker
Early discharge planning Q2	D8	Yes
Systems to monitor patient flow Q2	D9	Yes
Multi-disciplinary/multi-agency discharge teams Q2	D10	Yes
Home first/discharge to assess Q2	D11	Yes
Seven-day service Q2	D12	Yes
Trusted assessors Q2	D13	Yes
Focus on choice Q2	D14	Yes
Enhancing health in care homes Q2	D15	Yes
Red Bag scheme Q2	D19	Yes
Early discharge planning, if Mature or Exemplary please explain	G8	Yes
Systems to monitor patient flow, if Mature or Exemplary please explain	G9	Yes
Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	G10	Yes
Home first/discharge to assess, if Mature or Exemplary please explain	G11	Yes
Seven-day service, if Mature or Exemplary please explain	G12	Yes
Trusted assessors, if Mature or Exemplary please explain	G13	Yes
Focus on choice, if Mature or Exemplary please explain	G14	Yes
Enhancing health in care homes, if Mature or Exemplary please explain	G15	Yes
Red Bag scheme, if Mature or Exemplary please explain	G19	Yes
Early discharge planning Challenges	H8	Yes
Systems to monitor patient flow Challenges	H9	Yes
Multi-disciplinary/multi-agency discharge teams Challenges	H10	Yes
Home first/discharge to assess Challenges	H11	Yes
Seven-day service Challenges	H12	Yes
Trusted assessors Challenges	H13	Yes
Focus on choice Challenges	H14	Yes
Enhancing health in care homes Challenges	H15	Yes
Red Bag Scheme Challenges	H19	Yes
Early discharge planning Additional achievements	I8	Yes
Systems to monitor patient flow Additional achievements	I9	Yes
Multi-disciplinary/multi-agency discharge teams Additional achievements	I10	Yes
Home first/discharge to assess Additional achievements	I11	Yes
Seven-day service Additional achievements	I12	Yes
Trusted assessors Additional achievements	I13	Yes
Focus on choice Additional achievements	I14	Yes
Enhancing health in care homes Additional achievements	I15	Yes
Red Bag Scheme Additional achievements	I19	Yes
Early discharge planning Support needs	J8	Yes
Systems to monitor patient flow Support needs	J9	Yes
Multi-disciplinary/multi-agency discharge teams Support needs	J10	Yes
Home first/discharge to assess Support needs	J11	Yes
Seven-day service Support needs	J12	Yes
Trusted assessors Support needs	J13	Yes
Focus on choice Support needs	J14	Yes
Enhancing health in care homes Support needs	J15	Yes
Red Bag Scheme Support needs	J19	Yes
Sheet Complete:		Yes

#### 5. Narrative

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



