

## NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

**Date:** Wednesday, 26 July 2017

**Time:** 3.30 pm (or at the rising of the Health and Wellbeing Board if that is later)

**Place:** Standard Court, Park Row, Nottingham, NG1 6GN

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

**1 APOLOGIES FOR ABSENCE**

**2 DECLARATIONS OF INTERESTS**

**3 MINUTES**

To confirm the minutes of the meeting held on 8 March 2017

3 - 6

**4 HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE**

7 - 10

**5 BETTER CARE FUND QUARTERLY PERFORMANCE REPORT**

11 - 26

**6 FUTURE MEETING DATES**

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

- 13 September 2017
- 13 December 2017
- 14 March 2018

**7 EXCLUSION OF THE PUBLIC**

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

**8 BETTER CARE FUND UPDATE**

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 Cluster Development and Performance
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

Christine Oliver	City Council Head of Commissioning
Alison Challenger	City Council Director of Public Health
Colin Monckton	City Council Director of 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 8 March 2017 from 15.00 - 15.10**

**Membership**

**Voting Members**

Present

Councillor Alex Norris  
Maria Principe

Absent

Dr Marcus Bicknell  
Katy Ball

Chris Wallbanks (substitute for Katy Ball)

**Non-Voting Members**

Present

Absent

Lucy Anderson  
Alison Challenger  
Martin Gawith  
Colin Monckton  
Christine Oliver

Helene Denness (substitute for Alison Challenger)

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

- |               |   |
|---------------|---|
| Clare Gilbert | - Commissioning Lead – Adults, Nottingham City Council  |
| Darren Revill | - Finance Analyst, Nottingham City Council  |
| Jo Williams   | - Assistant Director Health and Social Care Integration, NHS Nottingham City Clinical Commissioning Group |
| Jane Garrard  | - Senior Governance Officer   |

**92 APOLOGIES FOR ABSENCE**

Katy Ball  
Lucy Anderson  
Alison Challenger  
Christine Oliver

**93 DECLARATIONS OF INTEREST**

None

**94 MINUTES**

The public minutes of the meeting held on 14 December 2016 were agreed as an accurate record and signed by the Chair.

**95 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TIER 2 SECTION 75 AGREEMENT**

Chris Wallbanks, Strategic Commissioning Manager, introduced the report informing the Sub Committee of the decisions made by the City Council Commissioning and Procurement Sub Committee on 15 February 2017 relating to development of a Section 75 Agreement with NHS Nottingham City Clinical Commissioning Group for the commissioning of Tier 2 Child and Adolescent Mental Health Services (CAMHS). She highlighted that:

- (a) Tier 2 CAMHS had been successfully provided within Nottingham City Council, with funding from NHS Nottingham City Clinical Commissioning Group.
- (b) Formalisation of funding arrangements will take place through development of a Section 75 Agreement.
- (c) Details of the Section 75 Agreement are still being developed.
- (d) As a partnership body, it was felt that the Health and Wellbeing Board Commissioning Sub Committee was the appropriate place for oversight of the Section 75 Agreement.

Following questions, it was clarified that the budget for Tier 2 CAMHS will still be from both Nottingham City Council and NHS Nottingham City Clinical Commissioning Group, and the Section 75 Agreement will be signed off by both organisations.

**RESOLVED to**

- (1) note the decisions by the Nottingham City Commissioning and Procurement Sub Committee on 15 February 2017, which were to:**
  - 1. approve the development of a Section 75 Agreement with Nottingham City Clinical Commissioning Group for the commissioning of Tier 2 Child and Adolescent Mental Health Services (CAMHS) from 1 April 2017, at a cost not exceeding the current expenditure on this service;**
  - 2. approve the budget to support the Section 75 Agreement and the scope of the service included as set out in exempt appendix 1. If the future value for the Section 75 Agreement changes to being above the current indicative value, a separate report will be presented for approval;**
  - 3. approve the governance arrangements for the oversight and management of the Section 75 Agreement to be via the Health and Wellbeing Board Commissioning Sub Committee;**
  - 4. delegate authority to the Director of Commissioning and Procurement in consultation with the Director of Children's Integrated Services to agree the final value for the Section 75**

**Agreement for Tier 2 CAMHS as listed in exempt appendix 1, providing this does not exceed the current expenditure on this service; and**

- 5. delegate authority to the Head of Contracting and Procurement to sign the Section 75 Agreement, following approval by the Director of Procurement and Commissioning and the Director of Children's Integrated Services**

- (2) agree to undertake the management and oversight of the Section 75 Agreement for Tier 2 Child and Adolescent Mental Health Services (CAMHS), subject to approval by the Health and Wellbeing Board.**

**96 BETTER CARE FUND 2016/17 QUARTER 3 BUDGET MONITORING REPORT**

Darren Revill, Finance Analyst, introduced the 2016/17 Quarter 3 budget monitoring information for the Better Care Fund (BCF). He highlighted that:

- (1) The forecast position reflected the decision made by the Sub Committee in December 2016 to allocate the underspend to Nottingham City Council and NHS Nottingham City Clinical Commissioning Group on a 50/50 basis.
- (2) The Director of Procurement and Commissioning (City Council) and Director of Cluster Development and Performance (Clinical Commissioning Group) needed to provide written details of which schemes the underspend had been allocated to.

**RESOLVED to**

- (1) note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 3 of 2016/17 as per Table 1 in the report; and**
- (2) note the forecast position of the Better Care Fund Pooled Fund as detailed in Tables 2 and 3 in the report.**

**97 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.**

**98 EXEMPT MINUTES**

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

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

**26 JULY 2017**

	<b>Report for Information</b>
<b>Title:</b>	Health and Wellbeing Board Commissioning Sub Committee Terms of Reference
<b>Lead officer(s):</b>	
<b>Author and contact details for further information:</b>	Jane Garrard, Senior Governance Officer, Nottingham City Council <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a> 0115 8764315
<b>Brief summary:</b>	In March 2017 the Committee supported taking on the governance role in relation to the Section 75 Agreement for the Tier 2 Child and Adolescent Mental Health Services contract. The Health and Wellbeing Board agreed to amend the terms of reference accordingly. The revised Terms of Reference is attached.
<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 revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee (as set out in Appendix 1).

**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 ensure that the Committee is aware of its current Terms of Reference
<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>	Report to and minutes of the Health and Wellbeing Board Commissioning Sub Committee on 8 March 2017 Report to and minutes of the Health and Wellbeing Board meeting on 29 March 2017 Report to and minutes of the Full Council meeting on 8 May 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>	None



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

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 performance manage the Health and Wellbeing Board commissioning plan and to agree changes to that plan based on monitoring and performance management considerations;
- (c) To take strategic funding decisions, including Key Decisions, relating to relevant pooled budgets as agreed in Section 75 Agreements (currently Better Care Fund, Domestic Violence and Tier 2 Child and Adolescent Mental Health Services);
- (d) To provide strategic oversight of the Priority Family Health and Wellbeing Strategy priority including implications for integrated children and families commissioning and funding decisions relating to Priority Families' schemes.

The Health and Wellbeing Board Commissioning Sub-Committee will meet on a quarterly basis. Extraordinary meetings of the Health and Wellbeing Board Commissioning Sub-Committee may be called if a decision is required urgently.

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 (City Council) and the Director of Cluster Development and Performance (Clinical Commissioning Group). In the absence of both of these members, the Chair will pass to the voting member present from the body next due to chair the meeting.

The City Council and 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**

#### **Voting Members**

- The Portfolio Holder with a remit covering Health (City Council)

- Director of Commissioning and Procurement (City Council)
- Director of Cluster Development and Performance (Clinical Commissioning Group)
- GP Lead (Clinical Commissioning Group)

Substitution for voting members is permissible provided that the Chair is notified of the substitution in advance of the meeting.

#### **Non Voting Members**

- Director of Public Health (City Council)
- Assistant Director of Commissioning – Mental Health, Children and Families (Clinical Commissioning Group)
- Director of Commissioning, Policy and Insight (City Council)
- Head of Commissioning (City Council)
- Healthwatch Nottingham

#### **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

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

**26 JULY 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>	Claire Fletcher, Project Support Officer, Integrated Care <a href="mailto:Claire.fletcher4@nhs.net">Claire.fletcher4@nhs.net</a>
<b>Brief summary:</b>	This report provides information in relation to the Better Care Fund performance metrics for Q3 16/17
<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 metrics for quarter 3 16/17; and
- b) note the quarterly return which was submitted to NHS England 08/03/2017 and was authorised virtually by the Health and Wellbeing Board Chair - Councillor Alex Norris and Vice Chair, Dr Marcus Bicknell

**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: <ul style="list-style-type: none"> <li>- Remove false divides between physical, psychological and social needs</li> <li>- Focus on the whole person, not the condition</li> <li>- Support citizens to thrive, creating independence - not dependence</li> <li>- Services tailored to need - hospital will be a place of choice, not a default</li> <li>- Not incur delays, people will be in the best place to meet their need</li> </ul> The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system
<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	

manage ill health well	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</li> <li>- 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>	
<p>A core element of the Integrated Care model is the integration of mental health services which is being progressed through the Mental Health Integration Steering Group. This steering group oversees a work plan which will be supported by task and finish groups. Clinical assurance has been delegated to the Clinical Strategic Commissioning Group. Commissioning assurance has been delegated to the Mental Health Joint Commissioning Group.</p>	

<b>Reason for the decision:</b>	n/a
<b>Total value of the decision:</b>	n/a
<b>Financial implications and comments:</b>	Quarterly finance is included within the appendix attached to this report. The reported financial position aligns to the Quarterly Budget Monitoring Reports presented to Commissioning Sub Committee.
<b>Procurement implications and comments (including where relevant social value implications):</b>	n/a
<b>Other implications and comments,</b>	n/a

<b>including legal, risk management, crime and disorder:</b>	
<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
<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

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

**26 JULY 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 CCG
<b>Author and contact details for further information:</b>	Claire Fletcher, Project Support Officer, Integrated Care <a href="mailto:Claire.fletcher4@nhs.net">Claire.fletcher4@nhs.net</a>

### **1. REASONS FOR RECOMMENDATIONS**

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

### **2. BACKGROUND**

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

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

2.3. NHS England required the return for Q3 to be submitted to them by 3 March 2017, due to a mismatch between the timing of the publication of performance data and the scheduling for this meeting, the quarterly report was shared with the Chair of the Health and Wellbeing Board, Councillor Alex Norris for virtual approval. A copy of the return is included as an appendix. A summary of the return is detailed below; this includes performance against the national conditions and performance metrics.

<b>National Conditions</b>	<b>Nottingham City Position</b>
1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services	Yes
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings	Yes

when clinically appropriate	
<b>4)In respect of data sharing</b>	Yes
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan	Yes

#### 2.4. Summary of performance

Performance against each BCF metric is described below;

Performance as at Q3 2016/17

<b>Metric</b>	<b>Performance</b>
Reduction in non-elective admissions	Quarter 3 saw the winter increase in activity start to become apparent, although the rate of increase in activity is fairly static the plan for a fall in non-elective admissions has not materialised.
Delayed Transfers of Care	Quarter 3 saw an improvement in performance led by a reduced number of days delayed being recorded at the both the main acute and mental health providers within the locality. Significant work on discharge pathways has been undertaken to help deliver this improvement in performance.
Proportion of the population supported by Assistive Technology	Quarter 3 performance has not shown the increased rate of performance that had been expected. This metric is still tracking below the year to date target, the service has gone through a significant transition period with preparation for the move to Nottingham City Homes and it is expected that take up rates will



	increase in quarter 4.
Improvement in health and social care outcomes	The latest survey figures show that there was a small increase in the satisfaction results and the metric is performing above the target.
Admissions to residential care	The beginning of the winter period has seen the rate of admissions to care homes increase after an encouraging performance in the first half of the year. October and November were particularly high but December fell back in line with the monthly target.

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## Better Care Fund Quarterly Return

Q3 2016/17	
Health and Well Being Board	Nottingham
Completed by:	Jo Williams
E-Mail:	joanne.williams@nottinghamcity.nhs.uk
Contact Number:	0115 8839566
Who has signed off the report on behalf of the Health and Well Being Board:	Clr Norris and Dr Marcus Bicknell

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'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. CDE	17
5. Supporting Metrics	13
6. Additional Measures	63
7. Narrative	1

## Budget Arrangements

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

## National Conditions

Selected Health and Well Being Board:

Nottingham

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

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Q1 Submission Response	Q2 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or enter estimated date	If the answer is "No" provide an explanation
1) Plans to be jointly agreed	Yes	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes	Yes		
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No	Yes	Yes		
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - In Progress	Yes	Yes		

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

Selected Health and Well Being Board:

Nottingham

**Income**

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350	£6,464,350				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	£25,857,401
	Forecast	£6,464,350	£6,464,350	£6,464,350	£6,464,351	£25,857,401	
	Actual*	£6,464,350	£6,464,350	£6,464,350			

Please comment if one of the following applies:

- There is a difference between the forecasted annual total and the pooled fund
- The Q3 actual differs from the Q3 plan and / or Q3 forecast

There is no difference between the annual total and the pooled fund.

**Expenditure**

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	
	Actual*	£6,286,065	£6,297,538				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,286,065	£6,523,778	£6,523,778	£6,523,780	£25,857,401	£25,857,401
	Forecast	£6,286,065	£6,297,538	£6,605,504	£6,668,294	£25,857,401	
	Actual*	£6,286,065	£6,297,538	£6,605,504			

Please comment if one of the following applies:

- There is a difference between the forecasted annual total and the pooled fund
- The Q3 actual differs from the Q3 plan and / or Q3 forecast

Slippage across schemes and initiatives has resulted in a revised forecast and actual spend for Qtr 3 against the original plan. Funding has been reallocated and the revised Qtr 4 forecast reflects the updated levels of spend. (The updated forecast profiles from the Qtr 2 return do not appear to have been brought forward on the template and therefore these have been updated).

Commentary on progress against financial plan:

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

## National and locally defined metrics

<b>Selected Health and Well Being Board:</b>	Nottingham
<b>Non-Elective Admissions</b>	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Quarter 3 saw the winter increase in activity start to become apparent, although the rate of increase in activity is fairly static the plan for a fall in non elective admissions has not materialised.
<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Quarter 3 saw an improvement in performance led by a reduced number of days delayed being recorded at the both the main acute and mental health providers within the locality. Significant work on discharge pathways has been undertaken to help deliver this improvement in performance.
<b>Local performance metric as described in your approved BCF plan</b>	Proportion of the population supported by Assistive Technology
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Quarter 3 performance has not shown the increased rate of performance that had been expected. This metric is still tracking below the year to date target, the service has gone through a significant transition period with preparation for the move to Nottingham City Homes and it is expected that take up rates will increase in quarter 4.
<b>Local defined patient experience metric as described in your approved BCF plan</b>	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?	On track to meet target
Commentary on progress:	Latest survey figures show that there was a small increase in the satisfaction results and the metric is performing above the target.
<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The beginning of the winter period has seen the rate of admissions to care homes increase after an encouraging performance in the first half of the year. October and November were particularly high but December fell back in line with the monthly target.
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	A fall in performance has been recorded in quarter 3, there were difficulties in contacting some of patients to check their status 91 days after accessing the service. These patients were shown with an unknown status and represented 15% of the denominator for December.

## Additional Measures

Selected Health and Well Being Board:

Nottingham

### Improving Data Sharing: (Measures 1-3)

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

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

#### 2. Proposed Measure: Availability of Open APIs across care settings

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

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

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

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

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

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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**Other Measures: Measures (4-5)**

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

Total number of PHBs in place at the end of the quarter	184
Rate per 100,000 population	57.5
Number of new PHBs put in place during the quarter	11
Number of existing PHBs stopped during the quarter	3
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	23%
Population (Mid 2016)	320,056

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

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



## Narrative

Selected Health and Well Being Board:

Nottingham

Remaining Characters

27,990

Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

### Assistive Technology & Access and Navigation

#### Highlights and successes

The Integrated Health and Care Point (HCP) launched in January 2017; this provides a simplified response to citizens accessing HCP with direct access to a service advisor to provide information and advice and take referrals where relevant to both health and social care services.

#### Challenges and Concerns

Technical hitches have been experienced, however this was expected and contingency plans were in place to manage any issues.

#### Potential actions and support

Contingency planning is effective at this stage.

### Co-ordinated Care

#### Highlights and successes

The current focus is on multi-disciplinary working and how to ensure an effective and consistent approach across the City and wider Greater Nottingham footprint. This includes some detailed work on risk stratification and expanding the tool to incorporate additional datasets from social care. Another area of focus is the integration of mental health into Care Delivery Groups (CDGs) which is progressing well. A new primary care mental health team is operational and linked to CDGs. Community mental health service are also being redesigned to support CDG locality working.

#### Challenges and Concerns

Understanding the impact of schemes with a number of new initiatives in place is challenging.

#### Potential actions and support

Scheme level measures will be developed to support understanding of impact moving forward.

### Independence Pathway

#### Highlights and Successes

The integrated reablement and urgent care services are now operational; this means that flexibility of the service offer ensures that citizens receive a level of intervention to meet their individual needs. Self-care has been rolled out across the City; the evaluation report is due in mid-march and will inform future planning of our approach to self-care.

#### Challenges and Concerns

Whilst the commissioning budget for reablement and urgent care services is a joint budget (via the BCF pooled budget) the provider budget and contracting arrangements remain separate. This is limiting the level of integration at a provider level despite an operating model being agreed.

#### Potential actions and support

A review of the integration of these services is being planned and a paper will be presented to the Health and Wellbeing Sub-committee. This will present options for future commissioning to drive more successful integration.

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

In quarter 3 there were an additional 280 citizens supported by assistive technology, in addition there were 160 citizens who previously had equipment but this was removed in the quarter. This is below the quarterly target of 375 additional users however this has been a challenging quarter – see below. This quarter saw significant progress towards the integration of the Telecare and Telehealth services into an integrated Assistive Technology Service delivered through Nottingham City Homes (NCH).

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

This was a challenging quarter because of staff vacancies in the Telecare Service as well as potential uncertainty because of the impending but delayed transfer of staff and service from NCC to NCH. The challenge for the coming quarter is for the integration of staff

and services into NCH to bed in smoothly and for an efficient single Service to emerge.

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

The commissioner is working closely with NCH to ensure the smooth transition of services. In addition NCH are putting in place promotion and training in order to raise awareness levels and referral rates as well as working with Nottingham City Council social care teams for shared uptake opportunities to ensure the appropriate number of citizens are supported through assistive technology.

**Carers**

Successful joint procurement of new integrated carers' support services across Nottingham City Council and Nottingham CCG, resulting in a single point of contact for carers and professionals in Nottingham City and Nottinghamshire County. Efficiencies in the service model mean increased numbers of carers can be supported with reduced funding and reduced resources in contract management. Commissioners in the LA and CCG are working closely with providers to support implementation in Q4, for services to commence April 2017.