

## **NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**Date:** Wednesday, 30 January 2019

**Time:** 4.00 pm (or at the rising of the Health and Wellbeing Board if that is later)

**Place:** Ground Floor Committee Room - 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 - 8  
To confirm the minutes of the meeting held on 26 September 2018

**4 BETTER CARE FUND AND IMPROVED BETTER CARE FUND** 9 - 22  
**QUARTERLY PERFORMANCE REPORTS**

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

**6 EXEMPT MINUTES** 23 - 26  
To confirm the exempt minutes of the meeting held on 26 September 2018

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.

**Members:**

Voting members

Katy Ball	Nottingham City Council Director of Commissioning and Procurement
Councillor Sam Webster	Nottingham City Council Portfolio Holder with a remit covering health
Michelle Tilling	NHS Greater Nottingham Clinical Commissioning Partnership Locality Director – Nottingham City
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Partnership representative

Non-voting members

Catherine Underwood	Nottingham City Council Director of Adult Social Care
Alison Challenger	Nottingham City Council Director of Public Health
Helen Blackman	Nottingham City Council Director of Children's Integrated Services
Christine Oliver	Nottingham City Council Head of Commissioning
Ceri Walters	Nottingham City Council Head of Commercial Finance
Sarah Collis	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 Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 26 September 2018 from 4.00 pm - 4.45 pm**

**Membership**

**Voting Members**

Present

Christine Oliver (substitute for Katy Ball)  
(Chair)  
Hugh Porter  
Michelle Tilling  
Councillor Sam Webster

Absent

Katy Ball

**Non Voting Members**

Present

Helene Denness (substitute for Alison Challenger)  
Martin Gawith  
Christine Oliver (substitute for Katy Ball)  
Linda Sellars (substitute for Catherine Underwood)

Absent

Helen Blackman  
Alison Challenger  
Catherine Underwood  
Ceri Walters

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

Clare Gilbert	- Lead Commissioning Manager
Ciara Stuart	- Deputy Locality Manager – Nottingham City, Greater Nottingham Clinical Commissioning Partnership
Jane Garrard	- Senior Governance Officer

**Call In**

Unless stated otherwise, all decisions are subject to call in. The last date for call in is Monday 8 October 2018. Decisions cannot be implemented until the working day after this date.

**136 MEMBERSHIP CHANGES**

**RESOLVED to note the following changes in membership of the Health and Wellbeing Board Commissioning Sub Committee:**

- (1) Catherine Underwood has replaced Helen Jones as Director of Adult Social Care, Nottingham City Council**
- (2) Dr Hugh Porter has replaced Dr Marcus Bicknell as the GP Lead, Nottingham City Clinical Commissioning Group**

- (3) Michelle Tilling, Locality Director – Nottingham City, has replaced Gary Thompson, Chief Operating Officer, as the Greater Nottingham Clinical Commissioning Partnership representative.**

**137 APOLOGIES FOR ABSENCE**

Katy Ball – Christine Oliver attending as substitute  
Alison Challenger – Helene Denness attending as substitute  
Catherine Underwood – Linda Sellars attending as substitute

**138 DECLARATIONS OF INTERESTS**

Councillor Webster declared an interest in two of the proposals being discussed under Agenda Item 9 Better Care Fund Savings Proposals 2019/20 because he is a Board member of Nottingham City Homes. He left the meeting prior to discussion about these proposals.

**139 MINUTES**

The minutes of the meeting held on 28 March 2018 were agreed as an accurate record.

**140 FUTURE MEETINGS**

**RESOLVED to meet on the following Wednesdays at 4pm or at the rising of the Health and Wellbeing Board if that is later:**

- **28 November 2018**
- **30 January 2019**
- **27 March 2019**

This decision is not subject to call in.

**141 BETTER CARE FUND AND IMPROVED BETTER CARE FUND  
QUARTERLY PERFORMANCE REPORT - 2017/18 QUARTER 4**

Ciara Stuart, Deputy Locality Director – Nottingham City, Greater Nottingham Clinical Commissioning Partnership, presented the report providing information on the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 4 2017/18. She highlighted the following information:

- a) The national conditions for Quarter 4 and for the year were met.
- b) Metrics for residential admissions and reablement were categorised as 'green' for Quarter 4 and for the year.
- c) The delayed transfers of care metric was particularly challenging and categorised as 'red' all year. The reasons for this were outlined in the quarterly return submitted to NHS England.
- d) During 2017/18 there was concern about the methodology for measuring delayed transfers of care.

- e) Performance against the 8 expected elements of the High Impact Change Model and the additional non-mandated Red Bag element was good with a score of Established for 6 of the 8 mandated elements and for the Red Bag element.
- f) During the year savings were built into the Better Care Fund Plan.
- g) There was positive feedback at the end of 2017/18, with successful reprocurement of the Out of Hospital Services contract and continued management of integration alongside such changes.
- h) In terms of the Improved Better Care Fund, funding was used across the three mandated areas. Additional funding helped to reduce the risk of homecare providers withdrawing from operating in the local area; meeting the homecare national living wage; and meeting challenges associated with Discharge To Assess.
- i) Performance on the Improved Better Care Fund metrics was mixed. The reablement metric showed improvement but there was deterioration on some other metrics.

**RESOLVED to**

- (1) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 4 2017/18; and**
- (2) note the quarterly returns which were submitted to NHS England that were authorised virtually by the Chair and Vice Chair of the Health and Wellbeing Board.**

This decision is not subject to call in.

**142 BETTER CARE FUND AND IMPROVED BETTER CARE FUND  
QUARTERLY PERFORMANCE REPORT - 2018/19 QUARTER 1**

Ciara Stuart, Deputy Locality Manager – Nottingham City, Greater Nottingham Clinical Commissioning Partnership introduced the report providing information about the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 1 2018/19. She highlighted the following information:

- a) All of the national conditions for Quarter 1 2018/19 were met.
- b) The residential admissions and reablement metrics were categorised as 'green' for Quarter 1.
- c) Performance against the delayed transfers of care metric remains categorised as 'red' (only April data available for Quarter 1 at the time of reporting).
- d) The methodology for delayed transfers of care has been revised for 2018/19 but it remains a challenging target.

There was a discussion about the reason for challenges in reducing delayed transfers of care and the extent to which all partners recognise the same issues and are working towards the same objectives. In response the following additional information was provided:

- e) A review of delayed transfers of care was carried out across system partners and feedback shared with organisational leaders. This led to a shared understanding of the issues.
- f) While there are lots of things that could be done to reduce delayed transfers of care, the key issue is lack of capacity in the community.

**RESOLVED to**

- (1) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 1 2018/19; and**
- (2) note the quarterly returns which were submitted to NHS England on 18 July 2018 and were authorised virtually by the Chair of the Health and Wellbeing Board.**

This decision is not subject to call in.

**143 BETTER CARE FUND FINANCIAL PLAN 2018/19**

Clare Gilbert, Lead Commissioning Manager, introduced the report presenting the financial elements of the 2018/19 Better Care Fund Plan and proposing principles for the future operation of the Fund. She highlighted the following information:

- a) As a result of an ongoing over-commitment in the Plan and the need for Nottingham City Council to make further savings in order to meet its Medium Term Financial Plan and for the Greater Nottingham Clinical Commissioning Partnership to make additional savings, there has been a reshaping of schemes and the Better Care Fund Plan needs updating.
- b) The proposed principles for future operation of the Fund will provide greater flexibility and improve management of schemes.
- c) The Year 2 submission for the 2017/19 Financial Plan is very light touch and represents a 'holding position' in anticipation of more substantial changes. This approach was approved at a regional level.

**RESOLVED to**

- (1) approve the 2018/19 Better Care Fund Financial Plan as attached as Appendix 1 to the report;**
- (2) approve the revised principles for the management of the Better Care Fund as set out in Appendix 2 of the report and agree to their incorporation into a revised Section 75 Agreement; and**

- (3) approve the Year 2 submission for the 2017/19 Financial Plan as set out in Appendix 3 of the report.**

**144 BETTER CARE FUND SAVINGS PROPOSALS 2019/20**

Clare Gilbert, Lead Commissioning Manager, introduced the report outlining savings proposals from the 2019/20 Better Care Fund. She highlighted that:

- a) The savings are being proposed to meet budget requirements for 2019/20.
- b) In 2017/18 there was an agreement to make £1.5m savings from the Better Care Fund to enable Nottingham City Council to meet its Medium Term Financial Plan. It was agreed that savings would be split on a 90/10 basis in favour of Nottingham City Council. From 2019/20 the split has been set on a 50/50 basis after additional contributions have been removed. Therefore there is a shortfall of £354,000 against the Council's Medium Term Financial Plan. Further savings are required to meet this shortfall.
- c) The savings proposals total £442,000 and represent an over achievement against savings requirements because there are risks associated with implementation of some of the proposals.

**RESOLVED to**

- (1) agree the level of savings required to meet Nottingham City Council's Medium Term Financial Plan requirements as set out in the exempt minute; and**
- (2) approve the saving schemes that have been identified for delivering the saving as set out in the exempt minute.**

**145 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.**

**146 BETTER CARE FUND SAVINGS PROPOSALS 2019/20 EXEMPT APPENDICES**

The Sub-Committee considered the information set out in the exempt appendices, the details of which can be found in the exempt minute.

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**a) HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE**  
**30 JANUARY 2019**

	<b>Report for Information</b>
<b>Title:</b>	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports
<b>Lead officer(s):</b>	Claire Kent, Head of Service Improvement and Better Care Fund, Greater Nottingham Clinical Commissioning Partnership
<b>Author and contact details for further information:</b>	Clare Rourke, Service Improvement Officer, Greater Nottingham Clinical Commissioning Partnership
<b>Brief summary:</b>	This report provides information in relation to the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) performance metrics for Quarter 2 2018/19
<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 performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 2 2018/19; and
- b) note the quarterly returns which were submitted to NHS England on 18/10/2018 and were authorised by Councillor Webster.

**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	<p>The main objectives of our Better Care Fund Plan are to: -</p> <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> <p>The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it.</p>
<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	

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	<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>
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>	
<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>	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>	<p><b><u>BCF Q2 Report</u></b></p> <p><b>1. National conditions and section 75</b> We have successfully met all national conditions in Quarter 2 and for the year.</p> <p><b>2. Metrics</b> Residential admissions, Reablement and Delayed Transfers of Care (only July data available for Quarter 1 at</p>

	<p>the time of reporting) are green for quarter 2. Non-elective admissions are amber for the year to date. There is continued focus in addressing the issues in relation to the flow out of hospital with this being supported by the Newton Europe system capacity and flow report due by the end of October.</p> <p><b>3. 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 6 of the 8 mandated elements and for the Red Bag element.</p> <p><b>4. Narrative – success story</b> The narrative focuses on the carers support service.</p> <p><b>5. iBCF</b> This section outlines the projects linked to the iBCF spend.</p>	
<b>Equalities implications and comments:</b>	N/A	
<b>Published documents referred to in the report:</b> <i>legislation, statutory guidance, previous Sub Committee reports /minutes</i>	Nottingham City BCF Quarterly Return - Quarter 1 2018/19	
<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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Better Care Fund Template Q2 2018/19
Guidance
<b>Overview</b> <p>The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements for 2017-19 which supports the aims of the integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHS), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).</p> <p>The key purposes of the BCF quarterly reporting are:</p> <ol style="list-style-type: none"><li>1) To confirm the status of continued compliance against the requirements of the fund (BCF)</li><li>2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans</li><li>3) To foster shared learning from local practice on integration and delivery of BCF plans</li><li>4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements</li></ol> <p>BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.</p> <p>BCF quarterly reports are submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.</p> <p>The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.</p> <p>For 2018-19, reporting on the additional IBCF Grant (funding announced in the 2017 Spring Budget) is included in the BCF quarterly reporting as a combined template to streamline the reporting requirements placed on local systems. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the IBCF information and providing it to MHCLG. Although collected together, BCF and IBCF information will be reported and published separately.</p>
<b>Note on entering information into this template</b> <p>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:</p> <p>Data needs inputting in the cell</p> <p>Pre-populated cells</p> <p><b>Note on viewing the sheets optimally</b></p> <p>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.</p>
<b>The details of each sheet within the template are outlined below.</b>
<b>Checklist</b> <p>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.</p> <p>2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.</p> <p>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'.</p> <p>4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.</p> <p>5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.</p> <p>6. Please ensure that all boxes on the checklist tab are green before submission.</p>
<b>1. Cover</b> <p>1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.</p> <p>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 <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a></p>
<b>2. National Conditions &amp; 1st Pooled Budget</b> <p>This section requires the Health &amp; Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-2019 continue to be met through the delivery of your plan. Please confirm as at the time of completion.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf</a></p> <p>This sheet sets out the four conditions and requires the Health &amp; 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.</p> <p>In summary, the four national conditions are as below:</p> <p>National condition 1: A jointly agreed plan Please note: This also includes confirming the continued agreement on the jointly agreed plan for OIG spending</p> <p>National condition 2: NHS contribution to social care is maintained in line with inflation</p> <p>National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services</p> <p>National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care</p>
<b>3. National Metrics</b> <p>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 2017-19, planned targets have been agreed for these metrics.</p> <p>This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.</p> <p>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.</p> <p>As a reminder, if the BCF planned targets should be referenced as below:</p> <p>Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template</p> <p>Non-Elective Admissions (NEAs): The BCF plan on the CCG (Clinical Commissioning Group) 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 <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a></p> <p>Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialisation commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.</p> <p>Delayed Transfers of Care (DTOC): The BCF plan targets for DTOC should be referenced against your current provisional trajectory. Further information on DTOC trajectories for 2018-19 will be published shortly.</p> <p>The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.</p> <p>This sheet seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:</p> <p>In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.</p> <p>In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. 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.</p> <p><b>Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.</b></p>
<b>4. High Impact Change Model</b> <p>The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, and anticipated trajectory in future quarters, of each of the eight HICM changes and the red bag scheme along with the corresponding implementation challenges, achievements and support needs.</p> <p>The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A detailed explanation of the levels for the purposes of this reporting is included in the key below:</p> <p>Not yet established - The initiative has not been implemented within the HWB area</p> <p>Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography</p> <p>Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes</p> <p>Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement</p> <p>Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement</p> <p><a href="https://www.local.gov.uk/better-care-fund-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model">https://www.local.gov.uk/better-care-fund-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model</a></p> <p>In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.</p> <p>In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&amp;E Delivery Board representatives, CHAs and regional ADASS representatives.</p> <p>The HICM maturity assessment (particularly where there are multiple CCGs and A&amp;E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.</p> <p>Please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful in informing future design considerations.</p> <p>Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.</p> <p>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 with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.</p> <p>To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital length of stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.</p> <p>Hospital Transfer Protocol (for the Red Bag Scheme):</p> <ul style="list-style-type: none"><li>- 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.</li><li>- 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.</li><li>- 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.</li></ul> <p>Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published: <a href="https://www.nhs.uk/NHSEngland/length-reviews/Pages/quick-guides.aspx">https://www.nhs.uk/NHSEngland/length-reviews/Pages/quick-guides.aspx</a></p> <p>Further guidance is available on the Rahbott system or on request from the NHS England Hospital to Home team through <a href="mailto:england.ohuc@nhs.net">england.ohuc@nhs.net</a>. The link to the Sutton Homes of Care Vacancy - Hospital Transfer Pathway (Red Bag) scheme is as below: <a href="https://www.youtube.com/watch?v=ioZP6mLUH8">https://www.youtube.com/watch?v=ioZP6mLUH8</a></p>
<b>5. Narrative</b> <p>This section captures information to provide the wider context around health and social integration.</p> <p>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.</p> <p>Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.</p>
<b>6. Additional Improved Better Care Fund</b> <p>For 2018-19 the additional IBCF monitoring has been incorporated into the BCF form. Please fill this section in if you are responsible for the additional IBCF quarterly monitoring for your organisation, or geographic area.</p> <p>To reflect this change, and to align with the BCF, data must now be entered on a HWB level.</p> <p>For Quarter 2, the IBCF section of the form covers questions relating to external provider fees only. Specific guidance is provided on the IBCF tab.</p>

## Better Care Fund Template Q2 2018/19

### 1. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottingham
Completed by:	Clare Rourke
E-mail:	clare.rourke@nhs.net
Contact number:	01158839575
Who signed off the report on behalf of the Health and Wellbeing Board:	CLlr Sam Webster/ Dr Hugh Porter

**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
6. iBCF	0



[<< Link to Guidance tab](#)

#### 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

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

[^^ Link Back to top](#)

	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? 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
-----------------	-----

### 3. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes
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### 4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning Q2 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19	F15	Yes
Chg 5 - Seven-day service Q2 18/19	F16	Yes
Chg 6 - Trusted assessors Q2 18/19	F17	Yes
Chg 7 - Focus on choice Q2 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19	F19	Yes
UEC - Red Bag scheme Q2 18/19	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes

Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes
UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes

Sheet Complete:	Yes
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## 5. Narrative

[^^ Link Back to top](#)

	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
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## 6. iBCF

[^^ Link Back to top](#)

	Cell Reference	Checker
1. Average amount paid to external providers for home care in 2017/18	C19	Yes
1. Average amount expected to pay external providers for home care in 2018/19	D19	Yes
1. Uplift if rates not known	E19	Yes
2. Average amount paid for external provider care homes without nursing for clients aged 65+ in 17/18	C20	Yes
2. Average expected pay for external provider care homes without nursing clients aged 65+ in 2018/19	D20	Yes
2. Uplift if rates not known	E20	Yes
3. Average amount paid for external provider care homes with nursing for clients aged 65+ in 2017/18	C21	Yes
3. Average expected to pay for external provider care homes with nursing for clients aged 65+ in 18/19	D21	Yes
3. Uplift if rates not known	E21	Yes

Sheet Complete:	Yes
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[^^ Link Back to top](#)



## Better Care Fund Template Q2 2018/19

### 2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Nottingham

#### Confirmation of Nation 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?	Yes		

# Better Care Fund Template Q2 2018/19

## Metrics

Selected Health and Wellbeing Board:

Nottingham

**Challenges** Please describe any challenges faced in meeting the planned target

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

**Support Needs** Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	September data was not available at the time of reporting. NEA are 6.9% above plan for Q2 as of August. Largely, the increase in admissions is found in same day and short stay at NUH. NEAs for paediatrics (33%), General Surgery (27%), and Respiratory Medicine (14%) are exceeding the agreed contractual plan for Nottingham City CCG at August YTD	N/A	n/a
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	n/a	Residential admissions data is available for July and August at the time of writing; admissions are green for the year to date and well within the year end target of of 384, YTD at August is 52	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	Further work is being undertaken to investigate the data in more detail, and compare this to Nottinghamshire to ensure it is robust.	Reablement data is available for July and August at the time of writing. Reablement is currently above target for Q2 at 93.3% and above target for the YTD	n/a
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	On track to meet target	n/a	DTOC data for July and August shows that the metric is meeting the target for Q2 to date	n/a

**Better Care Fund Template Q2 2018/19**

**4. High Impact Change Model**

Selected Health and Wellbeing Board:

Nottingham

**Challenges**

Please describe the key challenges faced by your system in the implementation of this change

**Milestones met during the quarter / Observed Impact**

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

**Support Needs**

Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	Established		Increased referrals for Pathway 1 has resulted in marked delay in home care packages in Nottingham City (to be reported via the Nottingham City BCF Quarterly Submission). Recent empty beds in community bed provision. Action plan in place to optimise capacity. Previous agreement to progress the Lancashire model, but now due to funding this is unable to be progressed at the moment.	<ul style="list-style-type: none"> <li>- Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a "simple" or "supported discharge".</li> <li>- 250 supported discharges weekly. Reduced DTOC to lowest number ever, as well as reduced Medically Stable For Discharge &gt;24hrs.</li> <li>- Average length of stay post Medically Stable For Discharge @ 2.2days.</li> <li>- Joint DTOC coding Standard Operating Procedure agreed across all organisations.</li> <li>- Multiagency training 'excellence in discharge planning' "trolley dash" education.</li> <li>- Education events planned with NHS Elect for IDF. Increased referral onto Pathway 1, reduced requirements for Pathway 2.</li> <li>- Red bag scheme in operation across the South.</li> <li>- Front Door Discharge team (12fte) work holistically (trained through Citycare competencies framework) and refer direct to START and Leivers accept "Transfer of Care" form for admission to Leivers</li> <li>- County Social Care Home First Response Service 7 day service to bridge capacity OF Homecare and START</li> <li>- All City citizens are discharged home with NCC Social Care Reablement services to maximise reablement potential. OT services are based within SCR to assess and review and free up homecare capacity across SCR and external provision</li> </ul>	Development of the Lancashire model to promote home first further within a safe and effective system. Paper to be presented at A&E Delivery Board as part of the wider funding discussion / requirements to support system flow. Increased capacity for an at home model required to increase the number of people going home and staying at home with support.
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established		Care home live bed management system recommended to provide real time bed capacity within care homes. Funding stream to be discussed at A&E Delivery Board. The Home First Dashboard is to be reviewed with system partners to ensure it is accurate. Providers are contracted to complete the metrics to ensure the dashboard is meaningful, providing a true picture of system flow for the whole patient journey from admission to discharge.	<ul style="list-style-type: none"> <li>- Newton Europe review completed. Clinical Utilisation Review -recommendations completed.</li> <li>- 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).</li> <li>- D2A metrics agreed and Dashboard framework in place with early data.</li> <li>- Nerve Centre at NUHT provides partners with the status information on patients that are allocated to them to review</li> <li>- All supported discharges are triaged daily by health and social care within the Integrated Discharge Team</li> <li>- Nerve Centre provides bed capacity live data to monitor flow</li> <li>- County Social Care have an escalation plan and daily dashboard in place across social care teams within NUHT and wider services such as START/STIS/Leivers/Homefirst/Homecare</li> <li>- Allows managers to be proactive and flex resources where they are needed. It also provides a framework with clear processes when capacity across these services is full. This allows social care to be proactive when reacting to the Opel status at NUHT</li> <li>- Nottingham City are embedded in the IDT and are able to view all patient flow systems daily, citizens exiting the acute trust then move into social care reablement and this workflow is monitored via out electronic recording system. We have a surge and escalation action plan in place.</li> </ul>	Clarity regarding funding is required. D2A development has provided benefits for all system partners, therefore discussion about how all system partners support further developments.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established		Challenges to reduce DSTs in hospital to <15%. Progress being made to reduce DSTs in hospital. Work progressing with stroke to reduce the requests for DSTs and mental health patients.	<ul style="list-style-type: none"> <li>- Integrated Discharge Team across NUHT/Social Care (City/County)/Community health staff formed in October 2017</li> <li>- IDT are working together to ensure appropriate plans are in place for all 'stranded' and super stranded patients.</li> <li>- Thrice weekly health and social care meeting to look at top 20 on medically safe to ensure plans for discharge are in place with accountable lead.</li> <li>- Transfer Action Groups within NUH across the Divisions are in place.</li> <li>- Weekly complex patient review meeting with senior system partners to 'unlock' any issues with discharge plans.</li> <li>- Stranded and super stranded senior meeting taking place daily for 2 weeks - 98 patients reviewed, 28 discharged with a length of stay between 20-344 days.</li> <li>- Discussions with stroke services to promote D2A have been positive. Increased referrals for stroke beds since seen.</li> </ul>	Education events have resulted in a reduction of DSTs being carried out in the acute environment. Issues identified within mental health as this is still classed as an 'acute environment'. Discussions with the central team have further clarified that patients in Highbury and equivalent facilities are not a sub acute environment, therefore contribute to the 15%. Work planned to develop D2A principles across the Healthcare Trust inpatient beds. Increase in discharge to assess beds from stroke will develop a waiting list. CCG contracts team aware of this and will monitor community bed capacity closely.
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		Increased demand for home care package as part of home first.	<ul style="list-style-type: none"> <li>- Weekly supported discharge target has been consistently achieved since October 2017.</li> <li>- One single "transfer of care " form agreed by all parties to discharge patients on pathway 2+3</li> <li>- Home first ethos being embedded and leaflet to embrace home first developed</li> </ul>	Discharge policy supported by all organisations. Letters will be generated as part of the discharge policy. Need to ensure the PALS teams are aware to ensure changes are communicated to patients as a result of enacting the discharge policy. Nottingham City home care

Chg 5	Seven-day service	Plans in place	Plans in place	Established	Established	Established		Workforce change to support 7 day services. Whilst some services are in place to support 7-day working it is recognised there are gaps.	<ul style="list-style-type: none"> <li>- Provider group working through this to put in place appropriate plans that should come into fruition prior to Winter.</li> <li>- County Social Care have a Rota system in place to cover weekend working</li> <li>- Work ongoing to develop 7/7 service for IDT in NUH, however funding required for additional staff to support this. Plan to extend the weekday working until 6pm.</li> </ul>	Providing a 7/7 service across the IDF requires additional funding.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		Trusted assessor actions for care homes are being led by County Council on behalf of the system	<ul style="list-style-type: none"> <li>- A Trusted Assessor model is progressing as a function within the Integrated Discharge Team at NUHT, with health and social care colleagues developing a set of competencies and a bespoke training package to allow this multidisciplinary team to complete a "Transfer of Care" document to determine the pathway of a patient on each other's behalf. The "Transfer of Care" document has all the relevant information to allow a provider to accept the patient into their care in the community.</li> <li>- Nottinghamshire County Council is also leading on a Trusted Assessor model for Care Homes, where the Nottinghamshire Care Association are recruiting Trusted Assessor to independently assess patients on behalf of care home managers for a six month pilot. Interviews taking place this week.</li> </ul>	Trusted assessor actions for care homes are being led by County Council on behalf of the system - CCGs to support development.
Chg 7	Focus on choice	Established	Established	Plans in place	Established	Established		Support for staff when implementing the discharge policy. Training programme to be agreed with providers to enable staff to enact the Discharge Policy and consistently deliver the same messages about leaving hospital and support required to enact it.	<ul style="list-style-type: none"> <li>- Discharge policy ratified by A&amp;E delivery Board on 4 September 2018 and agreed by all providers.</li> <li>- Connect worker insitu at QMC/City to accept referrals from social care</li> <li>- Patient choice event has provided tools to increase communication with patients regarding patient choice</li> </ul>	Training plan in place to implement the discharge policy.
Chg 8	Enhancing health in care homes	Established	Established	Plans in place	Established	Established		Enhanced care service to care homes in County, review of service for Nottingham City who decommissioned their enhanced service from 1 April 2018. Need to monitor if any impact, i.e. increased ED activity.	<ul style="list-style-type: none"> <li>- STP Urgent &amp; Emergency Care Group agreed to prioritise 'frequent activity' in all areas, which includes care homes.</li> <li>- The BCF fund Optimum to work with care homes to enhance care and avoid admissions</li> <li>- Established champions to train staff in identifying signs and actions to take to reduce hospital admissions.</li> <li>- Spot purchase care home bed framework and escalation being developed, to ensure contingency for times of escalation and greater community bed demands.</li> </ul>	Care homes will receive continued support from their respective CCG leads.

Hospital Transfer Protocol (or the Red Bag scheme)										
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.										
		Q4 17/18	Q1 18/19	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established	Established	Established		Ongoing work to ensure repatriation of red bags to care homes following the death of a resident in hospital.	Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017. All frail older patient care homes aware and engaging with project. Many using the red bag as well as all the accompanying paperwork such as CARES escalation record.	Care homes will receive continued support from their respective CCG leads. Further funding for additional care homes being built. Responsibility of repatriation of red bags to be discussed.

## Better Care Fund Template Q2 2018/19

### 5. Narrative

Selected Health and Wellbeing Board:

Nottingham

Remaining Characters:

19,434

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

Our latest highlight report (available on request ) shows:

- Overall programme status: GREEN
- Performance is good, with 3 of 5 metrics showing green with month 7 activity showing 4 of 5 metrics as green
- 18-19 budgets are now set and agreed via Health and Wellbeing Board
- Newton Europe system report to be available at the end of the month
- The Nottingham City Out of Hospital contract is now mobilised and we continue to work with the provider to identify new opportunities to integrated services or process to avoid duplication across health and social care

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:

15,194

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

Carers

In 2016 Nottingham City had a range of carer support services, separately commissioned by Nottingham City Council and NHS Nottingham City CCG and funded through the BCF. The services were individually well-regarded, but lacked overall cohesion. As part of a 2016 strategic commissioning review, carried out jointly by Nottingham City Council and CCG, we identified that there were gaps and duplications in the services, which was confusing to both carers and professionals. New responsibilities from The Care Act 2014 gave local authorities a duty to identify carers, and offer statutory Carers Assessments to all carers - including carers of citizens who are not receiving social care support. Carrying out such assessments through Adult Social Care would be time-intensive, and assessments may focus on the needs of the cared-for citizen rather than the carer.

Nottingham City's model of support

Nottingham City Council and NHS Nottingham City CCG jointly commissioned three services for carers. This included the Nottinghamshire Carers Hub, an integrated service across Nottingham and Nottinghamshire, providing information, advice and support through a single point of contact for carers across

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 2018/19

### 6. Additional improved Better Care Fund

Selected Health and Wellbeing Board:

Nottingham

Additional improved Better Care Fund Allocation for 2018/19:

£ 4,430,143

These questions cover average fees paid by your local authority (including client contributions) to external care providers.

**We are interested only in the average fees actually received by external care providers from local authorities for their own supported clients (including client contributions). The averages should therefore exclude:**

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. the local authorities' own staff costs in managing the commissioning of places
- Any amounts that are paid from sources other than the local authorities' funding (including client contributions), i.e. you should exclude third party top-ups, NHS Funded Nursing Care and full cost paying clients.

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**This single average should include fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.**

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

**If you are unable to provide rates for both 2017/18 and 2018/19, please ensure that you provide the estimated percentage change between 2017/18 and 2018/19 in the table below. Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.**

	2017/18	2018/19	If rates not yet known, please provide the estimated uplift as a percentage change between 2017/18 and 2018/19
<b>1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19.</b> (£ per contact hour, following the exclusions as in the instructions above)	£ 15.52	£ 15.80	
<b>2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19.</b> (£ per client per week, following the exclusions as in the instructions above)	£ 551	£ 569	
<b>3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19.</b> (£ per client per week, following the exclusions in the instructions above)	£ 578	£ 607	
<b>4. If you would like to provide any additional commentary on the fee information provided please do so.</b> Please do not use more than 250 characters.	The average costs for Residential / Nursing are for long term placements only and do not include citizens with a primary support reason of Mental Health or Learning Disability.		

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