NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 29 May 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

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

Corporate Director for Strategy and Resources

Governance Officer: Kate Morris, Constitutional Services
Direct Dial: 0115 8764353

1 MEMBERSHIP UPDATE
To note that Michelle Tilling is no longer a member of the Sub Committee and that Andrea Brown, Associate Director of Joint Commissioning and Planning will be replacing her and;
To note that Councillor Sam Webster is no longer a member of the Sub Committee and that Councillor Eunice Campbell-Clark is replaceing him

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTERESTS

4 MINUTES 3 - 4
To confirm the minutes of the meeting held on 27 March 2019

5 NOTTINGHAM CITY BETTER CARE FUND GOVERNANCE ARRANGEMENTS 2019/20 5 - 20
Report of the Head of Service Improvement & BCF, Greater Nottingham Clinical Commissioning Partnership

6 BETTER CARE FUND QUARTER 4 PERFORMANCE REPORT 21 - 38
Report of the Head of Service Improvement & BCF, Greater Nottingham Clinical Commissioning Partnership

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

POSSIBLE BEFORE THE DAY OF THE MEETING

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

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

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 March 2019 from 4.02 pm - 4.15 pm

Membership

Present	Absent
Christine Oliver	Katy Ball
Hazel Buchanan (as substitute)	Hugh Porter
Dr Marcus Bicknell (as substitute)	Michelle Tilling
Councillor Sam Webster	Helen Blackman
Sarah Collis	Alison Challenger
	Catherine Underwood
	Ceri Walters

Colleagues, partners and others in attendance:

Claire Kent - Head of Service Improvement and Better Care Fund Greater Nottingham Clinical Commissioning Partnership
Kate Morris - Governance Officer

153 APOLOGIES FOR ABSENCE

Katy Ball – Christine Oliver attending as substitute
Hugh Porter –Marcus Bicknall attending as substitute
Michelle Tilling – Hazel Buchanan attending as substitute
Catherine Underwood

154 DECLARATIONS OF INTERESTS

None

155 MINUTES

The minutes of the meeting held on 30 January 2019 were agreed as an accurate record and signed by the Chair.

156 BETTER CARE FUND AND IMPROVED BETTER CARE FUND QUARTERLY PERFORMANCE REPORTS

Clare Kent, Head of Service Improvement and Better Care Fund Greater Nottingham Clinical Commissioning partnership introduced the report providing information about the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) performance metrics for quarter 3 2018/19. She highlighted the following information:

(a) There has been a growth in Delayed Transfer of Care (DTOC) delayed days.

(b) The most cited reasons for the delays in this quarter include:

- Patient and Family choice – 29.1%

- Awaiting further non-acute NHS care – 26.5%
- Awaiting care package in own home – 22.4%

(c) A more detailed piece of work is needed to understand the reasons around this increase in delays. It is unclear if it is around a particular cohort of patients or across a number of groups of patients;

(d) Data indicates that social care related delays has decreased in this quarter following a peak in the summer months. There continues to be significant challenges in providing high levels of homecare required in a sector with a challenging recruitment environment;

(e) There has also been an increase in non-elective admissions particularly in under 18's. A further piece of work is taking place to understand this increase and will be presented to the next sub-committee in May 2019. This information can be broken down in to wards/GP's to establish if there are any specific areas that need to be focused on;

During discussion the following points were made:

(f) It may be that DTOC delay rates are up due to the milder winter meaning that the NHS has not seen such significant winter pressures resulting in less need for patient turnover. Without completing more work it will be difficult to attribute the increase to a particular cause.

RESOLVED to:

(1) Note performance in relation to the BCF performance metrics for Q3 18/19;

(2) Note that there was no Improved Better Care Fund (iBCF) reporting requirements in Q3 18/19; and

(3) Note the quarterly return which was submitted to NHS England on 22 January 2019 and authorised by Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
May 2019

	Report for Information
Title:	Nottingham City Better Care Fund Governance Arrangements 2019/20
Lead officer(s):	Claire Kent, Head of Service Improvement & BCF, Greater Nottingham Clinical Commissioning Partnership
Author and contact details for further information:	Clare Rourke, Service Improvement Officer, Greater Nottingham Clinical Commissioning Partnership
Brief summary:	Nottingham City Better Care Fund governance arrangements for 2019/20 financial year
Is any of the report exempt from publication? *If yes, include reason*	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 Nottingham City BCF Governance document, signed off by the BCF Delivery Group on 14th March 2019.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to meet their need The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	

Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	By 2020, the aspiration is that: - People will be living longer, more independent and better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. 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.
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health
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.

Reason for the decision:	N/A
Total value of the decision:	N/A
Financial implications and comments:	N/A
Procurement implications and comments (including where relevant social value implications):	N/A
Other implications and comments,	The governance document outlines: - Confirmation of internal organisational governance

including legal, risk management, crime and disorder:	processes and joint BCF governance arrangements - BCF Delivery Group meeting frequency, attendees, roles and responsibilities - Inclusion of BCF Representatives at existing forums where BCF metrics are reviewed and discussed e.g. System Flow Programme Board - Refresh of the risk management process This document has had input from CCG and local authority colleagues, and was signed off at the BCF Delivery Group on 14th March 2019.
Equalities implications and comments:	N/A
Published documents referred to in the report: *legislation, statutory guidance, previous Sub Committee reports /minutes*	N/A

Background papers relied upon in writing the report: *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.*	None
Other options considered and rejected:	N/A

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Nottingham City Better Care Fund
Governance Structure 2019/20

Date: 12 March 2019
Version: 10

1.1 Introduction

The purpose of this document is to define the current governance structure for both Nottingham City Clinical Commissioning Group (NC CCG) and Nottingham City Council (NCC), initiating discussion to ensure effective and timely delivery for the Better Care Fund (BCF) for 2019/20.

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. More recently, the NHS Long Term Plan, published in January 2019, outlines its intention to review the BCF beyond 2019/20. This review is due to conclude in early 2019.

To note, NC CCG is part of Greater Nottingham Clinical Commissioning Partnership (GN CCP), along with Nottingham North East CCG, Nottingham West CG and Rushcliffe CCG.

1.2 Section 75 Agreement

Section 75 of the NHS Act 2006, signed by NC CCG and NCC, gives powers to local authorities and CCGs to enter into partnership arrangements in relation to certain functions in order to support and underpin more effective joint working and to help drive integration across health and social care.

The purpose of the agreement is to set out the terms on which the partners have agreed to collaborate and to establish a framework through which the partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also the means through which the partners pool funds and align budgets.

Section 19 of the Section 75 Agreement describes the governance arrangements as outlined in Appendix 1 below. This agreement will be reviewed as part of the refresh of the BCF Plan for 2019/20.

1.3 Responsibilities of the groups

The following table outlines roles and responsibilities across the different groups, to ensure timely delivery and assurance of the Better Care Fund:

Joint Responsibilities			
Group	**Frequency**	**Members / Attendees**	**Responsibilities**
Health & Wellbeing Board	Every other month	The Health and Wellbeing Board comprises of a statutory partnership between key local leaders from the City Council, NHS and the wider community to improve the health and wellbeing of the population of Nottingham and reduce health inequalities. Voting members: • NCC - Portfolio Holder with health within its remit; Portfolio Holder with children's services within its remit; two other City Councillors; Corporate Director for Children and Adults; Director of Adult Social Care; and Director of Public Health • NC CCG – four representatives • Healthwatch Nottingham Board – one representative • NHS England – one representative Non-voting members: • Nottingham University Hospitals NHS Trust – one representative • Nottinghamshire Healthcare NHS Foundation Trust – one representative • Nottingham CityCare Partnership – one representative • Nottingham City Homes – one representative • Department for Work and Pensions – one representative • Nottinghamshire Police (Nottingham City Division) – one representative • Nottinghamshire Fire and Rescue Service – one representative • Nottingham Universities – one representative • Up to two individuals representing the interests of the Third Sector Full members are detailed on the following webpage: http://www.healthynottingham.co.uk/meettheboard/	To improve the health and wellbeing of the population of Nottingham and reduce health inequalities through: • Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities • Providing system leadership to secure collaboration to meet these needs more effectively • Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate • Recognising the impact of the wider determinants of health on health and wellbeing • Involving patient and service user representatives and councillors in commissioning decisions. The Health and Wellbeing Board's remit for Better Care Fund is to provide oversight. Given that some members of the Board represent provider organisations, strategic funding decisions relating to the Better Care Fund are delegated to the Health and Wellbeing Board Commissioning Sub-Committee which is a commissioner-only body. Terms of Reference: Health and Wellbeing Board Terms of Refer

<table>
<tr>
<td>Health & Wellbeing Board Commissioning Sub-Committee

Page 11</td>
<td>Quarterly</td>
<td>
<u>Voting Members:</u>

<table>
<tr><td>Portfolio Holder with a remit covering Health</td><td>NCC</td></tr>
<tr><td>Director of Commissioning and Procurement</td><td>NCC</td></tr>
<tr><td>Locality Director – Nottingham City</td><td>GNCCP</td></tr>
<tr><td>GP Lead</td><td>GNCCP</td></tr>
</table>

<u>Non-voting Members:</u>

<table>
<tr><td>Director of Public Health</td><td>NCC</td></tr>
<tr><td>Director of Adult Social Care</td><td>NCC</td></tr>
<tr><td>Head of Commissioning</td><td>NCC</td></tr>
<tr><td>Head of Commercial Finance</td><td>NCC</td></tr>
<tr><td>Director of Children’s Integrated Services</td><td>NCC</td></tr>
<tr><td>Group Assistant Director – Mental Health and Community Services</td><td>GNCCP</td></tr>
<tr><td>Representative</td><td>Healthwatch Nottingham</td></tr>
</table>
</td>
<td>The Health and Wellbeing Board established the Health and Wellbeing Board Commissioning Sub Committee in 2015 as a commissioner-only body, bringing together commissioners from Nottingham City Council and NHS Nottingham City Clinical Commissioning Group to take strategic funding decisions delegated to it by the Board.

Terms of Reference:

 
Health and Wellbeing Board Commissioning</td>
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<table>
<tr>
<td>BCF Delivery Group</td>
<td>Quarterly</td>
<td>Membership
<table>
<tr><td>Claire Kent</td><td>Head of Service Improvement and BCF</td><td>Chair / CCG Lead</td><td>GNCCP</td></tr>
<tr><td>Clare Gilbert</td><td>Commissioning Lead - Adults</td><td>LA Lead</td><td>NCC</td></tr>
<tr><td>Emma Stow</td><td>Analysis & Insight Manager</td><td>Performance Lead</td><td>NCC</td></tr>
<tr><td>James Berehowskyj</td><td>Senior Performance Analyst</td><td>Performance Lead</td><td>GNCCP</td></tr>
<tr><td>Hayley Mason</td><td>Strategic Finance Business Partner</td><td>Finance Lead</td><td>NCC</td></tr>
<tr><td>Tim Gallimore</td><td>Business Support Accountant</td><td>Finance Lead</td><td>GNCCP</td></tr>
<tr><td>Kerry Rainford</td><td>Assurance & Delivery Manager – Nottinghamshire</td><td>NHS England Representative</td><td>NHS England</td></tr>
<tr><td>Clare Rourke</td><td>Service Improvement Officer</td><td>Support and Minutes</td><td>GNCCP</td></tr>
</table>
</td>
<td>Responsibilities include:
• Quarterly national returns
• Develop future BCF plan submissions and link with Regional BCF Leads
• Completion and sign off finance and performance report
• BCF performance monitoring and reporting
• Pooled budget management and reporting
• Scheme updates / progress
• Deep dives on specific metrics where appropriate

Performance, finance and risk dashboards will be circulated to the BCF Delivery Group on a monthly basis. Extraordinary meetings may be organised if a risk to performance or finance has been identified.</td>
</tr>
</table>

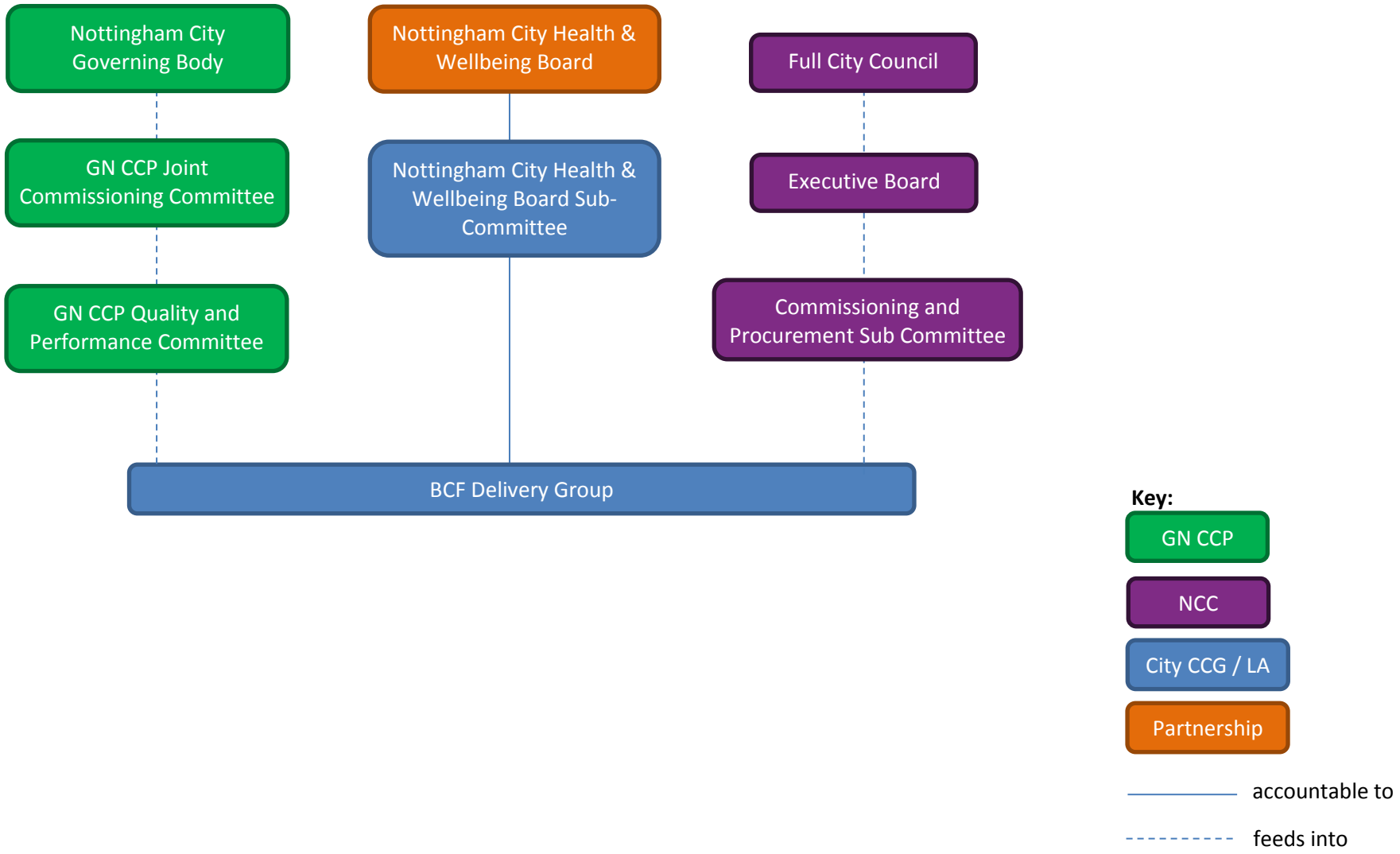
GN CCP Reporting			
Group	**Frequency**	**Members / Attendees**	**Responsibilities**
GN CCP Joint Commissioning Committee	Monthly	The Chief Commissioning Officer is the exec sponsor for performance. The Director of Outcomes & Information is responsible for ensuring the Greater Nottingham Performance Report is updated and presented at each Joint Commissioning Committee. The Assistant Director for the Nottingham City Locality will attend where appropriate.	This Group operates as a single integrated commissioning body with the purpose of commissioning health services for the populations defined within the Constitutions of the Greater Nottingham CCGs. BCF responsibilities include completion of yearly assurance report and completion of monthly BCF performance report for Greater Nottingham. Terms of reference:  JCC TOR May 2018.pdf
GN CCP Quality and Performance Committee	Monthly	The Director of Outcomes & Information is responsible for ensuring the Greater Nottingham Performance Report is updated and presented at each Quality and Performance Committee. The Assistant Director for the Nottingham City Locality will attend where appropriate.	The Quality and Performance Committee exists to scrutinise arrangements for ensuring the quality of CCG commissioned services and to oversee the development, implementation and monitoring of performance management arrangements. BCF responsibilities include completion of monthly BCF performance report for Greater Nottingham and BCF deep dives where scheduled. Terms of reference:  Quality and Performance Committ

NCC Reporting			
Group	**Frequency**	**Members / Attendees**	**Responsibilities**
Full Council	Six times a year	All 55 City Councillors meet together as the City Council six times a year. Councillor Webster is the Portfolio Holder for Adult Social Care and Health.	The City Council agrees the over-arching policies and strategies of the Council, known as the 'policy framework', and sets the Council's budget and the level of council tax. It is also responsible for setting and amending the Council's Constitution; electing and removing the Leader of the Council; and establishing and appointing the membership of the various committees of the Council. Terms of reference: https://www.nottinghamcity.gov.uk/about-the-council/nottingham-city-councils-constitution/
Executive Board	Monthly	The Leader of the Council chairs the Executive Board. The Leader of the Council appoints councillors to sit on the Executive Board and allocates specific areas of responsibility, known as 'portfolios'. The councillors are known as 'the Executive' and collectively take decisions as an Executive Board. Councillor Webster is the Portfolio Holder for Adult Social Care and Health.	The Leader of the Council is elected by the City Council and is responsible for all of the executive functions of the Council – including most major decisions about service delivery within the over-arching policies and budget set by the City Council. He/ she can personally make these decisions or choose to delegate them, including to the Executive Board. Individual Executive councillors may work with Council officers and others to develop policy within their portfolio which then comes to Executive Board for approval. BCF responsibilities include oversight of the Council budget as well as the high-level partnership arrangements. Terms of reference: https://www.nottinghamcity.gov.uk/about-the-council/nottingham-city-councils-constitution/

Commissioning and Procurement Sub Committee	Monthly	The Committee's membership is the Leader of the Council and Executive councillors whose portfolios include commissioning. Representatives of Nottingham Community and Voluntary Service and Nottingham Equal have a standing invitation to attend and speak at meetings. The Commissioning Lead – Adults will attend where appropriate.	The delegation of decisions relating to commissioning and procurement is overseen by the Commissioning and Procurement Sub-Committee. The Commissioning and Procurement Sub-Committee oversees the Commissioning Framework and Procurement Strategy across the City Council and One Nottingham Strategic Partnership. BCF responsibilities include the formal authorisation of commissioning and procurement decisions, including external services that are commissioned through the iBCF. Terms of reference: https://www.nottinghamcity.gov.uk/about-the-council/nottingham-city-councils-constitution/

1.4 Governance Structure

The diagram below outlines the escalation process, for GN CCP, NCC and BCF reporting purposes:



1.5 Other Mechanisms

The BCF Delivery Group is responsible for reporting the performance of the following metrics:

- Reduction in non-elective admissions
- Rates of permanent admissions to residential care per 100,000 population (65+)
- Proportion of older (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed Transfers of Care (delayed days)

To ensure that the BCF Delivery Group maintains sufficient oversight of the metric performance, relevant BCF representatives will attend the following meetings to gain insight of performance updates, progress on implementation/transformation and identified risks and issues. The BCF representatives will feed this back to the BCF Delivery Group, ensuring sufficient and robust reporting.

Group	Responsibilities of the Group	Frequency	BCF Representative	Alignment to BCF Metrics
System Flow Programme Board	The Board is responsible for the oversight of the programme of work that will support delivery of the national 4 hour emergency access target. This will focus on 3 service development themes and 4 enabling in support of the programme, managing delivery and interdependencies. Service Development Themes 1. Avoiding Unnecessary Attendance and Admission 2. Flow Through NUH 3. Discharge – Home First Enabling Themes: 1. Mapping Demand and Capacity 2. Urgent Care Workforce 3. Communication 4. Surge plan and escalation response	Monthly	Head of Service Improvement and BCF	Reduction in non-elective admissions Proportion of older (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services Delayed transfers of care Rates of permanent admissions to residential care per 100,000 population (65+)
Big Ticket Board	The Board is responsible for the oversight of the Big Ticket programme, including Adult Social Care.	Monthly	Commissioning Lead – Adults	Rates of permanent admissions to residential care per 100,000 population (65+)

1.6 Reporting Requirements

Report	Frequency	Months	Lead	Signed Off by	Details
Finance, Performance and Risk Dashboards	Monthly	Every month	BCF Delivery Group	Via National Plan and Quarterly Returns	This will be sent virtually to BCF Delivery Group members on a monthly basis, and will include: • Performance on metrics • Performance on finance • Risk log
GNCCP Performance Report	Monthly	Every month	BCF Delivery Group	GNCCP Quality and Performance Committee	Includes Greater Nottingham performance on metrics, finance, risks etc.
Quarterly national return	Quarterly	January, April, July, October	BCF Delivery Group	Health and Wellbeing Board Sub Committee	Submission of NHS England Better Care Fund excel template
Yearly national plan submissions	Yearly	March – April	BCF Delivery Group	Health and Wellbeing Board Sub Committee	Submission of plan detail as outlined by NHS England
Yearly Assurance Report	Yearly	March	BCF Delivery Group	GNCCP Joint Commissioning Committee	In line with GNCCP governance procedures

1.7 Managing Risk

Ensuring risks are managed effectively, consistently and systematically including identification, evaluation and documentation is integral to the effective and timely delivery of the Better Care Fund.

The BCF Delivery Group is committed to a risk management approach which minimises risks wherever possible, providing a robust framework that is underpinned by the concepts of effective governance and other systems of internal control that enables the identification and management of both acceptable and unacceptable risks. All members of the BCF Delivery Group are required to identify, document, evaluate and manage any risks on a monthly basis, in line with the risk management framework below:

1. Risk identification – initial listings of risks applicable to the BCF and the schemes within this programme
2. Risk Evaluation – allocation of cost and/or time estimates to identified risks
3. Risk Analysis – analysis of the cumulative effect of the cost and/or time consequences of the evaluated risks
4. Risk Mitigation – provision within programme management procedures for methods of responding to or accommodating cumulative risks
5. Risk Management – management of individual risks as they occur through established risk management procedures.
6. Risk Reporting – regular review and updating of the BCF Risk Register and incorporation of adjustments to risk mitigation procedures and risk management activities.

All identified risks will be added to the BCF Risk Register, which will be reviewed virtually on a monthly basis, and quarterly at each BCF Delivery Group meeting.

Risks are assessed according to the matrix below. The overall risk score is calculated by multiplying consequences and likelihood, with '1' being the lowest possible risk score, and '25' being the highest. An initial risk score is determined, mitigations identified, and a residual risk score is applied.

Consequence						
	5 - Very High	5	10	15	20	25
	4 - High	4	8	12	16	20
	3 - Medium	3	6	9	12	15
	2 - Low	2	4	6	8	10
	1 - Very low	1	2	3	4	5
		1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
		Likelihood				

Based on the residual risk score, the BCF Delivery Group will apply the following process to manage risk:

The following categories of risk will be escalated up to the Health and Wellbeing Board Commissioning Sub Committee:

- Any newly identified risk
- Any significant change to an existing risk
- Any risk that the BCF Delivery Groups deems significant

Any significant risk that relates to the performance of the BCF metrics will be escalated by the relevant BCF Delivery Group member to the appropriate forum e.g. System Flow Programme Board or Big Ticket Board.

Any risk that the BCF Delivery Group believes has the potential to impact at organisational level for either NCC or NC CCG will be escalated by the relevant BCF Delivery Group member via their own organisational governance route.

Clare Rourke
Service Improvement Officer
12.03.2019

Appendix 1: *Section 75 Agreement – Section 19: Governance*

19.1 Overall strategic oversight of partnership working between the partners is vested in the Health and Well Being Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.

19.2 Subject to the coming into force of the 2015 Regulations, the CCG shall delegate to the Council such functions that relate to the roles and responsibilities of the Programme Board that are set out in this Agreement and Council shall establish the Programme Board as sub committee of the Health & Being Board, which shall:

19.2.1 include membership from each Partner in accordance with the terms of reference set out in Schedule 2;

19.2.2 be responsible for, subject to the level of delegated responsibility from each Partner:

(a) for the overall approval of the Individual Services, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund;

(b) monitoring each Individual Scheme pursuant to this Agreement and the Scheme Specifications;

(c) agreeing actions relating to Overspends, Underspends, changes to level of Financial Contributions, agreeing Financial Contributions for each Partner and viring between Pooled Funds;

(d) agreeing any variations to Individual Schemes and to this Agreement pursuant to Clause 30;

(e) any other matters set out in this Agreement, the Schemes Specifications and Schedule 2.

(f) The programme board shall co-operate with the Pooled Fund Manager in relation to reporting requirements set out in National Guidance.

19.3 The terms of reference of Programme Board shall be as set out in Schedule 2 and may be varied subject to the Agreement by both Partners in accordance with Clause 30.

19.4 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

19.5 Each Services Schedule shall confirm the governance arrangements in respect of the Individual Service and how that Individual Services is reported to Programme Board and Health and Wellbeing Board.

19.6 In the event that either:

19.6.1 the 2015 Regulations are not in force at the Commencement Date; or

19.6.2 the Health & Wellbeing Board revokes the delegated authority that it has granted to the Programme Board or makes any changes to the Programme Board without the CCG's consent,

the Partners shall establish the Programme Board as a joint working group that comprises of officers of each Partner with any decisions being referred to their respective decision making bodies in accordance with any scheme of delegation in place from time to time.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
May 2019

	Report for Information
Title:	Better Care Fund and Improved Better Care Fund Quarterly Performance Reports
Lead officer(s):	Claire Kent, Head of Service Improvement & BCF, Greater Nottingham Clinical Commissioning Partnership
Author and contact details for further information:	Claire Kent, Head of Service Improvement & BCF, Greater Nottingham Clinical Commissioning Partnership
Brief summary:	This report provides information in relation to the Better Care Fund (BCF) performance metrics for Q4 18/19
Is any of the report exempt from publication? *If yes, include reason*	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 BCF performance metrics for Q4 18/19; and
b) Note performance in relation to the Improved Better Care Fund (iBCF) reporting requirements in Q4 18/19; and
c) Note the quarterly return which was submitted to NHS England on 08/05/2019 and authorised by Councillor Webster

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The main objectives of our Better Care Fund Plan are to: - - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy	

life expectancy	meet their need The ultimate vision is that in five years' time care would be so well integrated that the citizen has no visibility of the organisations/different parts of the system delivering it. By 2020, the aspiration is that: - - People will be living longer, more independent and better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. 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.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health

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.

Reason for the decision:	N/A
Total value of the decision:	N/A
Financial implications and comments:	N/A

Procurement implications and comments (including where relevant social value implications):	N/A
Other implications and comments, including legal, risk management, crime and disorder:	**<u>BCF Q4 Report</u>** **1. National conditions and section 75** We have successfully met all national conditions in Quarter 4 and for the year. **2. Metrics** The metrics for Residential Admissions and Reablement are on track for Quarter 4, and has consistently remained on track throughout the year. The metrics for Delayed Transfers of Care and Non-Elective Admissions are not on track to meet target for Quarter 4. Please refer to Tab 3 in the quarterly return for Achievements and Challenges. **3. High Impact Change Model** Our performance against the 8 expected elements of the High Impact Change Model is good, with a score of 'Established' for 7 of the 8 mandated elements. For Change 6, Trusted Assessors, plans are in place, with a pilot currently being undertaken at Sherwood Forest Hospitals, to determine how this could be rolled out across the system. The additional, non-mandated Red Bag Scheme element is good, with a score of 'Established'. This has been in place since 2017. **4. Narrative** In the progress against local plan for the integration of health and social care, we have highlighted the ongoing management and partnership working to support the current under-achievement of DTOC and NEL admissions. The narrative for the success story focuses on the City's continued improvements in the promotion of independence in our older population. **5. iBCF** The iBCF highlights the progress made in Quarter 4 against the funded initiatives. All metrics were met for this quarter.
Equalities implications and	N/A

comments:	
Published documents referred to in the report: *legislation, statutory guidance, previous Sub Committee reports /minutes*	Nottingham City BCF Quarterly Return - Quarter 1 2018/19 Nottingham City BCF Quarterly Return - Quarter 2 2018/19 Nottingham City BCF Quarterly Return - Quarter 3 2018/19

Background papers relied upon in writing the report: *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.*	None
Other options considered and rejected:	N/A

Better Care Fund Template Q4 2018/19

Guidance

Overview

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 (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)

2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans
3) To foster shared learning from local practice on integration and delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements

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.

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.

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.

For 2018/19, reporting on the additional iBCF (funding announced in the 2017 Spring Budget) is included with 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. Though not required for Q3 2018/19, quarterly reporting for the iBCF is required for Q4 2018/19.

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

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

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending
National condition 2: NHS contribution to social care is maintained in line with inflation
National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

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

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.
- 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.
The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.

This sheet seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:
- 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.
- 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.

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

4. High Impact Change Model

The BCF National Condition 4 requires 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.

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 distilled explanation of the levels for the purposes of this reporting is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

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

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

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.

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&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&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.

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.

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.

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.

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.

Hospital Transfer Protocol (or the Red Bag Scheme):
- The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
- Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
- Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.
- Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published:
https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx
Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XoYZPXmULHE

5. Income and Expenditure

The Better Care Fund 2017-19 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs. Instead of collecting Income/Expenditure on a quarterly basis as was the case in previous years 2015/16 & 2016/17, 2018/19 requires annual reporting of Income and Expenditure at a HWB total level.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2018/19 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2018/19 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2018/19.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2018/19 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2018/19.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2018/19 through a set of survey questions which are overall consistent with those from previous years.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2018/19
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2018/19.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2018/19?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. Narrative

This section captures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.
Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

8. Additional improved Better Care Fund: Part 1

For 2018/19 the additional iBCF monitoring has been incorporated into the BCF template. The additional iBCF sections of this template are on tabs '8. iBCF Part 1' and '9. iBCF Part 2'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.
To reflect this change, and to align with the BCF, data must now be entered on a Health and Wellbeing Board level.
The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.
Specific guidance on individual questions is present on the relevant tab.

9. Additional improved Better Care Fund: Part 2

Specific guidance is present on the sheet.

Better Care Fund Template Q4 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:	Claire Kent
E-mail:	claire.kent2@nhs.net
Contact number:	0115 883 9278
Who signed off the report on behalf of the Health and Wellbeing Board:	Dr Hugh Porter, Councillor Sam Webster

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

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Income and Expenditure	0
6. Year End Feedback	0
7. Narrative	0
8. improved Better Care Fund: Part 1	0
9. improved Better Care Fund: Part 2	0

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | Local Government Association | NHS England

<< 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

4. High Impact Change Model ^^ Link Back to top

	Cell Reference	Checker
Chg 1 - Early discharge planning Q4 18/19	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19	G15	Yes
Chg 5 - Seven-day service Q4 18/19	G16	Yes
Chg 6 - Trusted assessors Q4 18/19	G17	Yes
Chg 7 - Focus on choice Q4 18/19	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19	G19	Yes
UEC - Red Bag scheme Q4 18/19	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes

Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes

Sheet Complete:	Yes

5. Income and Expenditure

^^ Link Back to top

	Cell Reference	Checker
Do you wish to change your additional actual CCG funding?	G14	Yes
Do you wish to change your additional actual LA funding?	G15	Yes
Actual CCG Add	H14	Yes
Actual LA Add	H15	Yes
Income commentary	D21	Yes
Do you wish to change your BCF actual expenditure?	E28	Yes
Actual Expenditure	C30	Yes
Expenditure commentary	D32	Yes

Sheet Complete:	Yes

6. Year End Feedback

^^ Link Back to top

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C10	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C11	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C12	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C13	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C14	Yes
Statement 6: Delivery of our BCF plan ihas contributed positively to managing reablement	C15	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C16	Yes
Statement 1 commentary	D10	Yes
Statement 2 commentary	D11	Yes
Statement 3 commentary	D12	Yes
Statement 4 commentary	D13	Yes
Statement 5 commentary	D14	Yes
Statement 6 commentary	D15	Yes
Statement 7 commentary	D16	Yes
Success 1	C22	Yes
Success 2	C23	Yes
Success 1 commentary	D22	Yes
Success 2 commentary	D23	Yes
Challenge 1	C26	Yes
Challenge 2	C27	Yes
Challenge 1 commentary	D26	Yes
Challenge 2 commentary	D27	Yes

Sheet Complete:	Yes

7. 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

8. Additional improved Better Care Fund: Part 1 ^^ Link Back to top

	Cell Reference	Checker
A1) Do you wish to revise the percentages provided at Q1 18/19?	C14	Yes
A2) a) Revised meeting adult social care needs	D17	Yes
A2) b) Revised reducing pressures on the NHS	E17	Yes
A2) c) Revised ensuring that the local social care provider market is supported	F17	Yes
A3) Success 1	C23	Yes
A3) Success 2	D23	Yes
A3) Success 3	E23	Yes
A4) Other commentary 1	C24	Yes
A4) Other commentary 2	D24	Yes
A4) Other commentary 3	E24	Yes
A5) Commentary 1	C25	Yes
A5) Commentary 2	D25	Yes
A5) Commentary 3	E25	Yes
A6) Challenge 1	C28	Yes
A6) Challenge 2	D28	Yes
A6) Challenge 3	E28	Yes
A7) Other commentary 1	C29	Yes
A7) Other commentary 2	D29	Yes
A7) Other commentary 3	E29	Yes
A8) Commentary 1	C30	Yes
A8) Commentary 2	D30	Yes
A8) Commentary 3	E30	Yes
B1) Initative 1: Progress	C37	Yes
B1) Initative 2: Progress	D37	Yes
B1) Initative 3: Progress	E37	Yes
B1) Initative 4: Progress	F37	Yes
B1) Initative 5: Progress	G37	Yes
B1) Initative 6: Progress	H37	Yes
B1) Initative 7: Progress	I37	Yes
B1) Initative 8: Progress	J37	Yes
B1) Initative 9: Progress	K37	Yes
B1) Initative 10: Progress	L37	Yes
B2) Initative 1: Commentary	C38	Yes
B2) Initative 2: Commentary	D38	Yes
B2) Initative 3: Commentary	E38	Yes
B2) Initative 4: Commentary	F38	Yes
B2) Initative 5: Commentary	G38	Yes
B2) Initative 6: Commentary	H38	Yes
B2) Initative 7: Commentary	I38	Yes
B2) Initative 8: Commentary	J38	Yes
B2) Initative 9: Commentary	K38	Yes
B2) Initative 10: Commentary	L38	Yes

Sheet Complete:	Yes

9. Additional improved Better Care Fund: Part 2 ^^ Link Back to top

	Cell Reference	Checker
C1) a) Actual number of home care packages	C11	Yes
C1) b) Actual number of hours of home care	D11	Yes
C1) c) Actual number of care home placements	E11	Yes

C2) Main area spent on the addition iBCF funding allocation for 2018/19	C12	Yes
C3) Main area spent on the addition iBCF funding allocation for 2018/19 - Commentary	C13	Yes
Metric 1: D1) Additional Metric Name	C20	Yes
Metric 2: D1) Additional Metric Name	D20	Yes
Metric 3: D1) Additional Metric Name	E20	Yes
Metric 4: D1) Additional Metric Name	F20	Yes
Metric 5: D1) Additional Metric Name	G20	Yes
Metric 1: D2) Metric category	C21	Yes
Metric 2: D2) Metric category	D21	Yes
Metric 3: D2) Metric category	E21	Yes
Metric 4: D2) Metric category	F21	Yes
Metric 5: D2) Metric category	G21	Yes
Metric 1: D3) If other category, then detail	C22	Yes
Metric 2: D3) If other category, then detail	D22	Yes
Metric 3: D3) If other category, then detail	E22	Yes
Metric 4: D3) If other category, then detail	F22	Yes
Metric 5: D3) If other category, then detail	G22	Yes
Metric 1: D4) Metric performance	C23	Yes
Metric 2: D4) Metric performance	D23	Yes
Metric 3: D4) Metric performance	E23	Yes
Metric 4: D4) Metric performance	F23	Yes
Metric 5: D4) Metric performance	G23	Yes

Sheet Complete:	Yes

^^ Link Back to top

Better Care Fund Template Q4 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 Q4 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	March data not available at time of reporting. NEA are 14.3% above plan quarter-to-date to Feb. Admissions have continued to remain above plan throughout the year. The majority of Nottingham activity is comprised of admissions from Nottingham City CCG. The CCG is significantly above the CCG operating plan for 0-day length of stay admissions. In the QTD, non-elective admissions with a 0-day LOS are 44.9% above plan for the CCG. This has particularly been driven by growth in paediatric admissions and accident & emergency admissions. The growth in accident & emergency admissions has occurred since January 2019 and relates to a change in how some patients attending A&E at NUH are being streamed and recorded. The performance of Nottingham City CCG against operating plan for 1+ Day LOS non-elective admissions in the QTD is 6% above plan.	To help address the growth of NEL admissions, a transformational piece of work on Population Health is being developed by the Integrated Care System. In order to review the long term conditions focus, the ICS are reviewing a significant amount of data to determine what the Nottingham and Nottinghamshire population looks like, what interventions are required and the risks involved. The outcome will be shared with locality teams, to help Primary Care Networks to understand, support and manage their local populations. Locally, a scheme leading on the standardisation of Care Coordination services is underway in Greater Nottingham, to support admission avoidance. The aim is to focus on the reduction of readmission and identification of patients with five or more long term conditions. The scheme will build on existing groups of GP practices and community teams to embed a consistent care co-ordination approach by identifying care gaps and utilising evidence based interventions. There are challenges in the delivery of the scheme which are being proactively managed through a robust community QIPP assurance governance structure. A scheme focusing on high intensity users is also underway; the aim is to target patients who are frequent attenders to urgent care services. This will focus on three main categories of patients –	n/a
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	n/a	March data not available at the time of reporting. Nottingham is on track to meet the planned rate with performance at green in the QTD	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	n/a	March data not available at the time of reporting. Nottingham is on track to meet the planned proportion with performance at green in the QTD	n/a
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Data not available to assess progress	Data for February and March not available at the time of reporting. Data for Nottingham in January showed the LA as being over plan by 174 DTOC delayed days in the month. Key reasons for delayed days in January were awaiting further non-acute NHS care (32.7%) of all delayed days, patient and family choice (28.9%) of delayed days.	A number of actions are being taken to improve the performance of this metric. These include City Social Care homecare package restarts and minor package increases can now be referred through the IDT to the Care Bureau 7 days a week, 365 days a year. City social care reablement and review processes have been streamlined. City have embedded social care reablement OT service in wider OT service to include rapid response and access to more experienced OT practictioners.	n/a

Better Care Fund Template Q4 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

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	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		Increase in P2&3 bed requests. Previous agreement to progress the Lancashire model, but now due to funding this is unable to be progressed at the moment. Greater focus required to support P1 - home care.	- Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a "simple" or "supported discharge". - 250+ supported discharges weekly. DTOC currently 3.1% and is low in comparison to previous winter months. - Average length of stay post Medically Stable For Discharge @ 2.2days. - Joint DTOC coding Standard Operating Procedure continues across all organisations. - City social care reablement and review processes streamlined and reviews brought forward to support earlier discharge from the service where no ongoing support required. - City have embedded social care reablement OT service in wider OT service to include rapid response and access to more experienced OT practitioners to look at areas such as single handed care.	Development of the Lancashire model to promote home first further within a safe and effective system.
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established		Dashboard and system flow in place, but currently a manual process across the system.	- Nottingham City IDT colleagues now have full access to read and update social care status on Nerve Centre within the IDT office. - Dashboards and Patient flow systems are shared at the P2P meeting weekly with senior managers to identify cohorts of patients and delay reasons. - Nottingham City senior management participate in scrutiny of Length of Stay meetings and data produced for the A & E delivery board weekly. This identifies early 'stuck' patients and ensures adequate flow across all 3 pathways of D2A. Additional resource put into Care Bureau brokerage function for earlier identification of packages in interim care beds to facilitate early discharge.	Identifying ways to improve the system to system integration across the system with County colleagues.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established		Challenges to maintain the reduction of DSTs in hospital to <15%. Work progressing with stroke to reduce the requests for DSTs and mental health patients.	- Weekly long patient stay review in place by senior partners. - Transfer Action Groups within NUH across the Divisions are in place.	Implementing D2A into acute mental health wards to support patient flow. Ensuring right services are in place to support stroke patients.
Chg 4	Home first/discharge to assess	Established	Established	Established	Established		Increased demand for home care package as part of Home First. For D2A, increased prevalence of flu, diarrhoea etc is affecting community bed capacity. Maintain utilisation of community capacity.	- Weekly supported discharge target of 250 has been consistently achieved. - Home First ethos being embedded and leaflet developed. - Reduction in medically safe for transfer around 130. - Reduction in daily DTOCs to 3.1%. - Trusted Assessment in place - further phase 2 training being planned. - Winter resilience funding used to support Home First / D2A.. Additional CCOs put in place in the IDT in order to identify needs in both an acute setting for short term needs and also review and to assess long term care needs in a community setting.	National support from team would be appreciated - extended and challenging length of stay for discharge of patients with no recourse to public funding e.g. failed asylum seekers National staffing shortage for home care and qualified staff
Chg 5	Seven-day service	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.	- IDT provide the service 6 days a week (includes Sunday). - Home First group looking at how to get to a 7 day integrated discharge function across the system. - City Social Care restarts and minor increases can be referred through the IDT to the Care Bureau 7 days a week, 365 days a year. IDT aware of this route for 7 day working. CW level 3 colleagues are availiable across the community 7 days to support discharges and inital assessment and care planning visits. - Work ongoing to develop 7/7 service for IDT in NUH. Purchased additional care packages through Carers Trust to enable additional capacity for 7 day discharge.	Providing a 7/7 service across the IDF requires recurrent funding.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place		Recruitment challenges in NUH for Trusted Assessor at NUHT	- Trusted assessor scheme being led by Nottinghamshire County Council on behalf of the Integrated Care System through BCF funding until March2019 - Pilot at Sherwood Forest Hospital in place to inform future decision for a rollout across NUH. Staff recruited to post and became operational in November 2018 - NUH recruitment was unsuccessful in September / October 2018, and decision made not re-recruit due to BCF funding ending in March. All of the IET undertook Trusted Assessor training	Sherwood Forest pilot will be used to inform any future roll out from 1 April 2019.
Chg 7	Focus on choice	Established	Plans in place	Established	Established		Continual support for staff when implementing the discharge policy. Implementation challenges in the community.	- Training programme in place since October 2018 - training included as part of Excellence and Discharge Programme. - New joint approach of social worker and ward staff to implement the policy, reinforcing collective message and consistency. - Review of policy in April 2019 Offer of an interim care bed to all citizens where no care package is available	Continual review and support for staff.
Chg 8	Enhancing health in care homes	Established	Plans in place	Established	Established		Continual support with Care Home providers in the completion of DSPT in Care Homes	- STP Urgent & Emergency Care Group agreed to prioritise 'frequent activity' in all areas, which includes care homes. - Spot purchase care home bed framework and escalation being operationalised, to provide additional community bed capacity in times of escalation and greater community bed demands. - ED activity in care homes has reduced. - The Care Home specification has been operational since July 2018 within Nottingham City as part of the wider out of hospital community contract. The service activity is reviewed monthly with no concerns raised in the last quarter. - Initial scoping of a DSPT programme of work has been completed but requires further planning to progress. - Telemedicine is now live in 24 Nottingham City homes	Support for care homes to complete DSPT programme

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.

		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If there are no plans to implement such a scheme, please provide	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	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. - The red bag scheme is also being rolled out across Mid Nottinghamshire, using learning from Greater Nottingham.	Care homes will receive continued support from their respective CCG leads. Further funding for additional care homes being built.

Better Care Fund Template Q4 2018/19

5. Income and Expenditure

Selected Health and Wellbeing Board: Nottingham

Income

	2018/19	
Disabled Facilities Grant	£ 2,261,142	
Improved Better Care Fund	£ 11,723,369	
CCG Minimum Fund	£ 22,305,529	
Minimum Sub Total		£ 36,290,040

	Planned		Actual		
CCG Additional Fund	£ 947,163		Do you wish to change your additional actual CCG funding?	No	
LA Additional Fund	£ 716,000		Do you wish to change your additional actual LA funding?	No	
Additional Sub Total		£ 1,663,163			£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 37,953,203	£ 36,290,040

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19	

Expenditure

	2018/19
Plan	£ 37,953,203

Do you wish to change your actual BCF expenditure?	Yes
Actual	£36,290,040

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2018/19	Actual expenditure matches refreshed BCF plan.

Better Care Fund Template Q4 2018/19

6. Year End Feedback

Selected Health and Wellbeing Board: Nottingham

Part 1: Delivery of the Better Care Fund

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

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	All partners have worked closely together to deliver the BCF Plan during a time of transformation for both commissioners and
2. Our BCF schemes were implemented as planned in 2018/19	Agree	The BCF Plan has been delivered as planned.
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	The BCF Plan has worked within the City Health & Wellbeing footprint, with Discharge to Assess and elements of the Out of Ho
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Growth has continued in Non-Elective activity into Febraury 2019. This has been seen within the zero day Non-Electives, particularly for Paediatric patients of which the BCF schemes are not targeting this particular group. Comparative analysis against activity from previous years has shown that the growth is primarily influenced by patients aged 0-4 and a step change in admission volumes can clearly be seen in December 2017 with volumes of admissions since remaining consistently above
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Having been set challenging DToC targets, Nottingham City's 2018/19 plan had looked to improved performance through a range of different projects and enablers as detailed in the HICM. In addition during 2018/19 a commissioned diagnostic system review of DTOC was led by Newton Europe on behalf the national partners of the Integration and Better Care Fund, the outcome and recommendations were shared with the Greater Nottingham Urgent Care Team in summer 2018. The
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Strongly Agree	The proportion of older people aged 65 and over still at home 91 days after discharge from hospital into reablement continues to be above the 80% standard with performance at 92.8% in February 2019.
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	The number of permanent admissions of people aged 65 and over to residential and nursing care homes in Nottingham continues to be within the target in February 2019 with 12 admissions in the month against a target of 32.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	The City Council have now implemented a policy that nobody goes into long term care straight from hospital. Instead, citizens are either supported to go home as part of the Home First initiative or in to Community sub acute beds to complete and assessment and determine long term needs. As part of the winter pressures monies this year interim beds were also made available at The Oaks (an internal residential home), All of the citizens placed in an interim bed at The Oaks were discharged directly back home with reablement support.
Success 2	8. Pooled or aligned resources	The Integrated Discharge Team has been successful in promoting a joined up approach to managing discharge from hospital with colocation of staff from the city and county and NUH. This has enabled staff to work in a co-ordinated way and to speed up discharge processes, by providing both social and clinical assessments of needs for discharge. It has also strengthened the ability of non-clinical staff to challenge the perceptions of clinical collages around the need for placement in long term residential settings following an acute hospital admission. Shared learning and embedding of processes within the IDT have further strengthened a more holistic and positive risk taking approach to discharge planning. This has further embedded the Homefirst principles and avoided unnecessary admissions to long term residential care settings.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Extensive joint partnership work was undertaken over the last year to realign BCF schemes to support the respective organisat
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Programme management of the Better Care Fund programme has undergone a number of changes over the last couple of years, with a significant reduction in investment. Therefore work has been undertaken to maximise staff capacity and resource to service this area. This includes Greater Nottingham alignment of all finance, performance and reporting processes to ensure consistency and providing shared knowledge. To assist with this reduction in programme management a review of Greater Nottingham BCF governance processes has been undertaken and agreed across all partners.

Footnotes:

Question 8, 9 and 10 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund Template Q4 2018/19

7. Narrative

Selected Health and Wellbeing Board: Nottingham

Remaining Characters:	17,452

Progress against local plan for integration of health and social care

Performance against all BCF metrics continues to be monitored monthly to ensure timely assurances and actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes and avoid unnecessary delays.

The CCG and the LA are working together to offer a coherent suite of services which are supporting people to be more effectively supported in the community, to provide swift discharge from hospital and to be provided with services which maximise their independence. Much of this work is articulated in the Adult Social care Strategy, Better lives, Better Outcomes which was launched in the last year. and is underpinned through the BCF and the IBCF. This incorporates the Ask Lion Directory which supports people to access community based provision, the Nottingham health and care Point which provides a single referral point into health and care services which seeks to signpost people, where appropriate, out of formal care. The new Outof Hospital Contract brings together a large tranche of community based health provision. There is an aligned service between health and social care providing reablement and there are joint contracts for carer services and asisitive technology.
The wider report from Newton Europe on adult social care provision as well as the system report on reablement, has been utilised across health and social care to strengthen systems and processes.

Work is underway to develop the 19/20 plan. We are linking with South Nottinghamshire County colleagues to ensure alignment where possible, ensuring reporting for Greater Nottingham Clinical Commissioning Partnership (which comprises of Nottingham City CCG, Nottingham West CCG, Nottingham North and East CCG and Rushcliffe CCG) is consistent.

Our latest performance dashboard (available on request) shows:

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:	19,330

Integration success story highlight over the past quarter

The City continues to see an improvement in our ability to promote independence or our older people. This can be evidenced through the impact of the Discharge to Assess, Home first approach that is applied, the number of people who are being successfully re-abled through the Social Care Reablement Team and the reductions in numbers that are now going into residential care. Key enablers for this have been the investment in the reablement service and the provision of the homecare service for complex needs. This service which primarily carers for citizens with a level of cognitive impairment is showing good outcomes in avoiding residential and hospital admissions.

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 Q4 2018/19

8. Additional improved Better Care Fund: Part 1

Selected Health and Wellbeing Board: Nottingham

Additional improved Better Care Fund Allocation for 2018/19: € 4,430,143

Section A

Distribution of 2018/19 Additional iBCF funding by purpose

At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
(Percentages shown in these cells are automatically populated based on Q1 18/19 return):	24%	16%	60%

A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:	No

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the additional iBCF funding you have been allocated for the whole of 2018/19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.				0%

Successes and challenges associated with additional iBCF funding in 2018/19

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Other	Reablement	Reducing demand
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.	Reduction in residential admission		
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Utilisation of residential care has fallen significantly following the implementation of T2A	By extending reablement to a wider range of people including those receiving 10 -16 hours increased levels of reablement have been achieved	Use of reviewing officers in external homecare services has freed up capacity

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Financial pressure	Tackling capacity within the local care market	Workforce – recruitment
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Increased levels of acuity has led to large and more complex packages	There is a challenge around recruitment linked to the status and isolation of the role	There is a challenge around recruitment linked to the status and isolation of the role

Section B

At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects in 2018/19

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5	Initiative / Project 6	Initiative / Project 7	Initiative / Project 8	Initiative / Project 9	Initiative / Project 10
Project title (automatically populated based on Q1 18/19 return):	Supporting the local care provider market.	Complex needs homecare service	home care fee rates	Additional capacity and quality of reablement	Reviewing officer in homecare services					
Project category (automatically populated based on Q1 18/19 return)	16. Stabilising social care provider market - fees uplift	6. Homecare	6. Homecare	13. Reablement	3. DTOC: Reducing delayed transfers of care					
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage In progress: no results yet In progress: showing results Completed Project no longer being implemented	In progress: showing results	Completed	Completed	Completed	In progress: showing results					
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters.										

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board:	Nottingham
Additional improved Better Care Fund Allocation for 2018/19:	£ 4,430,143

Section C

We want to understand how much additional capacity you have been able to purchase / provide in 2018-19 as a direct result of your additional iBCF funding allocation for 2018-19 and, where the iBCF has not provided any such additionality, to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation
C1) Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please enter 0 in the appropriate box.	321	50,461	0

C2) If you have not increased the number of packages or placements, please indicate **the main area** that you have spent the **addition iBCF funding allocation** for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.	

Section D

Metrics used locally to assess impact of additional iBCF funding 2018/19

At Q1 18/19 it was reported that the following metrics would be used locally to assess the impact of the additional iBCF funding. (Metrics are automatically populated based on Q1 18/19 return)

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	#referrals into Acute/Community Reablement Services	#referrals into Homecare services	#hours of homecare provided including internal and external services		
D1) Additional Metric Name **If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics.** Please do not use more than 100 characters to describe any additional metrics.					
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	Reablement & Rehabilitation	DTOC/Discharge	Capacity - Domiciliary		
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	No change	No change	Improvement		