Better Care Fund Template Q4 2017/18

Guidance

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

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

Note on entering information into this template

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

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

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

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

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

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

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

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 for the current year 2017/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 2017/18.
The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

This sheet seeks seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:
- In making the confidence assesment 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 anticioated and anv associated comments to explain.

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

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

The maturity levels utilised are the ones described in the Hiah Impact Chanaes Model (link below) and an explanation for each is included in the key below:
Not vet established - The initiative has not been imolemented within the HWB area
Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement
Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

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

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

Hospital Transfer Protocol (or the Red Bag Scheme):
The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hosoital.
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 Bae / Hosoital Transfer Protocol:
A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.voutube.com/watch?v=XoY2PXmULHE

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. However, the AEDB lens is a more representative operational lens to reflect both health and social systems. Where there are wide variations in their maturity levels, making a conservative judgment is advised. Please note these observed wide variations in the narrative section on 'Challenges'.
Also, please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making this assessment, which could be useful in informing design considerations for subsequent reporting.

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.

5. Income & 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. 2017/18 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 2017/18 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 2017/18 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2017/18.

Expenditure section:
- Please enter the total HWB level actual BCF expenditure for 2017/18 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2017/18.

6. Year End Feedback
This section provides an opportunity to provide feedback on delivering the BCF in 2017-18 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 imoact across the countrv. 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 workine between health and social care in our localitv
2. Our BCF schemes were imolemented as planned in 2017/18
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our localitv
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 davs after discharee from hosoital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2017/18 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 2017/18.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2017/18?

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.

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1. Cover

Version 1.1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

- 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:	Petra Davis
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Contact number:	1158839432
Who signed off the report on behalf of the Health and Wellbeing Board:	Dr Marcus Bicknell (vice chair)

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

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 & Expenditure	0
6. Year End Feedback	4
7. Narrative	0

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2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Nottingham

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

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

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3. Metrics

Selected Health and Well Being Board: Nottingham

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Data not available to assess progress	NEL data is only available for January at the time of writing; non-electives are amber for January but green for the year to date. Work is underway to understand a rise in non-elective admissions from January data.	It is important to state that the data on non-electives is within expected variation and we remain green for the year to date.	N/A
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Need to understand the impact of potential shifts in throughput and cost in homecare, community beds and community nursing.	Residential admissions data is available for Jan and Feb at the time of writing; admissions are green for Jan and Feb for the year to date and well within year target of of 384, YTD at FEB was 139. Possibly	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	Reablement data is available for Jan and Feb at the time of writing. Reablement is green for Jan and Feb and for the year to date.	N/A
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Data not available to assess progress	DToC data is only available for January at the time of writing. DToCs are red for January, annual target will not be achieved as YTD at Jan is over annual target. Analysis of the reasons for delay shows a bottleneck in waits for homecare packages in social care, and in community bed waits in the NHS. This is related to a 41% rise in demand on community beds, and increased flow through the Integrated Discharge function.	Work is ongoing through the planned analysis of flow in NUH, led by NHS Improvement, and through the work with NHS Elect on community DToCS, to address these delays. Social Care delays are largely Homecare related; Homecare pickup rates for external providers show strong seasonal patterns year on year; this is being picked up through the work on mobilising the new homecare lead provider contract and refreshing the accredited provider pathways. Winter resilience funding will	N/A

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

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4. High Impact Change Model

Selected Health and Well Being Board: Nottingham

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Established	Established		The changes in attitude, behaviour and culture (AB&C) is recognised as a challenge across the system. Should there not be a a shared sense of purpose with clear communication across Greater Nottingham this will impact the success of Discharge to Assess (D2A). One communication package supporting	Weekly supported discharge target has been consistently met since launch of the IDT and D2A. Social care are inputting directly into nerve centre. "Extraordinary" complex patient review meetings (CPRM) are taking place thrice	IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members. D2A community capacity lead has also been appointed and will work in close collaboration with the IDT team leader.
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Established	Established		Systems reconfiguration to enable performance monitoring of the new metrics for D2A.	Red 2 Green is in place in NUH and across community rehabilitation/reablement providers and monitored monthly. Identifying pathways; simple/supported (1, 2 or 3). D2A metrics agreed and Dashboard	Systems reconfiguration to enable performance monitoring of the new metrics for D2A.
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established	Established	Established		The changes in attitude, behaviour and culture (AB&C) is recognised as a challenge across the system. Should there not be a a shared sense of purpose with clear communication across Greater Nottingham	Weekly supported discharge target has been consistently met since launch of the IDT and D2A. Social care are inputting directly into nerve	IDT team leader has been appointed and will work with Bernie Brookes (external support) to develop the IDT, particularly those virtual members.
Chg 4	**Home first/discharge to assess**	Established	Established	Established	Established	Established		"Intensive internal work continues to be completed w the external homecare providers to strengthen the resilience of the local home care market in order to ensure that there is sufficient capacity to meet all demand,	Weekly supported discharge target has been consistently met with the exception of one week since launch of the IDT and D2A. Social care are inputting directly into nerve	IDT team leader has been appointed and will work with Bernie Brookes (ECIP support) to develop the IDT, particularly those vitural members. D2A community capacity lead has been
Chg 5	**Seven-day service**	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		Workforce change to support 7 day services.	Care centre advice for care homes via 111 in place. Community services remain 7 day/week until 18:00 hrs. IDT workforce employed by Nottingham	Workforce change to support 7 day services. Recruitment into the IDT ongoing.
Chg 6	**Trusted assessors**	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system	Trusted assessor actions are being led by County Council on behalf of the system
Chg 7	**Focus on choice**	Established	Established	Established	Established	Established		There remain a small number of citizens and families who do not wish to leave the bed based reablement facility to which they have been admitted following discharge from hospital. Continued work as a system is being	System wide patient leaflet in use together with letter from senior clinician within NUH. PDMS set within 48 hours on day 1 of admission. Discharge planning happens on day 1 with the	Review effectiveness of the leaflet quarterly and revise if necessary.
Chg 8	**Enhancing health in care homes**	Established	Established	Established	Established	Established		Large pool of small providers means roll-out of EHCH elements across all care homes in the City remains a challenge	Care homes red bag in place across Greater Nottingham. Pathfinder via NEMS. Use of skype as an option for a number of care homes. 111	Care homes will receive continued support from their respective CCG leads.

Hospital Transfer Protocol (or the Red Bag Scheme)

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

		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	**Red Bag scheme**	Established	Established	Established	Established	Established		Nervousness around the loss of the bags themselves once they are physically on hospital premises has led to the development of a SOP which will be signed off at the task and finish group and circulated to the care	Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017.	Care homes will receive continued support from their respective CCG leads.

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5. Income & Expenditure

Selected Health and Wellbeing Board: Nottingham

Income

	2017/18 Planned		2017/18 Actual	
Disabled Facilities Grant	£ 2,074,926		£ 2,074,926	
Improved Better Care Fund	£ 8,570,472		£ 8,570,472	
CCG Minimum Fund	£ 21,889,626		£ 21,889,626	
Minimum Subtotal		£ 32,535,024		£ 32,535,024
CCG Additional Contribution	£ 1,363,066		£ 1,363,066	
LA Additional Contribution	£ 716,000		£ 716,000	
Additional Subtotal		£ 2,079,066		£ 2,079,066

	Planned 17/18	Actual 17/18
Total BCF Pooled Fund	£ 34,614,090	£ 34,614,090

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2017/18	

Expenditure

	2017/18
Plan	£ 34,614,090
Actual	£ 34,614,090

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2017/18	Where monitoring showed schemes underspending, or where targeted savings were made in year, additional expenditure up to the planned amount was spent on supporting local authority commissioned schemes (£748k) - with the majority spent on external homecare - and CCG commissioned schemes (£78k) spent on housing health co-ordinators. This has increased the spend on social care from the CCG contribution.

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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 providers. We have reviewed our governance processes and reporting outputs and are well placed to go forward with the 18-19 Plan.
2. Our BCF schemes were implemented as planned in 2017/18	Agree	The BCF Plan has been delivered largely as planned, with large-scale transformational pieces of work such as Dicharge to Assess and the reprocurements of Homecare and Out of Hospital Care all delivered to timescale and within expected project limits.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF Plan has worked not only within the City Health & Wellbeing footprint but has increasingly worked towards the Graduation footprint, with Discharge to Assess and elements of the Out of Hospital Contract (Continuing Healthcare for Adults and Children, Supported Transfer of Care Front Door) being commissioned across Greater Nottingham.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Our indicator is green for the YTD (January and February data for Q4) indicating that the focus on avoiding admission and re-admission wherever possible within community services is having a positive effect.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Having been set challenging DToC targets, particularly around Social Care delays, the BCF Plan has delivered improved performance through a range of different projects and enablers, principally the Discharge to Assess work. ECIP's report on this work stated: 'We acknowledge the excellent progress and transformational change that the system has made in implementing home first/discharge to assess in Nottingham since October 2017: evidenced through: • An increase in supported discharges the majority of which are discharge within 24 hours. • Implementation of the Integrated Discharge Team, alongside evidence of more integrated working. • More openness and transparency of the discharge process. • A single specification for the community beds across Nottingham • Some evidence to suggest more people being discharged to their usual place of residence • Assessments for long term care being carried outside of the acute setting circa 14% being delivered in the acute trust in January 2018 (as reported to the A&E Delivery Board). '
6. The delivery of our BCF plan in 2017/18 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	Our indicator is green for the YTD (January and February data for Q4) with performance steady at over 90% for Q3 and Q4, indicating that the year's work in establishing the co-located service is successful. .
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	See Narrative tab

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three 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 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **successes**
Success 1	9. Joint commissioning of health and social care	During 2017-18 we have established a co-located jointly delivered Health & Social Care Reablement service, which following an initial period of lower performance as the service settled into new ways of working, has delivered performance consistently over target. The service has also been through a Data Quality Improvement Planning process to align systems and reduce duplication this year, resulting in improved data quality and additional patient/ citizen facing time.
Success 2	6. Good quality and sustainable provider market that can meet demand	During 2017-18 we have consolidated a wide range of contracts into a single Out of Hospital Contract, delivering a 7+2 year contract term offering sustainability, long term vision and opportunities for large scale transformation within a reduced contract envelope of £31.5m (annual value). The contract enables further integrative opportunities across health and social care, acute care, mental health and the third sector, incentivising the provider through a local incentive scheme and a focus on social value to improve partnership working. The BCF-funded elements of the contract are gathered within a dedicated Integrated Care sub-specification with a focus on urgent response, avoided admissions, supporting discharge and reablement.

8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	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 rurual factors)	A challenge for us during 2017-18 has been to marry the focus on increased integration and transformation with the expectation on all partners to deliver ambitious and challenging programmes of savings and service improvement. However the BCF Programme Team has supported all partners to align and manage processes to deliver the expected level of savings while delivering large-scale transformational projects such as Discharge to Assess and the Out of Hospital Contract re-procurement.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	During winter 2017-18, capacity issues within the external Homecare provider market have made themselves felt, with seasonal variation in capacity and demand at times necessitating additional spot purchase. Homecare pickup rates for external providers show strong seasonal patterns year on year; this is being addressed through work on mobilising the new homecare lead provider contract and refreshing the accredited provider pathways. Winter resilience funding will also focus on seasonal capacity issues in homecare.

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

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

Other

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7. Narrative

Selected Health and Wellbeing Board: Nottingham

Remaining Characters:	18,345

Progress against local plan for integration of health and social care

During 2017-18 the BCF Plan has built on achievements to date to take integration to the next phase including joint prioritisation of resources, reducing and avoiding duplication of commissioned services, flexibility across organisational boundaries for spending decisions and targeting of investment to meet shared priorities by taking a whole economy perspective.

We have developed our model of care across Care Delivery Groups and improved our Integrated Reablement and Homecare services. We have supported citizens to receive more care in their home or community, reducing unnecessary hospital admissions and shortening hospital stays, using joined-up strategic commissioning, with a focus on outcomes rather than on activity while ensuring services remain high quality, accessible, sustainable and based on population need.

This year we have delivered:

• An aligned and co-located Health & Social Care Reablement service with reduced duplication, improved data quality and increased patient/citizen-facing time

• Reprocurements of Out of Hospital Services and Homecare Lead Provider Services, offering improved capacity and supporting faster discharge and reduced admissions and re-admissions

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

Remaining Characters:	18,786

Integration success story highlight over the past quarter

Residential admissions are green for the quarter and the year. Reducing residential admissions is a focus for all areas of the local authority's Transformation programme of work, and this is clearly proving effective, with a steep drop in admissions since October and performance for the year well below target as a result.The Transformation programme has 4 areas: Older People; Mental Health; Learning Disability; and General Needs. Residential admissions reduction is a focus for all 4 of these areas. Under this programme of work, admissions from hospital are being addressed with the expectation that no admissions will happen directly on discharge, and admissions from the community are being addressed with the expectation that no admission will happen without other options being explored, including homecare and extra care. However, analysis is necessary to ensure that potential cost shifts in homecare, community beds and community nursing are being accurately assessed and the system adjusts smartly to this level of change. This has been picked up in local discussions around the design of a Health & Social Care Scorecard, reflecting the SCIE work on an Integrated Care scorecard and logic model.

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 2017/18

Checklist

<< Link to Guidance tab

Complete Template

1. Cover

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

2. National Conditions & s75

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

3. Metrics

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

4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q4	H8	Yes
Chg 2 - Systems to monitor patient flow Q4	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4	H10	Yes
Chg 4 - Home first/discharge to assess Q4	H11	Yes
Chg 5 - Seven-day service Q4	H12	Yes
Chg 6 - Trusted assessors Q4	H13	Yes
Chg 7 - Focus on choice Q4	H14	Yes
Chg 8 - Enhancing health in care homes Q4	H15	Yes
UEC - Red Bag scheme Q4	H19	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	I8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	I10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	I11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	I12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	I13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	I14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	I15	Yes
UEC - Red Bag scheme Q1 18/19 Plan	I19	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	J8	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	J10	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	J11	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	J12	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	J13	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	J14	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	J15	Yes
UEC - Red Bag scheme Q2 18/19 Plan	J19	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	K8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	K10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	K11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	K12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	K13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	K14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	K15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	K19	Yes
Chg 1 - Early discharge planning Challenges	L8	Yes
Chg 2 - Systems to monitor patient flow Challenges	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	L10	Yes
Chg 4 - Home first/discharge to assess Challenges	L11	Yes
Chg 5 - Seven-day service Challenges	L12	Yes
Chg 6 - Trusted assessors Challenges	L13	Yes
Chg 7 - Focus on choice Challenges	L14	Yes
Chg 8 - Enhancing health in care homes Challenges	L15	Yes
UEC - Red Bag Scheme Challenges	L19	Yes
Chg 1 - Early discharge planning Additional achievements	M8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	M9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	M10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	M11	Yes
Chg 5 - Seven-day service Additional achievements	M12	Yes
Chg 6 - Trusted assessors Additional achievements	M13	Yes
Chg 7 - Focus on choice Additional achievements	M14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	M15	Yes
UEC - Red Bag Scheme Additional achievements	M19	Yes
Chg 1 - Early discharge planning Support needs	N8	Yes
Chg 2 - Systems to monitor patient flow Support needs	N9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	N10	Yes
Chg 4 - Home first/discharge to assess Support needs	N11	Yes
Chg 5 - Seven-day service Support needs	N12	Yes
Chg 6 - Trusted assessors Support needs	N13	Yes
Chg 7 - Focus on choice Support needs	N14	Yes
Chg 8 - Enhancing health in care homes Support needs	N15	Yes
UEC - Red Bag Scheme Support needs	N19	Yes
Sheet Complete:		Yes

5. Income & Expenditure

	Cell Reference	Checker
2017/18 - Actual CCG additional contribution income	G14	Yes
2017/18 - Actual LA additional contribution income	G15	Yes
2017/18 - Difference between plan & actual income Commentary	E21	Yes
2017/18 - Actual Spend	D31	Yes
2017/18 - Difference between plan & actual expenditure Commentary	E33	Yes
Sheet Complete:		Yes

6. Year End Feedback

	Cell Reference	Checker
Statement 1 - Joint working Delivery Response	C10	Yes
Statement 2 - BCF Scheme Delivery Response	C11	Yes
Statement 3 - Health & Social Care Integration Delivery Response	C12	Yes
Statement 4 - NEA Delivery Response	C13	Yes
Statement 5 - DTOC Delivery Response	C14	Yes
Statement 6 - Reablement Delivery Response	C15	Yes
Statement 7 - Residential Admissions Delivery Response	C16	Yes
Statement 1 - Joint working Delivery Commentary	D10	Yes
Statement 2 - BCF Scheme Delivery Commentary	D11	Yes
Statement 3 - Health & Social Care Integration Delivery Commentary	D12	Yes
Statement 4 - NEA Delivery Commentary	D13	Yes
Statement 5 - DTOC Delivery Commentary	D14	Yes
Statement 6 - Reablement Delivery Commentary	D15	Yes
Statement 7 - Residential Admissions Delivery Commentary	D16	Yes
Success 1 category	C22	Yes
Success 2 category	C23	Yes
Success 1 response	D22	Yes
Success 2 response	D23	Yes
Challenge 1 category	C27	Yes
Challenge 2 category	C28	Yes
Challenge 1 response	D27	Yes
Challenge 2 response	D28	Yes
Sheet Complete:		Yes

7. Narrative

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