

Better Care Fund Template Q4 2018/19

Contents

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 Plan 17/19. The BCF quarterly reports are submitted to the relevant partners: Department of Health (DH), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHS), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key objectives of 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 progressive integration and the delivery of BCF plans
3) To foster internal resilience from local areas 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 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 other stakeholders 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 and 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 quarterly reports are aggregated from all local areas 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 entirely available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

For 2018/19, reporting on the additional BCF (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 BCF along with NHS hosted information infrastructure will be collecting and aggregating the BCF information and providing to MHCLG. Although collected together, BCF and BCF information will be reported and published separately. Through-out required for Q3 2018/19, quarterly reporting for the BCF is required for Q4 2018/19.

How to enter information into this template
The yellow template cells, which are for local areas with a yellow background and those that are one-coloured have a grey background, are below:
Data needs reporting in the cell
Populated only
How to enter the sheets automatically
To more quickly 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 down lists are also available to view as lists within the relevant sheet or in the assistance tab for readability if required.

The details of each sheet within the template are outlined below:
Checklist
This sheet identifies 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.
1. It is structured by sheet name and contains the description of the information required, all reference for the question and the 'checker' column which defines automatically as questions within each sheet are completed.
2. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Get Reference" column will take to the spreadsheet cell to meet through the delivery of your plan.
3. The "Data completed" cell will appear when all checker values for the sheet are green containing the word "Yes".
4. Once the checker column contains all cells marked "Yes" the "Automatic Template" cell below the sheet will change to "Complete Template".
Local Area Summary
This sheet provides essential information on the areas for which the template is being completed, contacts, and sign off.

Question completion
1. 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. **Check all cells are green should the template be used to England between opportunities.**
2. Answer Completion: 1-177 answered
Local Area Summary
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 at the time of completion.
Note: Please ensure you tick the correct condition(s) (2017) condition(s) of the local area objectives and delivery of BCF plans.
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.

National Conditions
A summary of the four national conditions are below:
National condition 1: A jointly agreed plan
Please note: This also includes confirming the continued engagement on the jointly agreed plan for CPG funding.
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

High Impact Change Model
The BCF includes the following four metrics: Non-Discrete Admissions, Delayed Transfers of Care, Residential Admissions and Readmissions. As part of the BCF plan for 2017-19, national targets have been set 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 needed the local system may have requested where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

Non-Discrete Admissions and Readmissions
As a reminder, if the BCF planned targets should be referenced as below:
Residential Admissions and Readmissions: BCF plan targets were set out in the BCF Planning Template
Non-Discrete Admissions (NDA): The BCF plan refers to the CCG (Clinical Commissioning Group) Operating Plans for Non-Discrete Admissions except where areas have set an additional reduction target and where these plans are in the BCF planning template. Where areas have done so and require a confirmation of their BCF NDA plan targets, please write to the email bettercare@nhs.uk
Please note that while NDA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning) HWBs can still use NDA activity to monitor systems for reduction NDA.
Delayed Transfers of Care (DTC): The BCF plan refers to CCGs (Clinical Commissioning Groups) Operating Plans for your current provisional territory. Further information on DTC reporting for 2018-19 will be published shortly.
The criteria metrics should be reported against the provisional monthly trajectory as part of the HWB's plan.

Confidence Assessment
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 refer to the available published metrics data (which should be typically available for 2 of the 4 months) in conjunction with the internal/external metrics information for the first month which is available to the source of the published data once agreed and validated to provide a directional insight.
In providing the narrative on Challenges, achievements and Support needed, most areas have a sufficiently good perspective on these themes by the end of the quarter and the availability of published metrics 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 metrics performance from the quarter from the previous year, explaining any improvement or deterioration observed or anticipated and any associated comments to assist.

High Impact Change Model
Please note that the metrics information will be referenced (and reported as required) as per the standard national published datasets.
Local Area Summary
The 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 progress to improve in future quarters, as well as the eight HICM change and the red flag scheme along with the corresponding implementation challenges, achievements and support needs.
The return levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Change Model (HICM) below. A detailed explanation of the levels for the purposes of this measure is included in the box below:

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

How to enter the self-assessment
https://www.localarea.uk/bur-submission/instrument-offline-and-health-instrument/forums-reference/health-board-chance-model
In line with the latest published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify areas and adjustments to progress implementation, to understand the reality of the evidence for progress and, to indicate where implementation progress across the High Impact Change Model is an area which may require the support of national partners. As this is a self-assessment, the return levels selected may vary considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas is not considered advisable.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as clear 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 LA, Local Health Care Director (Resident Care), Adult Delivery Board representatives, CCG and resident groups representatives.
Part of the HICM maturity assessment process is to identify where there are multiple CCGs and LA delivery boards (HICMs) they may enter making a joint judgement across the HICM and CCGs. It is indicative of the implementation maturity for the HWB. The HICM is a more representative operational level to reflect both health and social systems and where there are wide variations in implementation levels between them, making a joint judgement is advised. Where there are clear differences in the range of implementation within an area, the return selection should be used to broadly indicate the area and the range for the assessment level should be local partners.

Please use the 'Challenges' column after selection where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful to inform future design considerations.
Where the selected maturity level 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 outline the challenges and issues in implementation, the milestones achievements that have been met in the reported quarter with any next steps, and any support needed identified to facilitate or accelerate the implementation of the initiative changes.
To better understand the impact and impact of Trusted Assessor schemes, when providing the narrative for 'Milestones' during the quarter / Observed impact, please consider including the proportion of care homes, within the locality participating in Trusted Assessor schemes. Also, any feedback received 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 Flag Scheme)
The template also captures updates on implementation of the optional 'Red Flag' Scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have wanted to collect information on its implementation locally via the BCF quarterly reporting template.
Please enter on implementation of a Hospital Transfer Protocol (also known as the 'Red Flag scheme') to enhance communication and information sharing where residents move between care settings and transfer.
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 local care recipients.
Further information on the Red Flag / Hospital Transfer Protocol: A quick guide has been published: <https://www.nhs.uk/healthcare/transfer-protocol-quick-guide/>
Further guidance is available on the KoboToolbox system or on request from the NHS England hospital to home team through England.dash@nhs.uk. The link to the Better Care Fund of Care Manual - Hospital Transfer Protocol (Red Flag) is below:
<https://www.localarea.uk/bur-submission/instrument-offline-and-health-instrument/forums-reference/health-board-chance-model>

Local Area Summary
The Better Care Fund 2017-19 pool contains mandatory funding sources and any voluntary additional pooling from LA's (Local Authorities) and CCGs. The mandatory funding sources are the CPG (Clinical Commissioning Group), the Integrated Better Care Fund (ICBF) grant and the minimum CCG contribution. A large proportion of areas also pooled to additional contributions from LA and CCGs. Instead of collecting income/dependence on a quarterly basis it was the case in previous years (2015/16 & 2016/17), 2018/19 requires annual reporting of income and expenditure on a HWB 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 LA and CCG as well as 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.
Using separate comments that may be useful for local context for the reported actual expenditure in 2018/19.

Local Area Summary
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 10 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-Discrete 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 left in home 91 days after discharge from hospital into residential care 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 allows the SCI (Social Care Institute for Excellence) Integration Logic Model published on the link below to capture two key challenges and success stories selected 'Trusted for Innovation' reported in the last 6 months.
Please highlight:
A. Outline two key success stories observed during the period for integration (reported in SCI's logic model) in 2018/19.
B. Outline two key challenges observed during the period for integration (reported in SCI's logic model) in 2018/19.
As noted above, there are five free text responses to be assigned to one of the following categories from the SCI Integration Logic Model. Examples summarised below. Please see link below for fuller details:
<https://www.localarea.uk/bur-submission/instrument-offline-and-health-instrument/forums-reference/health-board-chance-model>

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. Joint or regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Local Area Summary
The template requires information to provide the wider context around health and social integration.
Please fill in 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 healthcare outcomes and any associated variations to the plan and any challenges.
Using text to elaborate on the areas that are highlighted above, to further the delivery of your narrative on where you are and what you need.

Local Area Summary
For 2018/19 the additional BCF monitoring has been incorporated into the BCF template. The additional BCF sections of this template are on tabs 9, BCF Part 1, BCF Part 2, BCF Part 3. Please fill these sections out if you are responsible for the additional BCF quarterly monitoring for your organisation or local area.
To return to the template, click on the 'Back' button to return to the main menu for health and wellbeing board level.
The BCF section of the monitoring template covers reports in relation to the additional BCF funding announced in Spring Budget 2017 only.
Specific questions on individual questions is covered on the next tab.

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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



[<< 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

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	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
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3. Metrics

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

Sheet Complete:	Yes
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4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning 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
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5. Income and Expenditure

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	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
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6. Year End Feedback

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	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 has 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
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7. Narrative

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

Sheet Complete:	Yes
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8. Additional improved Better Care Fund: Part 1

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	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) Initiative 1: Progress	C37	Yes
B1) Initiative 2: Progress	D37	Yes
B1) Initiative 3: Progress	E37	Yes
B1) Initiative 4: Progress	F37	Yes
B1) Initiative 5: Progress	G37	Yes
B1) Initiative 6: Progress	H37	Yes
B1) Initiative 7: Progress	I37	Yes
B1) Initiative 8: Progress	J37	Yes
B1) Initiative 9: Progress	K37	Yes
B1) Initiative 10: Progress	L37	Yes
B2) Initiative 1: Commentary	C38	Yes
B2) Initiative 2: Commentary	D38	Yes
B2) Initiative 3: Commentary	E38	Yes
B2) Initiative 4: Commentary	F38	Yes
B2) Initiative 5: Commentary	G38	Yes
B2) Initiative 6: Commentary	H38	Yes
B2) Initiative 7: Commentary	I38	Yes
B2) Initiative 8: Commentary	J38	Yes
B2) Initiative 9: Commentary	K38	Yes
B2) Initiative 10: Commentary	L38	Yes

Sheet Complete:	Yes
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9. Additional improved Better Care Fund: Part 2

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	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

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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	<p>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.</p> <p>The performance of Nottingham City CCG against operating plan for 1+ Day LOS non-elective admissions in the QTD is 6% above plan.</p>	<p>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.</p> <p>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.</p> <p>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 –</p>	n/a
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	n/a	<p>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</p>	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	<p>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</p>	n/a
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Data not available to assess progress	<p>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.</p>	<p>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 practitioners.</p>	n/a

Better Care Fund Template Q4 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board:

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.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - Weekly long patient stay review in place by senior partners. - Transfer Action Groups within NUH across the Divisions are in place. 	<ul style="list-style-type: none"> 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		<p>Increased demand for home care package as part of Home First.</p> <p>For D2A, increased prevalence of flu, diarrhoea etc is affecting community bed capacity.</p> <p>Maintain utilisation of community capacity.</p>	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> - 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 available across the community 7 days to support discharges and initial 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	<ul style="list-style-type: none"> - Trusted assessor scheme - being led by Nottinghamshire County Council on behalf of the Integrated Care System through BCF funding until March 2019 - 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 to 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		<p>Continual support for staff when implementing the discharge policy.</p> <p>Implementation challenges in the community.</p>	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> 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		
CCG Additional Fund	£ 947,163	
LA Additional Fund	£ 716,000	
Additional Sub Total		£ 1,663,163
	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 37,953,203	£ 36,290,040

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£ -

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
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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 February 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 of 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 colleagues 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 Out of 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 assistive 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:

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 of 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 cares for citizens with a level of cognitive impairment is showing good outcomes in avoiding residential and hospital 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.

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

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2018/19:

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 additional 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		