

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health &

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by

This initial Q4 Excel data collection template focuses on the allocation, budget arrangements and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and

Content

The data collection template consists of 4 sheets:

- 1) Cover Sheet** - this includes basic details and question completion
 - 2) A&B** - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
 - 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
 - 4) Narrative** - please provide a written narrative
- To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.

Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?

If the answer to the above is 'No' please indicate when this will happen.

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

Fund Planning Guidance are still on track for delivery (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details

Q4 2014/15

Health and Well Being Board	Nottinghamshire
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completed by:	Sarah Fleming
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e-mail:	sarah.fleming@mansfieldandashfieldccg.nhs.uk
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contact number:	0115 9932564
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Who has signed off the report on behalf of the Health and Well Being Board:	BCF Programme Board
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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.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?

Yes

If the answer to the above is 'No' please indicate when this will happen

dd/mm/yy

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

Yes

If the answer to the above is 'No' please indicate when this will happen

dd/mm/yy

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q4 2014/15

National Conditions

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

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

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	The plan is agreed by the HWB, CCGs and County Council. There is a Programme Board in place with representation from all partners including providers and District Councils.
2) Are Social Care Services (not spending) being protected?	Yes	The minimum expected payment has been met within the plan. There are a number of schemes within the plan that further enhance the protection of social care services.
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Plans are being implemented during 2015/16 to ensure progress toward 7 day services in key areas of delivery. Partners are working to further develop plans and agree the focus for in-year delivery.
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Excellent progress has been made in populating systems with the NHS number. Whilst there is still work to be done on the childrens social care system this is planned for June 2015. On-going matching of new records to the PDS service remains complicated but is on track. Agreement of the use of the NHS number has been in place for some time, Connected
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	All procurements now have a set of requirements addressing the requirements for Open APIs. Recent procurements have addressed this specifically and now basing development of
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Connected Nottinghamshire has oversight of the Nottinghamshire Health and Social Care Records Information Group. This GP Caldicott Guardian led group is leading the way in relation to IG requirements and ensuring Nottinghamshire has good information sharing for direct care in line with Caldicott 2 recommendations and best practice pseudonymised or
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	There is an identified case management approach across the County with risk stratification tools being used to identify those people most at risk of a hospital admission. All areas use a MDT approach, the specific details vary by unit of planning e.g. in Mid Notts the multi-disciplinary, multi-agency PRISM teams lead this approach.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Trajectories included in the initial submission were shared with providers, these were integral to local planning. Providers and commissioners continue to work together to deliver performance trajectories and mitigate risks and consequences of non-delivery.

National conditions - Guidance

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

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

30,909

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

Since the Nottinghamshire HWB plan was approved in August 2014, there have been some minor amendments to the plan. Bassetlaw CCG has removed two of its schemes, removing one as it did not align with the strategic intent of the BCF plan, and amalgamating one scheme with another to consolidate a programme of work. The CCG reduced its financial contribution to the plan by £381k, but remains above the minimum contribution level.

The County wide non-elective trajectory is anticipated to be subject to amendment. A reduction of 3.7% was set out in the original plan. Once NHS England CCG operational planning round discussions have concluded, it is anticipated this will be amended to a 2.8% reduction. The impact of out of county CCGs is not yet known until revised trajectories are made available by NHS England. Further clarity is required from the Better Care Support Team on whether amendments of less than 2% should be made as per the BCF guidance released in March 2015. Our preference would be to retain the original BCF stretch target.

Non-elective performance in Q4 2014/15 was an actual rate of 2,562 against a planned rate of 2,371. The majority of BCF schemes come online during 2015/16 supporting the County wide ambition to reduce non-elective admissions by 3.7%. Units of planning will be sharing best practice across the County in order to support consistent delivery of the target.

The 6 CCGs continue to work with local authority, District Councils and the Third Sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendances. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.