

7 September 2016

Agenda Item: 8

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL

BETTER CARE FUND PERFORMANCE, 2016/17 PLAN AND UPDATE

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:
 - 1.1. Approve the Q1 2016/17 national quarterly performance report.
 - 1.2. Note the amendments to the 2016/17 BCF plan.
 - 1.3. Approve the Disabled Facilities Grant (DFG) proposals from the BCF Programme Board:
 - 1.3.1. that the budgets proposed by the seven district councils for mandatory and discretionary disabled facilities grants be approved.
 - 1.3.2. that the funding for the county Handyperson Adaptation Service (HPAS) be partially met from the County Better Care Fund Disabled Facilities Grant allocation.
The amount of each district's contribution to be based on their percentage of the overall fund.
 - 1.3.3. that the supplementary DFG schemes outlined be approved.
 - 1.4. Approve the updated Terms of Reference for the BCF Programme Steering Group

Information and Advice

Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q1 2016/17.
4. This update also includes the Q1 2016/17 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q1 2016/17 performance metrics are shown in Table 1 below.
 - 5.1. 4 indicators are on track
 - 5.2. 3 indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2016/17 Target	2016/17 (to date)	RAG rating and trend
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	19,743	21,457 Q1 proxy	R ↑
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	578.9	131 YTD	G ↓
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	91.2%	81.88% Q1	R ↓
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,115.8 Q1	1,032 Q1	G ↓
BCF5	Percentage of users satisfied that the adaptations met their identified needs	75%	100% Q1	G ↔
BCF5	BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	65.4%	64.4% YTD	R ↔
BCF6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	34%	29.6% Q1	G ↓

- Reconciliation of Q1 2016/17 spend is complete. Expenditure is broadly on target with some in year slippage. A full year underspend of approximately £770k is expected for 2016/17 on the Care Act Implementation element. This is due to underspends on staffing as not all staff were in post at the start of the year. A carry forward is requested for this amount. All other elements are anticipating full spend for 2016/17.
- The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Programme Board. The Programme Board has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at	12	Monthly monitoring of non-elective activity by BCF Finance, Planning

Risk id	Risk description	Residual score	Mitigating actions
	required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.		and Performance subgroup and Programme Board (currently only for activity in Nottinghamshire CCGs). Weekly oversight by System Resilience Groups.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	16	Monthly monitoring through System Resilience Group and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Plan (STP) priority.

8. As agreed at the meeting on 7 October 2015, the Q1 2016/17 national report will be submitted to NHS England on 9 September HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved via email by the BCF Programme Board. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.

9. Further national reporting is due on a quarterly interval:

9.1. Quarter 2 - 25 November 2016 (HWB report due December 2016)

9.2. Quarter 3 - 24 February 2017 (HWB report due March 2017)

9.3. Quarter 4 - 24 May 2017 (HWB report due June 2017)

National policy update

10. Following the approval and submission of the BCF 2016/17 in April 2016, further submissions of the plan were required in June and August as part of the national calibration process. As agreed at the April 2016 Board meeting, this decision was delegated to the Corporate Director, Adult Social Care, Health and Public Protection (as Chair of the BCF Programme Board) in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board. The amendments made are outlined in Table 3; there were no material changes to the submission.

Table 3: nationally proposed amendments to BCF 2016/17 plans

Change
The Non-Elective Admissions activity values have been updated following the final '16/17 Shared NHS Planning' submission.
Updated Secondary Uses Service (SUS) 15/16 Actual figures (mapped from CCG data) provided as support to the final '16/17 Shared NHS Planning' submission.
Locally reported actual Q4 15/16 Non-Elective Admissions data is now included.
Residential Admissions Planned 15/16 rate has been amended to show the rate as calculated by using the numerator and denominator shown in the table.

Population data has been updated from 2012 based projections to 2014 based projections following the publication of the 2014 based Subnational Population Projections (SNPP). This affects the Delayed Transfers of Care (DTOC) rates and Residential Admissions rates.
Actual Q4 15/16 DTOC data replaces the previous forecast figure.
SUS 15/16 FOT figures have been removed as SUS 15/16 Actual figures are now included.
Inclusion of table detailing 'Summary of BCF Expenditure from Minimum CCG Contribution'
Funding categories amended to be consistent with 2015/16 categories.

11. It is anticipated that further guidance on the BCF post March 2017 will be issued in the autumn following NHS planning guidance.

Disabled Facilities Grants

12. The report presented to the Board in April 2016 advised that the allocation for Disabled Facilities Grants (DFG) had been increased for 2016/17. The budget for 2015/16 for Nottinghamshire was £3.204m, with the 2016/17 figure increased to £5,475,413, representing an increase of some 71%. On behalf of the Board the BCF Programme Board have overseen the development of plans in line with the requirements for BCF and DFGs.

13. The BCF Programme Board recommend:

13.1. That the budgets proposed by the seven district councils for mandatory and discretionary disabled facilities grants be approved.

13.2. That the funding for the county Handyperson Adaptation Service (HPAS) be funded in part from the County Better Care Fund Disabled Facilities Grant allocation in 2016/17 and consideration be given to fully funding HPAS in 17/18 following a review (subject to the national continuation of the BCF). The amount of each district's contribution to be based on their percentage of the overall fund or as identified by the district.

13.3. That funding for schemes in each district be approved as outlined in Table 4. Full business cases have been reviewed by the BCF Finance, Planning and Performance subgroup to ensure that BCF and DFG conditions have been met. Plans for the remaining funds will be developed.

Table 4: Proposals for other DFG spend

Theme	Schemes	Value	BCF metrics / national conditions	DFG criteria	Recommendations
Community Schemes	Gedling New Pool Hoist Arnold Leisure Centre	£5000	Yes / No	No	Not recommended Doesn't clearly meet BCF national conditions. Doesn't meet DFG criteria.
	Gedling Richard Herrod Centre Accessible Toilet Upgrade Project	£5000			
	Gedling Country Park Changing Places Room	£25,000			
	Retford Changing Place Facility	£24,000			

Assistive Technology	Ashfield stove guards	£20,000	Yes	Yes	Not recommended The case for change and need is not clear.
	Ashfield Life line and other technologies	£10,000	Yes	Yes	Recommended in principle All schemes need to ensure that they link in with existing provision and demonstrate that they are doing something over and above existing provision.
	Broxtowe Assistive Solutions Home Lending scheme	£46,490			
	Rushcliffe Independent Living Assistance Scheme	£12,000			
	Newark and Sherwood Assisted Technology: Private Sector Lifeline Service	£50,000			
Warm Homes on Prescription	Ashfield	£74,256	Yes	Yes	Recommended in principle Evaluation to consider return on investment
	Newark and Sherwood	£70,000			
	Mansfield	£65,000			
Extracare housing	Gedling	£50,000	Yes	Yes	Recommended in principle Queries around the benefits to be delivered, and match funding
Relocation assistance	Ashfield	£10,000	No	Yes	Not recommended This could be funded within DFG guidance for those meeting criteria
Off plan grants	Ashfield	£55,000	No	No	Not recommended
	Mansfield	£50,000	No	No	

14.A summary of the proposed spend is shown in Table 5.

Table 5: Proposals for DFG spend

District	Budget	Mandatory DFGs	Discretionary DFGs	HPAS	Other spend	Total	Remaining Funds
Ashfield	850,782	657,069	0	24,457	84,256	765,782	85,000
Bassetlaw	917,848	750,000	110,000	26,905	-	893,858	23,990
Broxtowe	676,714	556,714	50,000	23,510	46,490	676,714	-

Gedling	820,019	615,719	100,000	25,535	50,000	791,254	28,765
Mansfield	1,126,129	650,000	325,000	27,976	75,000	1,077,976	48,153
Newark and Sherwood	858,511	500,000	175,000	30,511	120,000	820,296	33,000
Rushcliffe	520,855	408,855	70,000	30,000	12,000	512,855	
HWB Total	5,770,858	4,145,31	830,000	188,894	387,746	5,546,735	218,908

2016/17 Governance

15. Both the BCF Programme Board and the BCF Finance, Planning and Performance subgroups have reviewed and amended their Terms of Reference. The Terms of Reference for the BCF Programme Steering Group are attached as Appendix 2 for approval.

Other options

16. None.

Reasons for Recommendations

17. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

Statutory and Policy Implications

18. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

19. There is in year variance on the financial plan that the HWB have approved. A full year underspend of approximately £770k is expected for 2016/17 on the Care Act Implementation element. This is due to underspends on staffing as not all staff were in post at the start of the year. A carry forward is requested for this amount. All other elements are anticipating full spend for 2016/17.

Human Resources Implications

20. There are no Human Resources implications contained within the content of this report.

Legal Implications

21. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

RECOMMENDATIONS

That the Board:

1. Approve the Q1 2016/17 national quarterly performance report.
2. Note the amendments to the 2016/17 BCF plan.
3. Approve the Disabled Facilities Grant proposals from the BCF Programme Board:
 - 3.1. that the budgets proposed by the seven district councils for mandatory and discretionary disabled facilities grants be approved.
 - 3.2. that the funding for the county Handyperson Adaptation Service (HPAS) be partially met from the County Better Care Fund Disabled Facilities Grant allocation. The amount of each district's contribution to be based on their percentage of the overall fund.
 - 3.3. that the supplementary DFG schemes outlined be approved.
4. Approve the Terms of Reference for the BCF Programme Steering Group.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (SLB 10/08/2016)

22. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (MM 26/08/2016)

23. The financial implications are contained within paragraph 19 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- "Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16".
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014

- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016

Electoral Divisions and Members Affected

- All.

See Chairs report item:

- 60: Better Care Fund: updated operating guidance

Appendix 1

Q1 2016/17	
Health and Well Being Board	Nottinghamshire
completed by:	Joanna Cooper
E-Mail:	joanna.cooper@nottsc.gov.uk
Contact Number:	0115 9773577
Who has signed off the report on behalf of the Health and Well Being Board:	TBC

Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
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National Conditions

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" 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	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes		
4) In respect of Data Sharing - please confirm:			

i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	
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	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	-	-	-	-	

Please comment if one of the following applies: - There is a difference between the	N/A
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planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	
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Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£13,256,506	£55,336,024	
	Actual*	£12,467,762	-	-	-	-	
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	Below plan due to pending internal approvals for Care Act and DFG spend.						
Commentary on progress against financial plan:	A full year underspend of approximately £770k is expected for 2016/17 on the Care Act Implementation element. This is due to underspends on staffing as not all staff were in post at the start of the year. A carry forward is requested for this amount. All other elements are anticipating full spend for 2016/17. Reconciliation complete						

National and locally defined metrics

Non-Elective Admissions	Reduction in non-elective admissions	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target	
Commentary on progress:	Overall performance below target but improved on Q4.	

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track.
Local performance metric as described in your approved BCF plan	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.
Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Latest survey data shows no change in performance. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Overall performance below target. New data collection methodology in place for 16/17 and discrepancies are being addressed with individual service areas.

Additional Measures

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution

From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	N.A	N.A	N.A	N.A

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	49
Rate per 100,000 population	6
Number of new PHBs put in place during the quarter	10
Number of existing PHBs stopped during the quarter	1

Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2016)	810,551

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board area

Narrative

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely 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, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q1, three performance metrics are on plan, and three off plan (non-elective admissions, reablement, and GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. 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.

Plans for the use of funds carried over from 15/16 and use of DFG funding during 16/17 will be formally approved in Q2.

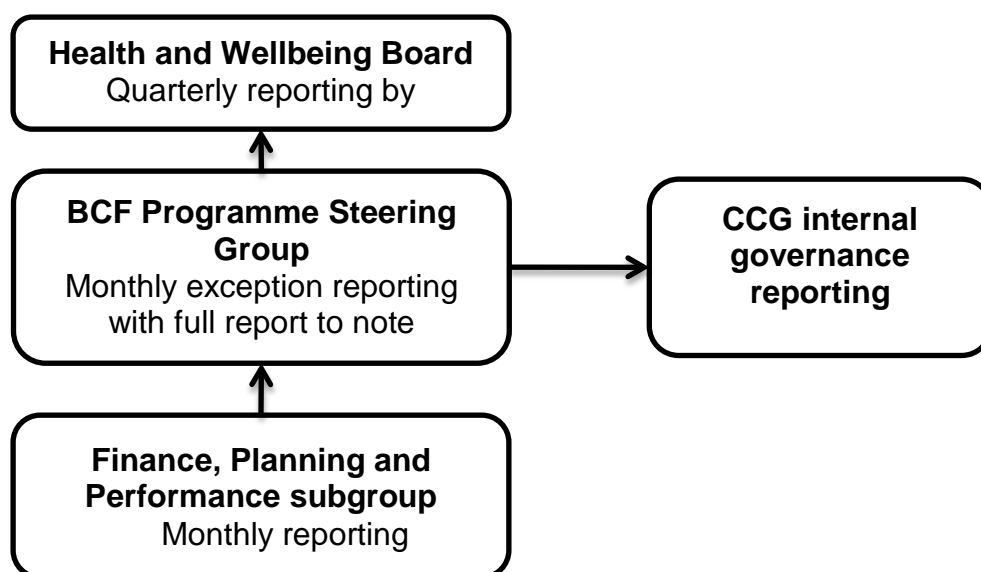
Nottinghamshire Better Care Fund Programme Steering Group

Terms of Reference

1.	<p>Purpose</p> <p>The purpose of the Better Care Fund (BCF) Programme Steering Group is to provide system leadership to ensure delivery of the BCF plan to improve outcomes for the people of Nottinghamshire.</p> <p>The Programme Steering Group reports to the Health and Wellbeing Board, with the main focus being upon delivery assurance and proactive performance management of the agreed County-wide plan.</p> <p>The Programme Steering Group will also be instrumental in creating the evidence base and sharing best practice for successful integration leading to best possible outcomes for the population of Nottinghamshire within available resources.</p>
2.	<p>Responsibilities</p> <p>The principal duties of the Programme Steering Group are:</p> <p>Strategy and Planning</p> <ul style="list-style-type: none"> • In accordance with mandated planning cycles, oversee the development of the BCF plan for Nottinghamshire, achieving sign-off by all statutory commissioners and providers of health and social care, and wider local authority and local council support as appropriate for best outcomes. • Recommend the approved plan, (and subsequent amendments) to the Health and Wellbeing Board. • Identify actions required to implement amendments to the BCF plan, arising from future changes in national and local policy. Report to the Health and Wellbeing Board on the context and benefits of any such amendments, in advance of implementation. • Recommend for approval to the Health and Wellbeing Board changes to current schemes and additional schemes to be included in the BCF, having fully assessed delivery risk and providing delivery confidence assurance. • Ensure that any changes to current schemes and additional schemes have been approved through local governance processes. • Encourage integration across health and local government to achieve additional benefits to commissioning and delivery of health and social care, e.g. improved outcomes or efficiency. • Champion local planning units as appropriate, in support of Integrated Care Pioneer site status. • Ensure that there is alignment between the strategic intent of the Nottingham and Nottinghamshire, and South Yorkshire and Bassetlaw Sustainability and Transformation Plans, and the execution of the BCF. <p>Performance and finance monitoring</p> <ul style="list-style-type: none"> • Receive and scrutinise updates on delivery of the programme plan with regard to scheme delivery and outcome metrics from the Finance, Planning and Performance subgroup, escalating to the Health and Wellbeing Board outcomes that are off target together with recommendations for action at local planning unit level. • Direct and oversee the Finance, Planning and Performance sub-group to develop and operate a pooled budget and associated operating rules that delivers the agreed qualitative and quantitative outcomes of the BCF plan • Scrutinise an annual review of the pooled budget within 3 months of financial year end as per section 20.1 of the section 75 agreement. Within 20 days of the review, ensure a joint annual report documenting matters in Clause 20 of s75 relating to the operation of the agreement and provision of the services is completed.

3.	Membership
	<p>The membership of the group is:</p> <ul style="list-style-type: none"> • Corporate Director, Adult Social Care, Health and Public Protection (Chair) • Clinical Commissioning Group Clinical Lead (nominated as Vice Chair) • Service Directors, Adult Social Care and Health • Service Director, Finance and Procurement, Nottinghamshire County Council • Chief Operating Officers / Directors of Finance / Clinical Lead CCG Representatives from each of the planning units to represent all organisations within that planning unit • Strategy/Planning/Transformation Directors from NHS provider organisations • Senior Representatives from each District and Borough Council • Representative from North Midlands NHS England • Representative of the Director of Public Health • Better Care Fund Programme Manager <p>Other officers will be invited to join the meeting as required.</p> <p>Citizen representation and communications and engagement input will be through constituent organisations' business as usual and transformation programme arrangements as appropriate.</p> <p>All named leads and deputies will be of sufficient seniority to have authority to meet the responsibilities set out in section 2.</p>
4.	Reporting
	<p>The Programme Steering Group will receive a finance and performance report monthly which includes planned and actual income and expenditure of the pooled budget. A reconciliation report of the pooled budget will be received quarterly.</p> <p>The group will report to the Health and Wellbeing Board quarterly on performance, finance, scheme delivery and risks to delivery on an exception basis.</p> <p>There is an expectation that delivery against the BCF plan will be reported monthly to the appropriate forum within each commissioning organisation as determined by that organisation.</p> <p>The flow of reporting is shown in Figure 1 below.</p>
5.	Frequency
	The meeting will take place on a bi-monthly basis, with additional meetings if required.
6.	Quoracy and Attendance
	There should be one representative from each planning unit present at 100% of meetings, and if key decisions in relation to reporting to the Health and Wellbeing Board are required for expediency without full quoracy being possible at meetings, a formal process of electronic approval will be instigated allowing a minimum of 48 hours for circulation of relevant information for consideration.
7.	Authority
	Members of the group act on behalf of their constituent organisations and report to their governing forums and the Health and Wellbeing Board. Recommendations of the Programme Steering Group shall be made unanimously where feasible. Where unanimity is not reached all recommendations will reflect the differing views of the partner organisations.
8.	Chair and Deputy
	The Chair will be the Corporate Director for Adult Social Care, Health and Public Protection. The Deputy Chair will be a CCG Clinical Lead.
9.	Date of next review
	These terms of reference were agreed in July 2016 by the BCF Programme Board (now BCF Programme Steering Group) and will be reviewed on an annual basis or sooner subject to national and local policy developments in relation to the BCF.

Figure 1: reporting structure



Current membership:

Organisation	Representation
Nottingham North East CCG	Sam Walters Jonathan Bemrose Parm Panesar
Bassetlaw CCG	Phil Mettam Therese Paskell
Rushcliffe CCG	Vicky Bailey Stephen Shortt
Mansfield and Ashfield CCG / Newark and Sherwood CCG	Amanda Sullivan Sarah Bray
Nottingham West CCG	Vicky Bailey
Nottingham University Hospitals Trust	Sameedha Rick-Mahadkar
Sherwood Forest Hospitals Foundation Trust	Philip Harper
Nottinghamshire Healthcare Foundation Trust	Matt Sandford
Doncaster and Bassetlaw Hospitals Trust	David Purdue
Nottinghamshire County Council	David Pearson Chair Caroline Baria Ainsley Macdonnell Paul McKay Sue Batty Nigel Stevenson Barbara Brady
NHS England	Simon Frampton
East Midlands Ambulance Service	Paul St Clair
BCF Programme Office	Joanna Cooper
Rushcliffe Borough Council	David Mitchell
Gedling Borough Council	Sam Palmer
Mansfield District Council	Bev Smith
Broxtowe Borough Council	David Gell

Organisation	Representation
Newark and Sherwood District Council	Andy Statham
Bassetlaw District Council	David Armiger
Ashfield District Council	Craig Bonar