Nottinghamshire County Council

Report to the Health and Wellbeing Board

07 October 2015

Agenda Item: 7

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

BETTER CARE FUND PERFORMANCE AND UPDATE

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and the impact of recent policy changes. The Health and Wellbeing Board is requested to:

   1.1. Approve the revision to the BCF1 target regarding non-elective admission plan subject to NHSE approval.
   1.2. Consider for ratification the proposed changes to NHS Mansfield and Ashfield CCG financial contribution to the pooled fund.
   1.3. Note the national revision to the definition BCF 2 and 6 regarding care home admissions and the impact that this has had on the targets.
   1.4. Note the performance exception report for Q1 2015/16 and receive further reports in December 2015 and March 2016.
   1.5. Approve the Q1 2015/16 national quarterly performance report.
   1.6. Consider the approach for approving Q2 and Q3 NHSE performance reporting.
   1.7. Note progress with Seven Day Services.
   1.8. Note the Integrated Care Pioneer offer of support.

Information and Advice

2. This paper sets out:

   2.1. Background information on the necessary amendments to the BCF1 target and impact on the Nottinghamshire BCF plan.
   2.2. Amendments to the Mid Nottinghamshire plan
   2.3. Definitional changes to national care home admission indicator and its impact.
   2.4. Quarter 1 2014/15 performance exception report and national reporting
   2.5. Progress on seven day services
   2.6. The offer of support as part of the Integrated Care Pioneer programme.

Revision to BCF non-elective plan

3. At the start of the year NHSE led confirm and challenge sessions with CCGs on activity plans for 2015/16 for both emergency and planned care. This led to significant amendments to plans and an overall increase in the amount of contracted hospital activity. As a consequence CCGs re-worked significant elements of their financial and operational plans.

This has impacted on the proposed reduction for non-elective admissions within the BCF plan.

4. The NHSE Better Care Support Team released a template on 17 July giving all Health and Wellbeing Boards (HWB) the opportunity to revisit the BCF non-elective plan for 2015. This follows two exercises earlier in 2015 to confirm non-elective plans nationally. The original BCF plan was to reduce non-elective admissions for the Nottinghamshire County HWB by 3.7% in 2015 compared to the baseline year of 2014.

5. Due to the timescale in returning the template, each CCG reviewed the two sets of plans and made a local decision about whether to revise the BCF plan. All six CCGs decided to align their operational and BCF plans to ensure a consistent understanding of plans within the health and care system of each unit of planning.

6. Due to the timing of the submission to NHSE it was not possible to obtain HWB approval prior to submission. The BCF Programme Board agreed in July that it would be prudent to await feedback from NHSE prior to submitting the revised plan to the HWB should there be any further challenge on the plan.

7. The amended plan equates to a 5.1% increase in non-elective activity at the HWB footprint. At the time of writing this report there has been no feedback from NHSE on whether the proposal to align the operational and BCF plan has been approved.

8. As a consequence to this, there is no pay for performance (P4P) pot associated with the Nottinghamshire BCF as there is no reduction in non-elective activity, which is the metric that P4P was linked to. It should be noted that the P4P was not an additional allocation to the CCGs so there is no net financial loss to CCGs as a result of not having a P4P element within the BCF.

9. Once approved, all CCGs and Nottinghamshire County Council will be required to formally amend the section 75 pooled fund agreement to reflect the amendments to the plan and the P4P element.

10. The HWB should note that the Nottinghamshire County health and care community remain committed to delivering more out of hospital care. The revised operational plans mean that CCGs are committed to paying the acute trusts for the activity they undertake and will be performance managed by NHSE against these plans. However, the strategic intent to ensure people are only admitted to hospital when they need to be continues to be a priority across our health and social care community; progress against the original BCF target will be monitored and services will continue to be developed to ensure this goal is delivered. For example, in July the South Nottinghamshire (including Nottingham City) unit of planning was announced as an Urgent and Emergency Care Vanguard. The vanguard site will be looking at how organisations can work together in a more joined up way, and through patients being given support and education to manage their own condition. Work will also be undertaken on removing the barriers between physical and mental health to improve the quality of care and experience for all.

Amendments to Mid Nottinghamshire's BCF plan

11. During the 2015/16 planning round, NHS Mansfield and Ashfield and NHS Newark and Sherwood CCGs significantly increased plans for emergency and planned care activity in response to confirm and challenge sessions with NHS England. This impacted on the associated financial plan resulting in a reduction in the BCF investment.

12. The Mid Nottinghamshire Better Together programme is the bedrock of the CCG's contribution to the Nottinghamshire BCF plan. Delivery is moving at pace with the successful implementation of key schemes. The programme has been undergoing a full review to assess progress, refresh milestones and revise investments and benefits, as necessary and in line with the CCGs planning reconciliation processes with NHSE.

13. This review has prompted a number of changes:

    13.1. Scheme l; self-care and care planning, is now live but experienced two-months delay in implementation therefore the CCG's in-year costs have been reduced accordingly.

    13.2. Scheme m; specialist intermediate care teams (SICTs); has a key risk around workforce availability, which is delaying set-up. Mitigating actions are being taken in the short-term e.g. the wider use of the "transfer of care" approach

    13.3. Longer term plans are in place to resolve the workforce issues and the implementation of the teams is expected to commence in 2016.

14. The financial impact of these changes is managed within Newark and Sherwood CCG's contribution to the BCF fund as mitigations have been put in place to deliver the same outcome as the SICTs in the interim. This includes a change of use of the Fernwood Unit in Newark and also the crisis response teams. However, specific mitigations have not yet been identified for NHS Mansfield and Ashfield CCG, and changes to this plan are shown below (Table 1). The HWB can be assured that NHS Mansfield and Ashfield CCG remains £1.9m above the minimum contribution to the BCF.

Table 1: NHS Mansfield and Ashfield CCG financial plan

		Original submission £,000	**Revised value £,000**	**Variance £,000**	**Comments**
Locality Integrated Care Teams	k	6,820	3,328	(3,492)	Adjustment of budget to align to project management arrangements stripping out IMT, self-care, specialist and intermediate care from LICTs and putting into SICTs and self-care and care planning.
Self care and care planning	l	99	357	258	Realignment of budget to include all self-care costs, additional costs transferred from

		Original submission £,000	Revised value £,000	Variance £,000	Comments
					LICTs balanced by two-months slippage in costs associated with a delayed go-live date. This is now live.
Specialist Integrated Care Teams	m	1,968	3,557	1,589	Re-phasing of implementation of SICTs has reduced 2015/16 expenditure; this is now budgeted for 2016/17. This is masked by the inclusion of specialist and intermediate aspects of the LICT teams and also includes short term mitigations such as transfer of care.
Improved primary care access and support closer to home	n	1,302	1,128	(174)	Discrete MACCG primary care project improving GP access now funded through the Prime Ministers Challenge Fund and therefore excluded from the BCF.
Better Together implementation support	o	583	1,409	826	IMT costs now excluded from other lines and included within implementation to facilitate effective monitoring.
Communications (social marketing).	p	62	86	24	Small increase in the cost of the planned communications project following the commercial tender.
Care Act funding		486	486	-	No change
Protecting social care		3,936	3,936	-	No change
Total		**15,257**	**14,287**	**(969)**	

National definition changes and subsequent revision to BCF care home admission targets

15. For 2015/16, changes have been made to the Adult Social Care Outcome Framework indicator included within the BCF. Subsequently, the BCF Programme Board have reviewed the plans for BCF2 and 6:

15.1. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (BCF2).

15.2. 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 (BCF6).

16. The national definition used to calculate the numerator for the BCF2 target has been changed. Previous data collections treated clients whose admission was for shorter than 12 weeks as a "temporary admission" and therefore these admissions were not included (12 week disregard). The new definition stipulates that all care home admissions for over 65s are now considered as permanent admissions and there is no longer a 12 week disregard.

17. As a result of this change to the national definition, the BCF Programme Board recommend that the targets for BCF2 and 6 are revised.

18. Table 2 shows the historical performance based on the existing and revised definition and the proposed BCF target for 2015/16. The target was calculated based on the original methodology for calculating BCF targets (statistically significant difference) and without altering the level of ambition set out in our plans (7% reduction in activity between 2014/15 and 2015/16).

Table 2: BCF 2 permanent admissions to care homes for over 65s

	13/14 actual applying 12 week disregard	**14/15 actual applying 12 week disregard**	**14/15 actual for all admissions**	**15/16 Original BCF target**	**15/16 proposed revised BCF target**
Numerator (admissions)	973	921	1,115	970	1,063
Denominator (over 65s population)	149,420	157,948	157,948	161,709	161,709
Rate	**651.18**	**583.10**	**705.93**	**599.8**	**657.35**
% change from 14/15 to 15/16	**-**	**-**	**-**	**-7%**	**-7%**

19. BCF6 needs to be amended in light of the removal of the disregard which increases the denominator. Due to validated data on care home admissions being issued annually, the 2015/16 target applied to activity during 2014/15. Table 3 shows historical performance and the proposed target for 2016/17 (referring to actual activity in 2015/16), which accounts for a 9% reduction in activity.

Table 3: BCF6 proportion of permanent admissions to care homes directly from hospital for over 65s

	April – March 2012/13*	**2014/15 actual** April – March 2013/14 activity*	**2015/16 target** April – March 2014/15 activity**	**2016/17 target** April – March 2015/16
Numerator (care home admissions from hospital)	217	133	416	361
Denominator (all care home admissions)	334	379	1,115	1063
Actual	**65.0%**	**35.1%**	**37.3%**	**-**
Target	**-**	**38.2%**	**34.5%**	**33.96%**

*Calculated using a sampling methodology
**Provisional data

Quarter 1 2014/15 performance exception report and national reporting

20. 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. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q1 2015/16. In addition the Q1 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.

21. Q1 2015/16 performance metrics are shown in Table 4 below.

    21.1. Three indicators are on track (BCF2, BCF3 and BCF5)
    21.2. Three indicators are off track and actions are in place (BCF1, BCF4 and BCF6)

Table 4: Performance against BCF performance metrics

Performance Metrics	**2015/16 Target**	**2015/16 Q1**	**RAG rating and trend**	**Issues**
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	2,425 (revised target 2,680) (Q1 15/16)	2,559 (Q1 15/16)	R ⇔	Further iteration to confirm non-elective plans submitted 27th July. Once revised NHSE target approved, performance is on track. On-going development of schemes during 2015/16.

Performance Metrics	2015/16 Target	2015/16 Q1	RAG rating and trend	Issues
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	599.8 (revised target 657.35)	549 (15/16 YTD under new definition)	G ⇧	New target set based on including admissions previously excluded under the 12 week disregard rule.
BCF3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	93.7% (15/16 YTD)	G ⇧	Whilst target is being achieved, challenge remains regarding the reduction in denominator.
BCF4: Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,151.4 (Q1 15/16)	550.2 (15/16 YTD)	R ⇔	Data accuracy issues continue, in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	96.7% (Q1 15/16)	G ⇩	
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	33.96% (TBC)	36.0% (15/16 YTD)	R ⇔	Reporting now based on actual data rather than sampling process. Work on transfer to assess models during 2015/16 should support reduction in admissions directly from hospital.

22. Expenditure is currently on plan and reconciliation of Q1 spend is underway.

23. The Better Care Support Team issued an analytical tool in June relating to delivery of the Q4 2014/15 P4P delivery against the BCF plan. This confirmed there was no P4P in Q4 given that performance was above plan for all CCGs. This will be reflected in the BCF financial plan as soon as the final non-elective plans are confirmed. As outlined in paragraph 8, there is no net financial loss to CCGs.

24. The BCF Finance, Planning and Performance subgroup monitor 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 5).

Table 5: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF004	There is a risk that IT requirements to ensure the delivery of integrated care are not delivered.	12	Connected Notts work across the County. Work is ongoing within units of planning to increase information sharing at local levels.
BCF005	There is a risk that acute activity reductions do not materialise at 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, as well as impact on release of payment for performance element of the plan.	20	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Programme Board. Weekly oversight by System Resilience Groups. Plans for 2015/16 currently under review.
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.	12	Mid Notts has undertaken work with Health Education East Midlands (HEEM) on dynamic systems modelling of workforce implications for moving to seven day services. Mid Notts will share this work with the rest of the County. HWB facilitating a County wide meeting to discuss workforce issues. Planned for November.
BCF 014	There is a risk that the Local Authority reduces expenditure on Adult Social Care in 2016/17 resulting in a reduction in future health and social care integration investment.	12	Ongoing leadership from BCF Programme Board. Reallocation of BCF resources where necessary/appropriate.

25. The Q1 2015/16 national report was submitted to NHSE on 28 August as a draft pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed virtually 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, it is proposed that the quarterly report will be resubmitted to the Better Care Support Team. Further national reporting is due on the following dates

25.1. Q2 (2015/16) data returns due 27 November 2015
25.2. Q3 (2015/16) data returns due 26 February 2016
25.3. Q4 (2015/16) to be confirmed

26. Due to these timescales, it is proposed that the reports be submitted to NHSE in draft by the BCF Programme Board for consideration by the HWB in December 2015 and March 2016. Should there be any amendments to the reports, then this would be resubmitted to the Better Care Support Team.

Seven Day Services

27. One of the national conditions of the BCF is to develop services in health and social care to support patients being discharged and prevent unnecessary hospital admissions at weekends. In Nottinghamshire there is a commitment to providing safe, high quality services for our citizens and patients in all settings seven days a week. It is widely recognised that this does not mean all services have to be available all day every day.

28. The NHS Services, Seven Days a Week Forum reported in December 2013 highlighting key issues impacted on by a reduced level of service provision at the weekend:

28.1. **Mortality rates:** the higher mortality rate is multifactorial and is likely to be a consequence of variable staffing levels in hospitals at the weekend, the absence of senior decision makers of consultant level skill and experience, a lack of consistent specialist services, such as diagnostic and scientific services at weekends and a lack of availability of specialist community and primary care services, which might otherwise support patients on an end-of-life care pathway to die at home.
28.2. **Length of hospital stay:** Length of stay can indicate whether relationships across the wider health and social care system are organised effectively - matching capacity to demand and supporting the flow of patients along their pathway, benefiting both patient care and system efficiency.
28.3. **Re-admission rates:** If a patient's health deteriorates once they have been discharged from hospital, they may need to be re-admitted for further care. In some cases this is an avoidable result of shortcomings in their care. At weekends, important collaboration and multi-disciplinary planning between the hospital, community health services and social care becomes increasingly difficult, and may impact negatively on re-admission rates.
28.4. **Patient experience:** The quality of care and communication for patients, their families and carers can be woefully inadequate without the right levels of expertise, staffing and attention to individual patients' needs. When too few senior decision makers are present, communication with patients, their families and carers is hindered. This is a problem at weekends.

29. Nationally, acute trusts are now being monitored on their progress with delivering four of the ten clinical standards relating to seven day service provision in secondary care. It is anticipated that the system wide approach to delivery of services seven days will start to be monitored at a national level.

30. In July the BCF Programme Board reviewed progress on seven day services across Nottinghamshire using the NHS Improving Quality Seven Day Services 10 Point Implementation Checklist and are satisfied with the progress made to date. As outlined in the BCF plan, schemes are in place across the County to ensure patients' needs are met throughout the week. For example;

    30.1. In Mid Nottinghamshire the locality multi-disciplinary care teams now work at the weekend to provide co-ordinated care in the patient's own home or place of residence to avoid unnecessary hospital admission.
    30.2. A pilot is running in Rushcliffe CCG whereby Gamston Medical Centre opens at the weekend and a GP sees patients triaged via NHS 111 on behalf of all practices in the CCG. GPs from each practice participate in a rota to deliver the service.
    30.3. Telehealth services in Bassetlaw are available seven days a week to support patients with long-term health conditions.

Integrated Care Pioneer

31. The NHSE New Models of Care Team has developed its offer of support to Integrated Care Pioneers (Mid and South Nottinghamshire) in light of Mid Nottinghamshire achieving vanguard status for its Primary and Acute Care Services model of care. The initial focus is on sharing good practice with EU partners and developing an Organisational Development plan for the Pioneer care systems.

    31.1. Mid Nottinghamshire will receive the majority of support through the Vanguard programme which provides a tailored support package.
    31.2. The Pioneer team will continue to liaise with the South Nottinghamshire County CCGs and align the support with Nottingham City CCG (also an Integrated Care Pioneer) wherever possible. As mentioned in paragraph 10 above, South Nottinghamshire has recently been announced as an Urgent and Emergency Care Vanguard and will receive a support package through this programme.

Other options

32. None

Reasons for Recommendations

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

34. To obtain approval for the revisions to the Nottinghamshire BCF plan as outlined above.

Statutory and Policy Implications

35. 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

36. As outlined in Table 1 the proposed changes to the Mid Nottinghamshire CCGs' schemes will result in a reduction of the size of the Pooled Budget from £59.3m to £57.9m. This is still above the minimum requirement of £49.7m.

Human Resources Implications

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

Legal Implications

38. 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 revision in line with changing national expectations to the BCF1 target, regarding non-elective admission plan, which at the time of this report is still subject to formal NHS England approval.

2. To consider for ratification the proposed changes to NHS Mansfield and Ashfield CCG financial contribution to the pooled fund.

3. To note the national revision to the definition BCF 2 and 6 regarding care home admissions and the impact that this has had on the targets.

4. To note the performance exception report for Q1 2015/16 and receive further reports in December 2015 and March 2016.

5. To approve the NHSE Q1 2015/16 performance report.

6. To consider the approach for approving Q2 and Q3 NHSE performance reporting.

7. To note progress with Seven Day Services.

8. To note the Integrated Care Pioneer offer of support.

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

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Constitutional Comments (LMcC 21/09/15)

39. The recommendations in the report fall within the Terms of Reference of the Health and Wellbeing Board.

Financial Comments (KAS 18/09/15)

40. The financial implications are contained within paragraphs 14 and 36 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

Electoral Divisions and Members Affected

- All

Appendix 1 – BCF Q1 Performance National Report

Cover and Basic Details	
Q1 2015/16	
Health and Well Being Board	**Nottinghamshire**
completed by:	Lucy Dadge
E-Mail:	lucy.dadge@mansfieldandashfieldccg.nhs.uk
Contact Number:	01623 673330
Who has signed off the report on behalf of the Health and Well Being Board:	To be retrospectively approved by HWB on 7 October

Budget Arrangements

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q1 2015/16

Budget arrangements	
Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

National Conditions

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q1 2015/16

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 date **and** a comment in the box to the right

Condition	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)	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 have progressed plans in Q1 with County wide oversight to support learning and consistency where appropriate.
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care	Yes		Excellent progress has been made in populating systems with the NHS number. On-going matching of new records to the PDS service remains complicated but is on track with more work continuing throughout 2015. Agreement of the use of the NHS number has been in place for some time,

services?			Connected Nottinghamshire (the County and City wide programme enabling the IT requirements) has oversight on this work.
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 these APIs on the NHS England API standards document.
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 Gaurdian 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 annonymised sharing for reporting.
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.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Nottinghamshire

	Baseline				Plan			
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	18,148	21,005	21,032	21,504	20,836	21,517	21,588	21,938

	Actual						
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available
D. REVALIDATED: HWB version of plans to be used for future monitoring.	20,925	20,929			-5.1%	-4,190	£0

	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	-2688	-3200	-3756	-4190	£0	£0	£0	£0

	Performance against baseline				Suggested Quarterly Payment						
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
D. REVALIDATED: HWB version of plans to be used for future monitoring.	-2777	76			£0	£0			£0	£14,375,000	£0

Which data source are you using in section D? (MAR, SUS, Other)	MAR
Cost per non-elective activity	£1,490

If other please specify

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£0	£0		
Actual payment locally agreed	£0	£0		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	£0		
Actual amount of locally agreed unreleased funds	£0	£0		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable		

Footnotes:
Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

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)

Selected Health and Well Being Board: Nottinghamshire

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
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	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,642,000	£13,438,000	£13,438,000	£15,402,000		
	Actual*	£16,642,000	-	-	-		

Please comment if there is a difference between the total yearly plan and the pooled fund	Bassetlaw CCG amended its financial contribution to the BCF as part of the NHSE operational planning round. The amendments were approved by HWB in June 2015. This has reduced the Notts pooled fund to £58,922,000. Due to changes to non-elective plans, once approved, this removes the P4P element of the pooled fund. Two CCGs are reviewing the BCF investment in light of the revised non-elective plans, therefore the plans and forecast for Q2 onwards is anticipated to change.

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
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	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,064,000	£13,592,000	£14,413,000	£16,852,000		
	Actual*	£14,064,000	-	-	-		

Please comment if there is a difference between the total yearly plan and the pooled fund	As noted above, due to changes to non-elective plans, there is no longer a P4P element of the plan. However, as reported to the HWB at Q1 the value will remain within the pooled fund. Therefore Q1 P4P is owing to the fund which will be resolved at the Q1 reconcilation and is therefore accrued for as reported in this return.
Commentary on progress against financial plan:	The return has been completed to align with the M3 HWB reporting. There is anticipated to be an amendment to the Mid Notts CCG element of BCF investment in light of the changes to the CCG activity plans agreed with NHSE as part of the operational planning process. The CCGs will remain above the minimum contribution. These changes are subject to approval from the HWB in October. There is continued commitment to the schemes within the BCF, and CCG investments are focused accordingly. Expenditure was below plan in Q1 due to delays in a number of schemes.

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board: Nottinghamshire

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

Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/ 16	Q2 15/ 16	Q3 15/ 16
Local performance metric plan and actual	38	35	35	35	35	36		

Please provide commentary on progress / changes:	This is an annual rather than quarterly target. Performance is monitored monthly using unvalidated data. Work is under way implementing various models, e.g. transfer to assess, which should reduce the number of admissions direct from hospital during 2015/16. The data is now available at CCG level to support further scrutiny and operational action at a local level.
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.
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/ 16	Q2 15/ 16	Q3 15/ 16
Local defined patient experience metric plan and actual:	67	0	0	69	66	65		

Please provide commentary on progress / changes:	This is an annual rather than quarterly target. The data for Q1 refers to the data published in July 2015. The Q4 data refers to the data published in January 2015. Work is ongoing to implement models to support self care such as the Ashfield Health and Wellbeing Village, and shared decision making to support patients in actively participating with healthcare professionals in decision making.

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:	Nottinghamshire

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	4.Aligning systems and sharing benefits and risks

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	No		Where required, units of planning have developed organisational development plans to support implementation.
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	Sharing of good practice through Better Care Exchange and Pioneer newsletter is valuable.

3. Developing underpinning integrated datasets and information systems	Yes	Webinars or other remote learning opportunities	Work is progressing well within Nottinghamshire, however, any updates from Pioneers and others who are progressing at a faster pace would be helpful.
4. Aligning systems and sharing benefits and risks	Yes	Wider events, conferences and networking opportunities	An offer of support is available through the Vanguard and Integration Pioneer programmes. This should be shared beyond those forums.
5. Measuring success	Yes	Central guidance or tools	There is a well established performance framework within Nottinghamshire to monitor progress with the BCF plans and outcomes. It would be helpful to learn from others how they are approaching the measurement of system wide transformation and outcomes.
6. Developing organisations to enable effective collaborative health and social care working relationships	No		An offer of support is available through the Vanguard and Integration Pioneer programmes.

Narrative

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q1 2015/16

Narrative	Remaining Characters	30,720

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.
Following the NHSE confirm and challenge process relating to CCG activity plans, the Nottinghamshire County BCF Programme Board has recommended to the HWB that the BCF non-elective plan is aligned with CCG operational plans. This will ensure a shared understanding across partners and reflects the increase in activity during 2014/15. The HWB will be considering this recommendation in October. As a consequence of the significant changes to operational activity plans agreed with NHSE, all CCGs have reviewed the impact this has on the planned BCF investment and consequent impact on delivery. In order to ensure the credibility of activity and financial plans, CCGs have been working to align the operational and BCF plans. As a result, there will be further amendments to the planned BCF investment which are

currently being reviewed through the relevant governance processes and are therefore subject to approval at the time of submitting this return. Agreed amendments will be reflected in subsequent national returns.

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.

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. 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.