Nottinghamshire County Council

Report to the Health and Wellbeing Board

6 December 2017

Agenda Item: 7

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

BETTER CARE FUND PERFORMANCE AND UPDATE ON THE IMPROVED BETTER CARE FUND

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 Q2 2017/18 national quarterly performance report.
   1.2. Note the process for the in-year use of Improved Better Care Fund temporary funding.

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 Steering Group.

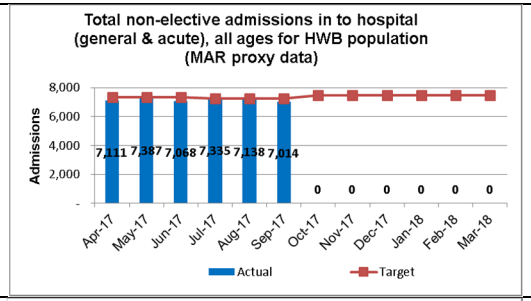
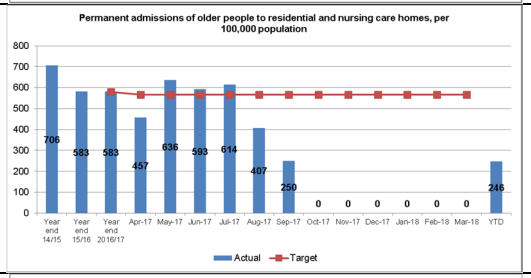
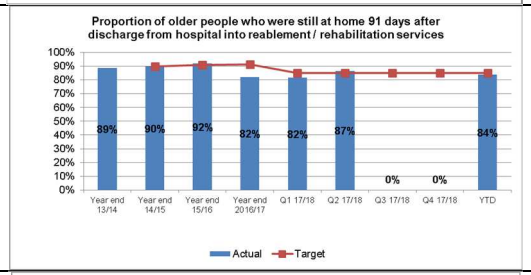
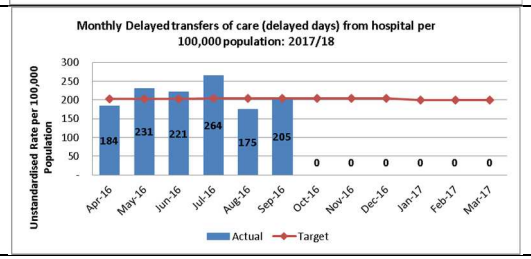
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q2 2017/18.

4. This update also includes the Q2 2017/18 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.

5. Q2 2017/18 performance metrics are shown in Table 1 below.

   5.1. Two indicators are on track
   5.2. Two indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2017/18 Target	2017/18 (to date)	RAG and trend	Trend	Summary of mitigating actions
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	21,722 Q2	21,488 Q2	G ⇧		A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans.
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	565.6	493 YTD	G ⇧		Target not achieved but 2016/17 baseline maintained.
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85%	84% YTD	A ⇧		Additional services included in performance monitoring. The START service are maintaining performance at 91.4% (as measured in 2015/16).
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	613.7 Q2	644.14 Q2	R ⇩		NHS DTOCs performing above target. Social care and jointly attributable DTOCs performing below target.

6. Reconciliation of Q2 2017/18 spend is complete. Expenditure is broadly on target with some in year slippage.

7. 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 Steering Group. The Steering Group 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 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.	16	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards.
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 A&E Delivery Boards 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 Q2 2017/18 national report was submitted to NHS England on 17 November pending 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 by the BCF Steering Group. 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 with dates to be confirmed.

Proposals for the use of in-year Improved Better Care Fund temporary funding in 2017/18

10. The Spending Reviews of 2015 and 2017 identified new money for adult social care in the form of the Improved Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the original Improved Better Care Fund and the additional Improved Better Care Fund will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary up to March 2020.

11. The additional funding was announced by the Chancellor of the Exchequer in his budget statement of 8th March 2017 in response to national widespread concerns and calls for action about the lack of sustainable funding for adult social care. The grant conditions for the

additional funding to be paid to a local authority under this determination were confirmed on 27th April. The conditions are that the funding is to be spent on:

- adult social care and used for the purposes of meeting adult social care needs
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and
- stabilising the social care provider market, such as home care, residential and nursing care. This will include the availability of care services, attracting and retaining the workforce and the quality of services provided.

12. A summary of the proposals and the approach to allocating the funding was approved by the Nottinghamshire Health and Wellbeing Board on 28th June 2017 and a report setting out the plan and requesting approval to establish any associated posts within Nottinghamshire County Council was approved by the Adult Social Care and Public Health (ASC&PH) Committee on 10th July 2017.

13. Quarterly national progress reports are required against the plan for the 2017 Improved Better Care Fund. These are submitted to the Department of Communities and Local Government (DCLG) to show how councils are using the funding based on the conditions attached to it. Two progress reports have been submitted to date. Nottinghamshire has made good progress implementing the plan. Due to the high proportion of new posts that required establishing, especially in order to provide extra re-ablement capacity to promote both older and younger adults to (re)gain independent living skills, a recruitment campaign started immediately. The initial round of recruitment has now been completed and therefore it is possible to predict more accurately the amount of funding that will not be required until all posts are filled.

14. Of the total £16,059,934 improved Better Care Fund, it is forecast that £15,499,646 is on track to be spent against the plan by March 2018. £560,287 has therefore been identified as one-off funding available to be spent during the remainder of 2017/2018. The funding lends itself well to short term provision that will support the additional pressures and demands across the system during the winter months. Priorities have therefore been recommended based on how they can support hospital discharge and admission avoidance, and support adult social care needs in line with the conditions attached to the IBCF. The proposals set out below have been developed in discussion with health staff across the county who are engaged in relevant work on Urgent and Proactive Care.

15. The proposals were discussed with elected Members and a report outlining this approach was presented at the ASC&PH committee meeting on the 13th November. Formal approval was also sought and received from the Clinical Commissioning Groups, and the approach was shared with the Chairman and Vice-Chairman of the Health and Wellbeing Board. This funding is only available to be spent until the end of this financial year (end of March 2018).

16. The proposals are grouped under the following headings:

Supporting Hospital Discharge to manage additional winter pressures

17. A small number of proposals and establishment of associated posts were approved in a Planning for Hospital Discharge report presented to Adult Social Care and Public Health Committee in October 2017 as part of plans to manage the predicted additional demand over winter. It is proposed to use the temporary IBCF to fund these posts: 3 FTE temporary Social Worker and 1 FTE temporary Community Care Officer posts across mid and north Nottinghamshire from November 2017 to 30th April 2018. In south Nottinghamshire the CCGs

have agreed to fund one FTE Social Worker and one FTE Community Care Officer for eighteen months to be based at Queen's Medical Centre.

18. Having one or two Social Workers working weekends is now standard practice at King's Mill and Queen's Medical Centre Hospitals with plans underway to put this in place at Bassetlaw Hospital. Staff volunteer to work at weekends and Bank Holidays and are paid at time and a half for doing this. In order to increase the number of staff who work at weekends in hospitals across the county over winter it is proposed to allocate funding for this which will be made available until end of March 2018.

Occupational therapists to support hospital discharge and manage winter pressures

19. Whilst hospitals provide OTs to support hospital discharge their focus is primarily to maximise people's functioning to enable this. This is different to the role that social care OTs have in maximising people's long term independence. There are, however, currently no social care OTs working in integrated discharge functions in hospitals. On 9th October 2017 Committee approved a project that will start in April 2018 to train staff who are involved in hospital discharge across the county in therapy led approaches to promoting independence. To support the above project it is proposed that a temporary OT post is recruited to at King's Mill Hospital.

20. At Bassetlaw Hospital Integrated Discharge Team, instead of a qualified OT there is a plan to trial a model that has been successful in Doncaster Hospital Discharge Team in creating additional capacity through use of a temporary FTE Therapy Assistant over the winter period.

21. The Short Term Independence Service (STIS) and Reablement (START) teams support hospital discharges, minimise delayed transfers of care and help reduce homecare packages. Since the Committee approval of use of IBCF within the START service local research has been conducted, based on national evidence and thinking, which shows that there are better outcomes for people and improved productivity from having a therapy led service. The service has therefore taken the opportunity to revise the organisational structure and has requested that a number of temporary Reablement Support Worker posts are disestablished, and 3.5 FTE Occupational Therapy posts are established to 2020.

22. In addition to this, there is a request to provide Occupational Therapy capacity at HMP Whatton through employment of an agency worker until the end of the financial year to enhance the offer of reablement for older prisoners. Under the Care Act 2014 the Council has a duty to assess and meet the care and support needs of people detained in prisons in the county. The council already provides support with personal care needs within the prisons subject to an assessment.

Voluntary sector services to support hospital discharge and manage winter pressures

23. The Age UK Notts Patients' Representative Service worker funded by and based at Sherwood Forest Hospital Trust provides independent advocacy, representation, information and support for older people and their carers during their stay at Kings Mill hospital. The service also provides short term post-discharge support and is able to offer sign-posting to a wide range of services within the community that can provide further ongoing support to patients, enhancing safe and efficient discharges. In Mid-Nottinghamshire in July, delays with setting up home care packages was the second biggest reason for delays to health and patient choice delays were the fourth highest reason. It is proposed to use the funding for an additional

temporary worker for five months over the winter period to support self-funders to arrange their own care promptly.

24. Age UK provide the Connect Service in Mid Nottinghamshire. Connect offers short term support focusing on helping people to self-manage their independence. They offer information, advice, signposting and practical support around physical and mental health, housing, finances and accessing social activities. The service is at full capacity in mid Notts. Connect has strong links with staff at King's Mill Hospital and referrals are rising. It is therefore proposed to fund additional capacity in the service over the winter.

Intensive community services to support hospital discharge and manage winter pressures

25. Intensive Home Support (IHS) is a new care model funded in Mansfield and Ashfield by the mid Notts Alliance Better Together Vanguard to provide community based intensive clinical support and therapy to people with complex needs, to either help them stay at home and avoid a hospital admission when they have a health crisis, or be discharged directly back home safely after a hospital stay.

26. The service is working closely with the Council's Short Term Independence Service (STIS) which is made up of Social Workers, Community Care Workers, Occupational Therapists and Re-ablement Workers. The teams are aligning in order to maximise joint resources to enable as many people as possible to remain/return directly home with a re-ablement plan. Due to its success, there is a plan in place to expand IHS into Newark and Sherwood District from April 2018. The clinical element is already being provided by Community Health Partnerships and from April 2018, the support worker element will be funded by the CCG. It is proposed to allocate one-off funding of £60,000 to enable this service to start earlier and be operational from January to March 2018.

Housing support for hospital discharge

27. In South Nottinghamshire it is proposed to allocate £67,500 to support implementation of a scheme similar to the Housing input to Integrated Discharge ASSIST scheme in Mansfield. The main objective of the Hospital to Home Prevention and Discharge Service is to reduce the impact and demand on health and care services and ensure that people who are deemed medically fit for discharge, but who have a specific housing issue that may be preventing them from being discharged, have arrangements made promptly. This may include rapid installation of adaptations and equipment, or finding alternative temporary accommodation. In addition to the above, case workers will also work in the community to support people prior to reaching a crisis point with a view to avoiding hospital admission where appropriate. This scheme is being piloted for 12 months. The proposal is to jointly fund the scheme between health and social care. The Council will provide funding until March 2018 and the Multi-speciality Community Provider for Health will continue to fund for a further 6 months to October 2018.

Falls prevention

28. In September 2016, a Falls Prevention project, 'Education and Communication support' was implemented. Since January 2017, a Commissioning Officer has been working with Public health colleagues and a range of partners to raise awareness of the impact of falls and how to prevent them, stimulate the development of age appropriate exercise activities across the county, as well as develop simple tools for staff and partner agencies to embed and use in their day to day work. There is currently a temporary FTE Falls Co-ordinator post with a contract due to end beginning of January 2018. It is proposed that the contract is extended until the end of March 2018.

Meeting adult social care needs

29. Evaluation is underway of the seven Local Integrated Care Teams (LICTs) linked to GP clusters that pro-actively identify people at risk of hospital admission for interventions. The seven Social Worker posts in the teams have been funded for the past two years by the Clinical Commissioning Groups. However, in order to deliver savings and ensure the most cost effective future model, the teams are being reviewed. The Local Government Association has funded a review of the impact on packages of social care across the three different version of LICTs in place across the three Transformation Planning areas in the county. This will not be completed until the end of November. The CCG savings, however, have to be made in the current financial year. In order to maintain the existing posts whilst the evaluation is completed and decisions are made about the future model and funding arrangements, it is therefore proposed to temporarily fund 2 FTE Social Workers in the Local Integrated Care Teams in mid-Nottinghamshire until end of March 2018. The posts are already permanently established.

30. The Council has a duty to undertake an annual review where people are in receipt of care and support, whether that is at home, in supported living or in a care home. It is requested that 3 FTE Reviewing Officers are established to focus on undertaking reviews for people in residential and nursing home care.

31. The countywide Asperger's team is a small team which has been experiencing an increase in demand for assessments for some time. As part of a wider plan to address the current level of need, which includes use of resources in the Notts Enabling Service and the existing Reviewing Teams, it is proposed that temporary staffing resources are also established to increase the team's capacity.

32. The development of Technology Enabled Care is one of the Sustainability and Transformation Plan work streams and a high level strategy and approach has been approved. Concurrently, there is local interest in a Leicestershire scheme called 'Lightbulb,' which consolidates housing work to maximise the opportunities to support health and social care in enabling residents to stay independent, with timely access to a range of housing and preventative services such as Assistive Technology and adaptations. A business case on how the benefits of the Lightbulb scheme could potentially be delivered in Nottinghamshire is now required. The temporary funding will be used to fund a post to undertake this work.

33. The Council has contributed to the cost of sexual violence counselling and therapy services since early 2016 to provide support for victims/survivors of historical sexual abuse in Nottinghamshire. It was agreed to extend this contribution from Council reserves until the end of March 2018 whilst a review took place to consider and identify the specific and medium to long term support required by survivors of sexual abuse. It is now proposed that the IBCF be used for this purpose.

34. Finally, the funding will be used to extend the post of Debt Recovery Finance Officer until the end of the financial year. This post commenced in 2015 to support the Debt Collection strategy when changes in the legislation were implemented as part of the Care Act. This post undertakes constant monitoring of records relating to properties to ensure that funds relating to these properties are not misappropriated as they are required to repay the accrued sum of charges for people's care.

35. The establishment and extension of the posts, and the proposed use of the one-off funding identified above were approved at the ASC&PH Committee in November. Plans are underway to put the plans into action as quickly as possible.

Other options

36. None.

Reasons for Recommendations

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

Statutory and Policy Implications

38. 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

39. The £73.56m for 2017/2018 is anticipated to be fully spent.

Human Resources Implications

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

Legal Implications

41. 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 Q2 2017/18 national quarterly performance report.
2. Note the process for the in-year use of Improved Better Care Fund temporary funding.

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

For any enquiries about this report please contact:
Joanna Cooper Better Care Fund Programme Manager

Joanna.Cooper@nottscc.gov.uk / Joanna.Cooper@mansfieldandashfieldccg.nhs.uk
115 9773577

Constitutional Comments (LMC 23.11.2017)

42. The Health and Well Being Board is the appropriate body to consider the content of the report.

Financial Comments (DG 23/11/2017)

43. The financial implications are contained within paragraph 39 of this 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
- Better care fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016
- Better Care Fund Performance March 2017

Electoral Divisions and Members Affected

- All.

Appendix 1

Better Care Fund Template Q2 2017/18

1. Cover

Health and Wellbeing Board:	Nottinghamshire
Completed by:	Joanna Cooper
E-mail:	joanna.cooper@nottscc.gov.uk
Contact number:	0115 9773577
Who signed off the report on behalf of the Health and Wellbeing Board:	TBC

2. National Conditions & s75 Pooled Budget

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

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

3. Metrics

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target		Emergency Activity continues to be discussed at both the joint A&E Delivery Boards and the local Systems Resilience Groups.	
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target			
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	This year we are able to include step down services such as transfer to assess that are provided at the care and support centres as these are now recorded on FWi. This has increased the number of people that are included in this indicator as being	Since quarter one outcomes have improved and this indicator is currently on target. It is expected that this trend will continue and this indicator will be on target at year end.	

			discharged from hospital into reablement services however the percentage still at home after 91 days has reduced. The START service are maintaining performance at 91.4% (as measured in 2015/16), however the new step down discharge services are performing at 71%, which has reduced the overall figure to 82%. This indicator is currently off target.		
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	South Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this.	South Electonic monitoring system now in place at NUH Mid • Commenced weekly meetings focussing on our integrated discharge transformation scheme/programme, this has senior representation from all stakeholders • Commenced Better Together discharge initiative whereby Board Rounds are attended by Social Care and	

				Community Services as well as the Discharge Team on the pilot wards. (now in week 2) • Mobilised a D2A pathway into community teams/services in M&A North Using short term nursing care beds to ensure that DSTs aren't being done in hospital o Bassetlaw CCG is liaising and working with the Local Authority to facilitate discharges which are out of the CHC pathway o Delays are discussed at the Urgent Care Operations Group fortnightly to resolve local issues that are not covered by routine processes o Integrated Discharge Team at Bassetlaw Hospital works well with Local Authorities – daily dialogue.	

4. High Impact Change Model

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Plans in place	Plans in place	Established		Key challenges were ensuring buy in / sign up from all system partners as well as trying to understand the concept	Integrated Discharge Functions now in place and managers appointed to oversee the function / team	Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.
Chg 2	**Systems to monitor patient flow**	Established	Established	Established			South NerveCentre being developed to incorporate system capacity to enable community bed stock to be visible Dashboard metrics also in development	Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established			South Electronic Transfer of Care (eTOC) developed and agreed across all system partners	Further changes may be required to support the Truster Assessor role / implementation
Chg 4	**Home first/discharge to assess**	Established	Established	Established		South Discharge to Assess / HomeFirst Pathway went live in	Integrated Discharge Functions now in place and managers appointed to oversee the function / team	Any key challenges will be noted and acted upon via the Provider to Provider

						September Additional 36 community beds secured across Greater Nottingham to support Pathway		meetings in place weekly.
Chg 5	**Seven-day service**	Plans in place	Plans in place	Established		Workforce challenges in delivering this.	Refresh of mapping across the system to be completed in Q3 Primary Care at ED Reablement teams - 7 day limited Service Mental Health Assessment beds - 7 day full Service Crisis response - 7 day limited Service Social care reablement service (START) - 7 day limited Service	
Chg 6	**Trusted assessors**	Plans in place	Plans in place	Established			South Trusted Assessor Steering group established Exploring the role of Trusted Assessor with Care Homes Exploring the role of training Integrated Discharge Team members	The plan is to implement the model from April and any challenges arising will be actioned via the Greater Nottingham Trusted Assessor Steering Group.
Chg 7	**Focus on choice**	Plans in place	Plans in place	Established		Challenges in agreeing the funding/ and how providers	South Patient leaflet developed and signed off by all system partners	On-going monitoring of usage

						were going to use it	Hospital patient letter also designed and signed off by system partners	
Chg 8	**Enhancing health in care homes**	Established	Established	Established			South Integrated teams established with key leads (community matrons and district nurses) in place aligned to each Care Home.	

Hospital Transfer Protocol (or the Red Bag Scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.							
	Q2 17/18 (Current)	**Q3 17/18 (Planned)**	**Q4 17/18 (Planned)**	**If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.**	**Challenges**	**Achievements / Impact**	**Support needs**

UEC	**Red Bag scheme**	Established	Established	Established			South Red bag scheme for care homes to support repatriation being implemented	South How it aligns to other schemes in place such as the Trusted Assessor work underway

5. Narrative

Progress against local plan for integration of health and social care
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 Q2, 2 performance metrics are on plan, and 2 off plan (reablement, and delayed transfers of care – 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.
Integration success story highlight over the past quarter
Through the Nottingham and Nottinghamshire STP, there is further support from NHS England to embed the Integrated Personal Commissioning approach across south and mid Nottinghamshire.