Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Date: Wednesday, 29 November 2023

Time: 3.30 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Governance Officer: Phil Wye, Governance Officer   **Direct Dial:** 0115 8764637

| 1 | **Membership** | |
| | To note that Roz Howie has replaced Katy Ball as Director of Commissioning nand Partnerships on the Sub-Committee | |

| 2 | **Apologies for Absence** | |

| 3 | **Declarations of Interests** | |

| 4 | **Minutes** | 3 - 4 |
| | Minutes of the meeting held on 27 September 2023, for confirmation | |

| 5 | **The Better Care Fund (BCF) Quarter 2 National Return** | 5 - 22 |
| | Joint report of the Interim Director Commissioning & Partnerships, NCC and the Programme Director for System Development, ICB | |

6	**Future Meeting Dates**	
	24 January 2024	
	27 March 2024	

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

Citizens attending meetings are asked to arrive at least 15 minutes before the start of the meeting to be issued with visitor badges

Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at www.nottinghamcity.gov.uk. Individuals intending to record the meeting are asked to notify the Governance Officer shown above in advance.

Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 September 2023 from 3.30 pm - 3.40 pm

Membership

Present	**Absent**
Katy Ball (Co-Chair)	Dr Dave Briggs
Mohammad Shaiyan Rahman	Sarah Fleming
	Councillor Linda Woodings

Colleagues, partners and others in attendance:

Roz Howie	-	Interim Director for Commissioning and Partnerships
Lucy Hubber	-	Director of Public Health, Nottingham City Council
Naomi Robinson	-	Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board

29   Apologies for Absence

Dr Dave Briggs
Sara Storey
Councillor Linda Woodings (On leave)
Sarah Fleming

30   Declarations of Interests

None.

31   Minutes

The Committee confirmed the minutes of the meeting held on 26 July 2023 as a correct record and they were signed by the Chair.

32   Better Care Fund 2023 - 2025 - Better Care Fund Planning Requirements - Retrospective Approval

Roz Howie, Interim Director of Commissioning and Partnerships, delivered a report which required the Sub-Committee to ratify the 2023-25 Better Care Fund (BCF) planning requirements for Nottingham, which were submitted to NHS England on 28 June 2023. The following information was highlighted:

(a) the BCF is a key component of the integrated Care System's (ICS) Integrated Care Strategy;

(b) the schemes and services that form the BCF plan include care coordination and multi-disciplinary health and care planning. This should include meeting

mental health needs as part of proactive care pathways and hospital discharge planning;

(a) a collective strategic review of the existing BCF plans was undertaken by the ICB and Local Authorities between May and August 2022, to which the fund met the relevant criteria. The review took place in three phases;

(b) the findings and recommendations of phases 1 and 2 of the BCF review have now concluded and will be reviewed by Nottingham City HWB in November 2023;

(c) Phase 3 is now in train and the ICB, County Council and City Council are continuing to collaborate to take forwards the recommendations of the review and finalise the priority areas for further integration, with leadership provided by the Collaborative Commissioning Oversight Group. This will be progressed with considerable stakeholder engagement across Health and Wellbeing Board members, commissioning and provider organisations and Place Based Partnerships. This will be galvanised through two workshops to take place during October and November 2023.

Resolved to approve the 2023-25 Better Care Funding Planning Requirements.

Reasons for decision:

The Better Care Fund Planning Requirements were agreed for submission to NHS England, subject to formal ratification at the Nottingham City Health and Wellbeing Board on the 28 June 2023. Subsequently, the Nottingham City Health and Wellbeing Board Sub-Committee is asked to formally ratify the templates. The Nottingham City 2023 - 25 Better Care Fund planning template submission is shown in Appendix 1 of the report.

Other Options Considered:

None as submission is a requirement.

Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
29th November 2023

Report Title:	The Better Care Fund (BCF) Quarter 2 National Return
Lead Officer(s) / Board Member(s):	Roz Howie, Interim Director Commissioning & Partnerships Sarah Fleming, Programme Director for System Development, ICB
Report author and contact details:	Alison Donaldson, Programme and Strategy Manager, Commissioning and Partnerships Alison.donaldson@nottinghamcity.gov.uk
Other colleagues who have provided input:	Karla Banfield, Head of Commissioning Katy Dunne, Senior System Development Manager, ICB
Subject to call-in: ☐ Yes x☐ No	
Key Decision: ☐Yes x☐ No	
Criteria for a Key Decision: **(a)** ☐ Expenditure ☐ Income ☐ Savings of £750,000 or more, taking account of the overall impact of the decision **and/or** **(b)** Significant impact on communities living or working in two or more wards in the City ☐ Yes ☐ No	
Type of expenditure: ☐ Revenue ☐ Capital	
Total value of the decision:	N/A
Executive Summary: **Purpose of the report** To ratify the Nottingham Better Care Fund quarterly reporting template for July – September 2023 (quarter 2), which was submitted to NHS England on 31 October 2023.	

Background

The Better Care Fund (BCF) was established in 2015 to pool budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Through pooling budgets the BCF supports the commissioning of person-centred health and social care services which achieve improved patient and service user experiences and outcomes. The pooled budget is a combination of contributions from the following areas:

a) Minimum allocation from integrated care systems (ICSs)
b) Disabled facilities grant – local authority grant
c) Social care funding (improved BCF) – local authority grant
d) Winter pressures grant funding – local authority grant

Systems are required to submit annual BCF plans to NHS England in line with national deadlines. The Annual Plan is typically submitted in May/June, while the End of Year Report is usually submitted in March/April every year. The annual plans require systems to demonstrate how they will use the BCF to meet the national objectives which are:

a) Enable people to stay well, safe, and independent at home for longer
b) Provide the right care in the right place at the right time.

National Reporting Quarter 2

NHS England stood down the requirement to provide quarterly reporting against the BCF during the Covid-19 pandemic in 2020. This requirement has been reintroduced commencing from quarter two 2023-4 (July – September 2023).

The BCF National Reporting Template Quarter 2 asks systems to update on performance against the national performance metric (Appendix 1, tab 4). The 2023-25 national performance metrics are:

a. **Avoidable admissions:** Indirectly standardised rate of admissions per 100,000 population
b. **Falls:** Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
c. **Discharge to usual place of residence:** Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.
d. **Residential admissions:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
e. **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

There were two metrics not being achieved detailed below:

Residential Admissions is the rate of permanent admissions to residential care per 100,000 population (65+). This has been reported as not on track to meet the

target. The metric is linked to an ASC transformation program, which aims to enhance the independence of older people. The program only recently acquired the necessary resources for its implementation, and reviews of individuals in short-term placements have begun. The program has now entered the pilot phase, a learning and scoping phase. Due to the delay, the pilot implementation in the Hospital Discharge team has been postponed to 2023-2024, which previously did not have a defined timeline.

Reablement is the proportion of older people (65 and over) who were still at home 91 days after discharge from the hospital into reablement/rehabilitation services. The reablement team are currently experiencing challenges in meeting the demand for carers in the reablement service, which is being closely monitored. Unfortunately, this has led to some citizens being unable to access reablement and instead having to transfer directly to external providers who do not offer reablement services. A diagnostic of internal reablement service is currently underway to improve service delivery.

It is possible that targets were too optimistic in the initial plans, and growth in demand was not fully considered. However, we will test our assumptions before the next quarterly report.

The ASC, Insight and Analysis, Finance, Commissioning and Partnership Divisions must provide input into the report for planning and reporting purposes. It is crucial to comply with these reporting requirements to ensure the integrity of the BCF objectives.

Capacity and demand modelling (Appendix 1, tabs 5.1,5.2,5.3) is now integrated into the main BCF Planning template, and systems are asked to review and refresh the data and assumptions submitted in the annual plan at this point in the year and give a rationale for doing so. A summary of the rationale behind the revised numbers is as follows:

  a) The demand numbers have been revised to be more in line with current run rate for each discharge pathway.
  b) Capacity numbers are revised to reflect the current run rate. Capacity for Pathway 1 has been modelled as slightly higher than demand to aid the reduction of discharge delays.
  c) A 10% seasonal increase has been added for December and January.
  d) The plans assume that delivery will be managed within core bed capacity and that no spot purchases will be required. This will be managed through the Urgent Community Response Team supporting admission avoidance, and through the Transfer of Care Hubs facilitating discharge.

The quarter two return does not require any expenditure to be reported, however NHS England have advised that this will be required from quarter three onwards. Actual expenditure of the Additional Discharge Funding is reported directly to NHS England on a fortnightly basis, and the national team are currently determining which financial information to request quarterly to ensure that the information requests are proportionate.

The Nottinghamshire BCF Plans deliver services across the three themed areas of Early Help and Prevention, Proactive Care and Discharge to Assess. A brief update on delivery across each of the themes is as follows:

a) **Early Help and Prevention:** Procurement has take place for ICS-wide Carers support services, which will provide a consistent and coherent service offer across Nottingham and Nottinghamshire, reducing duplication. New services commenced delivery on 1st October 2023. The joint Carers Strategy has a launch event planned 16th November 2023 which will link the implementation of the strategy to the ADASS Carer's Challenge.

b) **Proactive Care:** Several Primary Care Networks across Nottinghamshire have commenced delivering pilots for frailty, working in multi-disciplinary teams preventatively with identified cohorts of patients. The pilots are in different stages of maturity and are working together to share learning as they develop.

c) **Discharge to Assess:** Transfer of care hubs are established around each acute hospital, and each has benchmarked against national best practice and identified areas to prioritise for development. Pathway 2 transformation is in progress, and a high-level model has been defined. Future pathway 2 and pathway 3 bed modelling is being progressed.

The quarterly reporting template was agreed for submission to NHSE by the BCF Planning and Oversight Group, subject to formal ratification at the Nottingham City Health and Wellbeing Board Commissioning Sub-Committee on the 29 November 2023.

Does this report contain any information that is exempt from publication?
No

Recommendation(s): The Sub-Committee is asked to:

Formally ratify the Nottingham BCF quarter two reporting template that was submitted to NHS England on 31 October 2023.
The template is shown in full at Appendix 1.

The Joint Health and Wellbeing Strategy	
Aims and Priorities	**How the recommendation(s) contribute to meeting the Aims and Priorities:**
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	BCF delivery reflects system transformation priorities, with a focus on supporting discharge from hospital.

Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	The BCF continues to support a joined-up approach to integration across health, care, housing and other agencies such as the voluntary sector to support people to live independently at home.
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health: The schemes and services that form the Better Care Fund plan include care coordination and multi-disciplinary health and care planning. This should include meeting mental health needs as part of proactive care pathways and hospital discharge planning.	

1. Reasons for the decision

1.1 To ensure the Nottingham City Health and Wellbeing Board Commissioning Sub-Committee has oversight of the Better Care Fund and can discharge its national obligations.

2. Other options considered and rejected

2.1 N/A

3. Risk implications

3.1 N/A

4. Financial implications

4.1 N/A

5. Legal implications

5.1 N/A

6. Procurement implications

6.1 N/A

7. Equalities implications

7.1 N/A

8. Any further implications

8.1 N/A

9. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

9.1 N/A

10. Published documents referred to in this report

10.1 N/A

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

Note on viewing the sheets optimally
To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.
This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions
Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge
Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community
Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update out records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottingham	
Completed by:	Katy Dunne	
E-mail:	katy.dunne@nhs.net	
Contact number:	via e-mail	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 29/11/2023	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes

5.3 C&D Community	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: | Nottingham

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	30/01/24

Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: | Nottingham

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs — Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements — Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Checklist
Complete:

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	272.1	267.2	269.8	269.7	258.5	On track to meet target	PCN pilots for frailty planned for 2023/24 but still at early stages.	2 hour Urgent Community response in place which is supporting admission avoidance	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.8%	94.3%	94.0%	95.3%	94.01%	On track to meet target	Pathway 2 transformation is in progress, pathway 3 has been scoped to progress.	Transfer of Care Hubs have recently been established around each acute hospital (NUH, SFHT and Bassetlaw). The hubs provide multi-disciplinary oversight to enable people to be discharged from hospital as soon as	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.			1,902.4		429.4	On track to meet target	Further work planned to expand upon direct referrals into UCR from Care Homes and TEC Providers.	Urgent Community response in place for both level one and two falls.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)			1,677			Not on track to meet target	81 new admissions circa 41,025 over 65 population equivalent to rate of 197.44 in qtr 1. Project to review short term placements in a timely manner was delayed but has now moved into delivery. Project	Reviews of short term residential placements have begun within the pilot and occuring in a more timely manner with themes and learning being captured to inform future practice.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services			80.3%			On track to meet target	Difficulty in recruitment of carers on late shifts in reablement is a situation being monitored at this time. This results in some people not accessing reablement and going straight to the external care market. No	81.4% in qtr 1. Waits for internal reablement and external homecare remain in single figures supporting timely intervention for reablement and ongoing services. Diagnostic of internal reablement service is currently	Yes

5. Capacity & Demand

Selected Health and Wellbeing Board: | Nottingham

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

Demand and capacity estimates were taken from our operational plan which had ambitious targets for pathway 1 throughput. During the first six months of the year we have not always matched our planned levels.

Yes

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

There are plans to reduce the average LoS from 32 days to 21 days over time. It is assumed that this will allow minimal use of interim beds over the winter period. Discharges also seem to be remain fairly consistent

Yes

Capacity:

Although we aim to reduce the length of stay the core capacity is likely to remain the same and this will help us reduce the number of people who do not meet the criteria to reside in an acute hospital bed. By havi

Yes

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

We have been successful in reducing delays for medically safe patients waiting at NUH acute hospital. We have also had an impact on reducing delays within reablement services. We therefore continue to look for a

Yes

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

We still have an ambitious target for the number of pathway 1 discharges that we wish to see through the system. We monitor this figure weekly and have regular system catch-up meetings to discuss progress and

Yes

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

The most difficult data to capture is pathway 1 capacity. We have a target activity level and assume that capacity will reach reach these levels. We have rebased in this return to be more in line with current run rate

Yes

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

We have commissioned 2hr urgent community response service to support people who do not require a hospital admission but require urgent care in the community.
We have commissioned transfer of care hubs to ensure that people are supported in their discharges from hospital where follow-on care is required in the community.

Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refrresh

5. Capacity & Demand

Selected Health and Wellbeing Board: | Nottingham

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	76	76	76	76	76	39	2	2	14	14	39	2	2	14	14
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	-18	-18	-18	-18	-18	9	1	1	9	9	9	1	1	9	9
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Capacity - Hospital Discharge

Service Area	Metric	Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing				
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	442	442	442	442	442	405	405	405	380	380	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	83	83	83	83	83	110	110	110	110	110	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	38	38	38	38	38	38	38	38	38	38	0	0	0	0	0

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes

Demand - Hospital Discharge

Pathway	Trust Referral Source	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Total	0	0	0	0	0	0	0	0	0	0
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		C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	
	(blank)											Yes
Reablement & Rehabilitation at home (pathway 1)	**Total**	**366**	**366**	**366**	**366**	**366**	**366**	**403**	**403**	**366**	**366**	Yes
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	302	302	302	302	302	302	332	332	302	302	Yes
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	6	6	6	6	6	6	7	7	6	6	Yes
	OTHER	15	15	15	15	15	15	17	17	15	15	Yes
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	43	43	43	43	43	43	47	47	43	43	Yes
	(blank)											Yes
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Short term domiciliary care (pathway 1)	**Total**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
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Reablement & Rehabilitation in a bedded setting (pathway 2)	**Total**	**101**	**101**	**101**	**101**	**101**	**101**	**109**	**109**	**101**	**101**	Yes
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79	79	79	79	79	79	84	84	79	79	Yes
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	8	8	8	8	8	8	9	9	8	8	Yes
	OTHER	4	4	4	4	4	4	5	5	4	4	Yes
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	10	10	10	10	10	10	11	11	10	10	Yes
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	(blank)										Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total										Yes
		38	38	38	38	38	38	38	38	38	38
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	24	24	24	24	24	24	24	24	24	24	Yes
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	4	4	4	4	4	4	4	4	4	4	Yes
	OTHER	2	2	2	2	2	2	2	2	2	2	Yes
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	8	8	8	8	8	8	8	8	8	8	Yes
	(blank)										Yes
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