



## **Nottingham City Council**

### **Nottingham City Health and Wellbeing Board Commissioning Sub-Committee**

**Date:** Wednesday, 24 January 2024

**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 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 4  
Minutes of the meeting held on 29 November 2023, for confirmation
- 4 The Better Care Fund Root and Branch Review Next Steps** 5 - 16  
Joint report of the Interim Director Commissioning & Partnerships, Nottingham City Council, and the Programme Director for System Development, Nottingham and Nottinghamshire Integrated Care Board
- 5 Future Meeting Dates**  
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

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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

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## Nottingham City Council

### Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held at Loxley House, Nottingham on 29 November 2023 from 3.40 pm - 3.51 pm

#### Voting Membership

##### **Present**

Sarah Fleming (Chair)  
Councillor Linda Woodings  
Karla Banfield (Substitute)

##### **Absent**

Dr Dave Briggs  
Roz Howie (sent substitute)

#### Non-Voting Membership

##### **Present**

##### **Absent**

Ailsa Barr  
Sarah Collis  
Lucy Hubber  
Sara Storey

#### **Colleagues, partners and others in attendance:**

Alison Donaldson - Programmes and Strategy Manager  
Karla Banfield - Head of Commissioning  
Naomi Robinson - Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board  
Phil Wye - Governance Officer

#### **33 Membership**

**Resolved to note that Roz Howie has replaced Katy Ball as Director of Commissioning and Partnerships on the Sub-Committee**

#### **34 Apologies for Absence**

Lucy Hubber  
Roz Howie (sent substitute)

#### **35 Declarations of Interests**

None.

#### **36 Minutes**

As no voting member was present who has attended the previous meeting, confirmation of the minutes was deferred.

### **37 The Better Care Fund (BCF) Quarter 2 National Return**

Naomi Robinson and Alison Donaldson presented the report which presents the Nottingham Better Care Fund quarterly reporting template for July to September 2023, which was submitted to NHS England on 31 October 2023, for formal ratification. The following information was highlighted:

- (a) 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;
- (b) 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;
- (c) 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.

**Resolved to formally ratify the Nottingham BCF quarter two reporting template that was submitted to NHS England on 31 October 2023.**

### **38 Future Meeting Dates**

The future meeting dates were noted.

**Nottingham City Health and Wellbeing Board  
Commissioning Sub-Committee  
24<sup>th</sup> January 2024**

<b>Report Title:</b>	The Better Care Fund Root and Branch Review Next Steps
<b>Lead Officer(s) / Board Member(s):</b>	Roz Howie, Interim Director Commissioning & Partnerships  Sarah Fleming, Programme Director for System Development, ICB
<b>Report author and contact details:</b>	Alison Donaldson, Programme and Strategy Manager, Commissioning and Partnerships <a href="mailto:Alison.donaldson@nottinghamcity.gov.uk">Alison.donaldson@nottinghamcity.gov.uk</a>
<b>Other colleagues who have provided input:</b>	Naomi Robinson, Deputy Head of Joint Commissioning, ICB
<b>Subject to call-in:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Key Decision:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Criteria for a Key Decision:</b>	
(a) <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more, taking account of the overall impact of the decision <b>and/or</b>	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of expenditure:</b> <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
<b>Total value of the decision:</b>	N/A
<b>Executive Summary:</b>	
<b>Root and Branch Review 2022 and 2023</b>	
<ul style="list-style-type: none"> <li>The findings of the BCF Root and Branch Review were presented to the Health and Wellbeing Board (HWB) meeting held on November 29<sup>th</sup>.</li> <li>The review found that BCF schemes and services align with the evidence base and there is an assumed benefit to system outcomes on this basis. However, monitoring of services is mostly activity based and there is not currently the ability to track or understand the impact of multiple services on the outcomes of the individual. The information provided to the review was sufficient to understand the potential for integration but not to review contract</li> </ul>	

or service level performance. This information is not currently held jointly between the ICB and LA.

- The BCF review highlighted that a deep dive phase would be necessary to undertake collaborative service level reviews (City BCF Review Phase 3 – Appendix A).
- It was proposed to hold a Better Care Fund development workshop with the aim of discussing the identified integration priorities in more detail.

### **Approach and next steps**

- A small working group has met to discuss how to take approach a joint deep dive into the identified service areas. The group reflected that approaching this work would need to factor in both the Council and ICB existing priorities, commissioning intentions and resource available to undertake the work across commissioning, finance and data teams.
- The group agreed the collaborative deep dive needed to align with existing work to join up care and support around the individual in the Community Transformation and Discharge to Assess programmes. This includes understanding current contracts and service specifications.
- The group highlighted that further consideration to appropriate governance to support collaborative planning to across PBP, Provider (including VCSE) and the existing community transformation programme. This includes the role of the Health and Wellbeing Sub-Committee.
- Therefore, in order to support a rich discussion with HWB, further joint work will be undertaken to review the totality of spend and impact of individual services, which contribute to BCF schemes. This review process may result in the workshop being scheduled for a later date than initially anticipated.

**Does this report contain any information that is exempt from publication?**

No

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

1. Endorse the approach of the BCF Review Phase 3 being progressed through the collaborative deep dives focused on community transformation and discharge to assess with a scoping document to be developed.
2. Consider the role of the Health and Wellbeing Sub-committee in oversight of the review, which will also include a review of the current Terms of Reference (Appendix B).

**The Joint Health and Wellbeing Strategy**

<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> 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.  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.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<p><b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b></p> <p>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.</p>	

**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 BCF Root and Branch Review City HWB 29.11.23

**10. Published documents referred to in this report**

10.1 N/A





# Better Care Fund Root and Branch Review

## Nottingham City Phase 3 Working Group

Working group to progress the BCF root and branch review recommendations





**'P3' beds** long-term needs  
*Capacity 38 per month*

**'P2 Interim beds(LA, ICB)**  
discharge and step up (P2)  
(CityCare) c.£1m  
*Capacity 83 per month*

**Discharge to Assess  
Transfer of Care Hub**

Coordination of packages of care and support for people leaving hospital  
*Discharge to 'home' on plan but below peer average.*

**'P1' reablement at home**  
LA c.£4m (split admission and discharge)  
**LA home care** c.£2.3m  
**Reablement (ICB)**  
*P1 422 per month total capacity  
Community 91 per month total capacity*

**Proactive Care  
Urgent Community Response Team** (2 hour crisis) home assessment (CityCare)  
577 per month 2 hours and 143 per month 48 hours  
**% avoided admissions**

**Adult Social Care & Occupational Therapy**  
assessment teams

**Proactive Care  
Care Coordination-** risk profiling people at risk of admission and MDT meetings (GP reviews, ASC assessors, specialist nurses).  
*Approx. 200 per month 'at risk of admission'*

**Enablers (Joint)**  
Housing adaptation (DFGs) 210 per year, Handy person, Community equipment  
Assistive Tech (home alarms) 591 per month

**Age UK Wellbeing at Home (LA)**  
Volunteer-led support for tasks (shopping, cleaning, accessing activities)

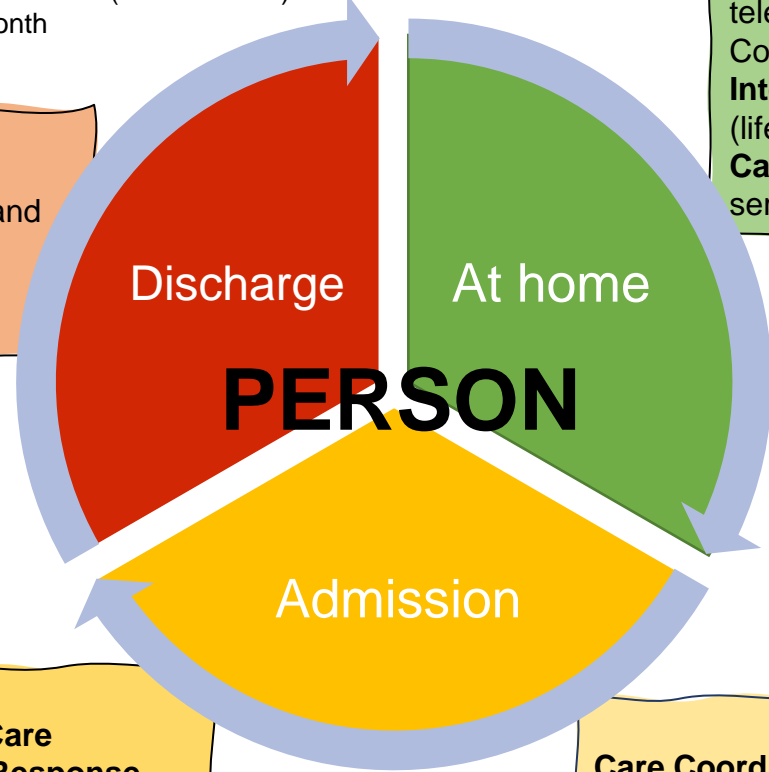
**Social Prescribing** 1-1 signposting and referral to health, care and wider determinant services

**Prevention**

**Nottingham Health & Care Point** single telephone contact point for ASC and Community Health services (+ASK LION)  
**Integrated Wellbeing Support Service** (lifestyle advice e.g. smoking)  
**Carers Hub** (Identification and support services – *200 people supported per month*)

**Falls (ICB)**  
Falls bone health, rehab, physio and strength exercises  
(counted in Long term conditions)  
*BCF data shows higher rate of falls compared to peers (although a downward trend).*

**Long Term Conditions (ICB)** case management, community nursing, diabetes, heart failure, COPD, SMD  
*LTC 1,600 per month, Homeless/SMD 50 per month, rehab completion 75%*



BCF Identified Integration Opportunity	Reason
<p><b>Prevention:</b> Integration of lifestyle advice services (e.g. smoking) with health and care pathways</p>	<p>Opportunity to jointly plan (not currently in BCF plan)</p>
<p><b>Prevention:</b> Maximising the effectiveness of a range of navigation and support worker roles e.g. social prescribing, navigators, community development workers, health coaches) including reaching health inclusion groups</p> <p><i>See Birmingham INT case study, 'Friendship at Home NE Lincs, Croydon Independence coordination</i></p>	<p>Opportunity to jointly plan (not currently in BCF plan), duplication of spend and contact with individuals, insufficient outcome information to understand impact, emerging evidence base/good practice</p>
<p><b>Proactive Care:</b> Integration of MDT case management of people at risk of admission (falls, frailty and long term conditions). Holistic joined up oversight of wider needs e.g. housing and council prevention services</p> <p><i>See Wirral Falls Review, Gloucester joint strategy</i></p>	<p>Opportunity to jointly plan. Insufficient outcome information to understand impact</p>
<p><b>Proactive Care:</b> 2hour crisis response (rapid clinical assessment of need at home to avoid an admission. Service liaises with services to arrange an at home package of care to maintain independence</p>	<p>System performance issues, integration and potential to expand approach</p>
<p><b>Discharge to Assess:</b> 'P0' better coordination of prevention, housing and practical support services for people not requiring ASC/health reablement</p> <p><i>See NE Lincs VCS collab, Birmingham step down housing</i></p>	<p>System performance issues, potential duplication or poor value, emerging evidence base/good practice</p>
<p><b>Discharge to Assess:</b> 'P1' consistent offer of reablement and monitoring of operational flow via Transfer of Care hubs. Earlier involvement in housing to reduce length of stay. Collective view of capacity, spend and market management (include homecare capacity to avoid 'bottle-necks')</p> <p><i>See Birmingham step down housing, NE Lincs VCS collab</i></p>	<p>System performance issues, inconsistency in offer, potential poor value, emerging evidence base/good value</p>

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## Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

### Terms of Reference

#### Description

The Nottingham City Health and Wellbeing Board Commissioning Sub-Committee ('the Sub-Committee') is a sub-committee of the Nottingham City Health and Wellbeing Board ('the Board'), and is accountable to the Board.

The Sub-Committee is a non-executive committee, but it exercises certain executive functions.

#### Purpose

The purpose of the Sub-Committee is to support the Board in bringing together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities. Given that some members of the Board represent service provider organisations, strategic funding decisions are delegated by the Board to the Sub-Committee, which is a commissioner-only body.

#### Objectives

The Sub-Committee will:

- (a) provide advice and guidance to the Board in relation to strategic priorities, joint commissioning and subsequent action plans, and commissioned spend and strategic direction;
- (b) accept delegated actions from the Board and report back on progress and outcomes;
- (c) performance-manage the Board's commissioning plan, and to agree changes to that plan based on monitoring and performance management considerations. This includes the ability to request detailed analysis to enable greater focus on specific areas;
- (d) provide collective oversight, support and performance management to areas of work identified by the Sub-Committee as being of highest priority. Areas of focus will be jointly commissioned activity, or where there is significant system impact;
- (e) carry out the following roles in line with the requirements of every Section 75 Agreement for which responsibility has been delegated by the Board to the Sub-Committee:
  - (i) to take funding decisions (including Key Decisions) on pooled budgets;
  - (ii) to take decisions on commissioning arrangements for jointly commissioned services; and
  - (iii) to have oversight to ensure that arrangements are properly managed with, as a minimum, annual reports from the relevant Agreement lead;
- (f) have oversight of any other Council and NHS Nottingham and Nottinghamshire Integrated Care Board joint funding and joint commissioning arrangements, either in place now or in development for the future;
- (g) establish one or more time-limited task and finish groups to carry out work on behalf of the Sub-Committee;
- (h) delegate any of its functions to an officer; and
- (i) carry out any other functions delegated to it by the Board.

The Sub-Committee's executive decisions are subject to the Council's normal call-in procedure, in accordance with the Overview and Scrutiny Procedure Rules.

The Board will be informed of the Sub-Committee's decisions by the inclusion on its agenda of the minutes of the Sub-Committee's meetings.

## **Membership and Chairing**

### **Voting Members (5)**

- Nottingham City Council's Portfolio Holder with a remit covering Health
- Nottingham City Council's Portfolio Holder with a remit covering Adult Social Care
- Director for Procurement and Commissioning, Nottingham City Council
- Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board
- Clinical Representative, NHS Nottingham and Nottinghamshire Integrated Care Board

### **Non-Voting Members (5)**

- Director for Public Health, Nottingham City Council
- Director for Adult Health and Social Care, Nottingham City Council
- Head of Commercial Finance, Nottingham City Council
- Director for Children's Integrated Services, Nottingham City Council
- Representative of Healthwatch Nottingham and Nottinghamshire

The meeting will be chaired in rotation by the Director for Procurement and Commissioning (Nottingham City Council) and the Head of Joint Commissioning (NHS Nottingham and Nottinghamshire Integrated Care Board). In the absence of both of these members, the Chair will pass to a voting member present from the body due to chair the meeting.

The Council and the Integrated Care Board have one vote each, shared between their voting members. The Chair does not have a casting vote. In the event that consensus cannot be reached on a decision to be taken by the Sub-Committee, the decision will be referred for resolution to a further meeting of the Sub-Committee that will be convened within the next ten working days by the Council's Director for Legal and Governance.

Members of the Sub-Committee who are not an elected councillor are known as 'co-opted' members, and must abide by the requirements of the Council's Co-opted Members Code of Conduct. There is a requirement upon the Council to hold an up-to-date record of the Disclosable Pecuniary Interests of elected councillors and co-opted members, and their spouses or civil partners, on a Register of Interests, and for them to declare any relevant Disclosable Pecuniary Interests or Other Interests at meetings. In addition, Sub-Committee members may also be bound by a code of conduct or professional standards of the organisation or sector that they represent.

### **Substitutes**

Substitute voting members are permitted for the Sub-Committee, provided that the Chair is notified of the substitution in advance of the meeting, and that the

substitution is to a named substitute. Substitutes must be from the same organisation or sector as the Sub-Committee member and be of sufficient seniority to be empowered by the relevant organisation or sector to represent its views to the Sub-Committee, so that they may be in a position to contribute to decision-making.

### **Quorum**

The quorum for Sub-Committee meetings is two voting members, which must include at least one representative of the Council and at least one representative of the Integrated Care Board.

### **Frequency of Meetings**

The Sub-Committee will meet six times per municipal year. An extraordinary meeting of the Sub-Committee may be called by the agreement of two voting members (one of whom must represent the Council and one of whom must represent the Integrated Care Board), if a decision is required urgently.

If an urgent decision is required that cannot wait for an extraordinary meeting to be called, then the Director for Procurement and Commissioning (Nottingham City Council) and the Head of Joint Commissioning (NHS Nottingham and Nottinghamshire Integrated Care Board), as the two Sub-Committee Chairs, can act through the following process:

- (i) circulation of details of the proposed decision to all Sub-Committee members for consultation; and
- (ii) there being clear reasons why the decision is urgent and should not wait until the next full Sub-Committee meeting.

Any such decisions will be recorded and reported, along with the reasons for urgency, to the next full Sub-Committee meeting.

### **Duration**

There is no limit on the lifespan of the Sub-Committee.

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