



Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Date: Wednesday, 27 March 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 24 January 2024, for confirmation
- 4 Better Care Fund – Quarter 3 National Reporting Template Retrospective Ratification** 5 - 20
Joint report of the Programme Director for System Development, Nottingham, and Nottinghamshire ICB, and the Director of Commissioning and Partnerships, Nottingham City Council

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 Loxley House, Nottingham on 24 January 2024
from 3.39pm - 4.28pm

Voting Membership

Present

Sarah Fleming
Roz Howie (Chair)
Mohammed Shaiyan Rahman (Substitute)
Councillor Linda Woodings

Absent

Dr Dave Briggs (sent substitute)

Non-Voting Membership

Present

Sarah Collis
Sara Storey

Absent

Ailsa Barr
Lucy Hubber

Colleagues, partners and others in attendance:

Naomi Robinson - Deputy Head of Joint Commissioning, NHS Nottingham
and Nottinghamshire Integrated Care Board
Phil Wye - Governance Officer

39 Apologies for Absence

None.

40 Declarations of Interests

None.

41 Minutes

The Sub-Committee confirmed the minutes of the meetings held on 27 September 2023 and 29 November 2023 as a correct record and they were signed by the Chair.

42 The Better Care Fund Root and Branch Review Next Steps

Naomi Robinson, Deputy Head of Joint Commissioning, Nottingham and Nottinghamshire Integrated Care Board, presented the report which discusses the next steps following the outcomes of the Better Care Fund (BCF) root and branch review.

A small working group has met to discuss how to take a joint deep dive into identified service areas. 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 is required on appropriate governance to support collaborative planning to across Place Based Partnership, Provider (including VCSE) and the existing community transformation programme. This includes the role of the Health and Wellbeing Board Commissioning Sub-Committee.

The following points were discussed by the Sub-Committee:

- (a) most of the BCF is committed appropriately, but there is an opportunity to see whether work can be re-commissioned in a different way. Currently, a lot of the work is not performance-managed and there is a lack of visibility;
- (b) core statutory duties such as emergency care must be protected and gaps in funding avoided. However, there is an opportunity for more joined-up, integrated work, and avoidance of patients moving around between services;
- (c) it may be useful to compare the amount of funding that goes into short term emergency work with the amount that goes into longer term prevention work, and making sure that areas are funded fairly, and using intelligence to see whether funding could be used differently. Deep dives could be done into certain areas as there may not be the capacity to look into everything;
- (d) the Sub-Committee is a useful forum away from the Health and Wellbeing Board where commissioners can ask searching questions on commissioning that supports the main Board in achieving its priorities. However, it deals with fewer direct joint commissioning than when it was set up and so its purpose and terms of reference could be revisited.

Resolved 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**

43 Future Meeting Dates

The future meeting date was noted.

**Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
27th March 2024**

Report Title:	Better Care Fund – Quarter 3 National Reporting Template Retrospective Ratification
Lead Officer(s) / Board Member(s):	Sarah Fleming – Programme Director for System Development, Nottingham, and Nottinghamshire ICB Roz Howie – Director of Commissioning and Partnerships, Nottingham City Council
Report author and contact details:	Katy Dunne, katy.dunne@nhs.net Alison Donaldson, alison.donaldson@nottinghamcity.gov.uk
Other colleagues who have provided input:	
Subject to call-in: <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No	
Key Decision: <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No	
Criteria for a Key Decision:	
(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. and/or	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of expenditure: <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Total value of the decision:	£52,777,625 (Full year spend 2023/24. For information only the Sub-Committee is not required to make a decision regarding this spend)
Executive Summary:	
<ol style="list-style-type: none"> 1. The purpose of this paper is to ratify the Nottingham City Better Care Fund Quarter 3 monitoring return which was submitted to NHS England on 9th February 2024. 2. The paper also provides a brief update to the Health and Wellbeing Board sub-committee on the actions in train because of the BCF Root and Branch Review. 	

Information

3. 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.
4. Systems are required to submit annual BCF plans to NHSE in line with national deadlines, and the Better Care Fund Plan for Nottinghamshire was approved by the Health and Wellbeing Board Sub-Committee on 27th September 2023. 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.
5. The **BCF National Reporting Template Quarter 3** asks systems to update on performance against the national performance metrics (**Appendix 1, tab 4**). The 2023-25 national performance metrics are detailed below along with examples of the work being undertaken locally:
 - a. **Avoidable admissions:** Indirectly standardized rate of admissions per 100,000 population. An example of how the BCF locally is supporting this metric is the Urgent Community Response Service, which is provided by Nottingham City Care. The service accepts urgent referrals from any health or social care professional for citizens that need a same day response, assessing within two hours if required to avoid an unnecessary hospital or home care admission. An initial assessment is undertaken, and they can then provide urgent equipment, short term care, signposting and onward referrals as required to prevent admission.
 - b. **Falls:** Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. A collaborative workshop is being planned around Long-Term Conditions, which will consider system-wide approaches to frailty and joined up prevention of falls. This includes reviewing the opportunity for better use of technology enabled care and early identification of clinical conditions linked to falls e.g. UTIs.

- c. **Discharge to usual place of residence:** Percentage of people, resident in the Health and Wellbeing Board area, who are discharged from acute hospital to their normal place of residence. Transfer of Care Hubs are in place at all hospital trusts to manage a multi-disciplinary team approach to support patients who are medically safe for discharge to be able to return home with a package of care in place. Additional 'P1' reablement home care provision has been secured via the BCF Additional Discharge Fund.
 - 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. The cumulative residential admissions rate for 2023/24 is lower than that seen in 2022/23 which indicates that transformational activity is having an impact.
 - e. **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
6. The template requires systems to identify where metrics are on/off track to meet the locally set target, highlight any achievements, and identify any support needs. All the metrics are on track.
7. The quarter 3 return required updated outputs and expenditure to be reported. No issues have been raised against plan and expenditure is reported as on track against plan.

Better Care Fund Root and Branch Review Update

8. The 2023/24 BCF Root and Branch review recommendations were:
- a) Schedule a series of collaborative commissioning reviews to realise the identified integration opportunities.
 - b) The BCF should become a tool for collective oversight of the impact and outcomes of scheme level services and how these contribute to the BCF metrics.
 - c) The BCF should become a tool for collective finance oversight, including the totality of investment for service areas and how this investment is contributing to delivery of the BCF metrics.
9. The ICB and Local Authority have agreed that these recommendations are progressed incrementally through the BCF Planning process, including the opportunities for joint reviews based on the operational and commissioning priorities. Two specific actions were identified for the City BCF arrangements:
- i) Review and update the Section 75 agreement to reflect current joint commissioning arrangements.
 - ii) Review and update the labelling of services contributing to the Local Authority BCF schemes in the BCF Planning templates.

These actions have been completed and a summary of changes is provided below:

Section 75 Update:

10. The Council and ICB have a section 75 Partnership Agreement relating to the Commissioning of Health and Social Care Services within the Better Care Fund dated 1 April 2016. This agreement has been reviewed and amended through a variation agreement.

In summary the changes are:

- Update the name of the ICB (from CCG) and related references.
- Updated references to legislation and guidance
- Update to incorporate changes to the arrangements described in the schedules of the agreement specifically 1 and 4 described below:

Schedule 1 ‘Scheme Specifications’ to describe the joint commissioning arrangements in place for BCF schemes, which are either:

- a) ‘Joint (aligned)’ schemes, which are aligned with the aims and objectives of the BCF and commissioned separately by the ICB and LA, or
- b) ‘Integrated’ schemes- where we have a Lead Commissioner arrangement and there is a pool or transfer of funding from ICB to Council to be used for jointly agreed schemes).

Schedule 4 ‘Governance’ to describe in more detail the role and responsibilities of the section 75 contractual ‘Programme Board’ (formally the Health and Wellbeing Board Sub-committee).

Local Authority Better Care Fund Scheme Review:

11. The BCF Scheme lines have been reviewed to ensure accuracy. They are correct however some descriptions will be updated with more specific detail to provide clarity and enable appropriate scrutiny to meet the monitoring requirements.

Next steps will include a Methodology Report to summarise the BCF funding streams terms and conditions, monitoring and reporting requirements and proposed meeting structures for BCF governance that will facilitate the reporting and assurance to the Health and Wellbeing Board Sub-committee.

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

No

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

1. APPROVE the Nottingham City BCF Quarter 3 reporting template. The template is shown in full at Appendix 1.
2. NOTE the BCF Root and Branch Review update.

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. 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.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
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.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K.** Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.



Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be 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 email	
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 27/03/2024	<< 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. Spend and activity	Yes

[<< Link to the Guidance sheet](#)

Better Care Fund 2023-25 Quarter 3 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?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

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
Yes
Yes

Better Care Fund 2023-25 Quarter 3 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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		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	237.3	On track to meet target	Further work planned to expand upon direct referrals into UCR from Care Homes and TEC Providers.	2 hour Urgent Community response in place which is supporting admission avoidance
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%	94.0%	95.4%	On track to meet target	Pathway 2 one version of the truth dataset in development - P2 includes patient whose normal place of residence is a commissioned care home.	Going home for Christmas Multi-Agency discharge week-long event freed up P2 capacity for acute trust discharges in preparation for Christmas and New Year.
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	451.4	On track to meet target	Further work planned to expand upon referrals from TEC providers into urgent care services for falls where clinically appropriate.	Urgent Community response in place for both level one and two falls.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				1,677	2022-23 ASCOF outcome: 958.1		On track to meet target	Caveat to data as time delays on the system between what has been requested and is filtering through an approvals process post S114 issue, and the actuals.	Cumulative residential rate for 23/24 is lower than that seen in 22/23 indicating that transformation activity is having impact. Rate is currently confirmed as 910 though needs to recognise that there will be delay in
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%	2022-23 ASCOF outcome: 72.7%		On track to meet target	Difficulty in recruiting to the late shift in Reablement is resulting in people having to go to straight to the external market. Though this is not having a profound impact on trajectory at this time it is being monitored.	Cumulative average for 23/24 is 81.7 % attributed to success of the reablement service.

Checklist Complete:

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Nottingham

Checklist											Yes	Yes	Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.			
4	Integrated Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£2,357,727	£1,768,295	137,876	103407	Hours of care (Unless short-term in which case it is packages)	No				
11	Assistive Technology	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£334,400	£250,000	7,100	7416	Number of beneficiaries	No				
12	Assistive Technology	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£115,900	£86,925	300	256	Number of beneficiaries	No				
13	Assistive Technology	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£21,078	£15,809	7,000	NA	Number of beneficiaries	No				
14	Carers	Carers Services	Respite services	Minimum NHS Contribution	£714,040	£535,530	2,545	930	Beneficiaries	Yes	The Carers Hub and Young Carers services re-commissioned with the new services started in October 2023. Handover period, implementation and TUPE with delays and not all areas immediately operational. New partnership approach with targeted carer identification strategies including young adult and unpaid carers.			
16	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,768,450	£2,076,338	210	164	Number of adaptations funded/people supported	Yes	Delays across the service with OT, Adaptations and commencing works. Programme to consider efficient and effective working has commenced.			
17	Improved Better Care Fund	Workforce recruitment and retention		IBCF	£9,269,907	£6,952,430		NA	WTE's gained	No				
18	Improved Better Care Fund	Home-based intermediate care services	Rehabilitation at home (to prevent admission to	IBCF	£1,269,521	£952,141	1,659	594	Packages	No				
19	Improved Better Care Fund	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£1,172,561	£879,421	18,500	13875	Hours of care (Unless short-term in which case it is packages)	No				
21	Improved Better Care Fund	Residential Placements	Short-term residential/nursing care for someone	IBCF	£402,878	£302,159		149	Number of beds/placements	No				
27	P1 Discharge Programme	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£1,851,950	£1,391,933	5,200	2302	Packages	Yes	Target of 5200 relates to total P1 City ambition (ICB and Council) as a whole for the year - therefore for the ICB line the planned output should be 3700 for the year. P1 discharges impacted by Jr Drs strikes and critical incidents throughout the year. System discharge target of 300 p/w achieved in Jan 2024.			
29	P1 Discharge Programme	Home-based intermediate care services	Rehabilitation at home (to support discharge)	Local Authority Discharge Funding	£2,327,688	£1,745,766	1,430	891	Packages	Yes	P1 discharges impacted by Jr Drs strikes and critical incidents throughout the year. System discharge target of 300 p/w achieved in Jan 2024.			
25	Improved Better Care Fund	Assistive Technologies and Equipment	Assistive technologies including telecare	IBCF	£54,000	£40,500	191	256	Number of beneficiaries	No				

This page is intentionally left blank