



Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Date: Wednesday 26 May 2021

Time: 4:00pm

Place: The Ballroom - The Council House, Old Market Square, Nottingham, NG1 2DT

Please see the information at the bottom of this agenda front sheet about the requirements for ensuring Covid-safety

Governance Officer: Adrian Mann **Direct Dial:** 0115 8764468

The Nottingham City Health and Wellbeing Board's Commissioning Sub-Committee is a partnership body whose role includes providing advice and guidance to the Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund.

Agenda	Pages
1 Changes to Membership <ul style="list-style-type: none">• David Johns has replaced Alison Challenger as Nottingham City Council's Interim Director of Public Health	3 - 4
2 Apologies for Absence	
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4 Minutes Minutes of the meeting held on 24 March 2021, for confirmation	5 - 8
5 Better Care Fund Year-End Reporting Template 2020/21 Report of the Head of Programme Delivery, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	9 - 30
6 Future Meeting Dates For agreement: Wednesday 28 July 2021 at 4:00pm Wednesday 29 September 2021 at 4:00pm Wednesday 24 November 2021 at 4:00pm Wednesday 26 January 2022 at 4:00pm Wednesday 30 March 2022 at 4:00pm	

Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.

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- **remain seated and maintain distancing between seats through the meeting. Please also remember to maintain distancing while entering and leaving the room;**
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**Health and Wellbeing Board: Commissioning Sub-Committee
Membership**

Voting Members	
Nottingham City Council's Portfolio Holder with a remit covering Health and Adult Social Care	Councillor Adele Williams Portfolio Holder for Adults and Health
Director of Commissioning and Procurement, Nottingham City Council	Katy Ball (Co-Chair)
Head of Programme Delivery, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Sarah Fleming (Co-Chair)
GP Lead, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Dr Manik Arora
Non-Voting Members	
Director of Public Health, Nottingham City Council	David Johns
Director of Adult Social Care, Nottingham City Council	Sara Storey
Head of Quality and Efficiency, Nottingham City Council	Steve Oakley
Head of Commercial Finance, Nottingham City Council	Ceri Walters
Director of Children's Integrated Services, Nottingham City Council	Helen Watson
Assistant Director of Commissioning (Mental Health, Children and Families), NHS Nottingham and Nottinghamshire Clinical Commissioning Group	<i>Vacant</i>
Representative, Healthwatch Nottingham and Nottinghamshire	Sarah Collis Chair

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Nottingham City Council Health and Wellbeing Board: Commissioning Sub-Committee

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 24 March 2021 from 4:02pm to 4:16pm

Membership

Present

Sarah Fleming (Chair)
Dr Manik Arora
Councillor Eunice Campbell-Clark
Councillor Adele Williams

Absent

Alison Challenger
Sarah Collis
Steve Oakley
Sara Storey
Ceri Walters
Helen Watson

Colleagues, partners and others in attendance:

- Karla Banfield - Commissioning and Market Services Manager, Nottingham City Council
- Anna Coltman - Commissioning Officer, Nottingham City Council
- Bobby Lowen - Lead Commissioning Manager, Nottingham City Council
- Adrian Mann - Governance Officer, Nottingham City Council
- Naomi Robinson - Senior Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Call-in

Unless stated otherwise, all decisions made by the Health and Wellbeing Board: Commissioning Sub-Committee are subject to call-in. The last date for call-in is **Tuesday 6 April 2021**. Decisions cannot be implemented until the next working day following this date.

7 Changes to Membership

The Committee noted that Sara Storey has joined the committee as Nottingham City Council's Director of Adult Social Care, and that Helen Watson has joined the committee as Nottingham City Council's Interim Director of Children's Integrated Services.

8 Apologies for Absence

Alison Challenger (Director of Public Health, Nottingham City Council)
Sarah Collis (Chair, Healthwatch Nottingham and Nottinghamshire)
Steve Oakley (Acting Director of Commissioning and Procurement, Nottingham City Council)
Sara Storey (Director of Adult Social Care, Nottingham City Council)
Helen Watson (Interim Director of Children's Integrated Services, Nottingham City Council)

9 Declarations of Interests

None.

10 Minutes

The Committee confirmed the minutes of the meeting held on 30 September 2020 as a correct record and they were signed by the Chair.

11 Integrated Assistive Technology and Dispersed Alarms Services

Anna Coltman, Commissioning Officer at Nottingham City Council, presented a report on the provision of the Integrated Assistive Technology (AT) and Dispersed Alarms Services. The following points were discussed:

- (a) the Integrated AT and Dispersed Alarms Services are commissioned by the Council, with the Clinical Commissioning Group (CCG). The Council acts as the lead commissioner for these services, which are funded through the Better Care Fund. The key outcomes of the services are that citizens are enabled to remain living independently in their own home safely and for as long as possible, requirement for moves into residential care are prevented or delayed, and unnecessary hospital admissions are avoided;
- (b) the current contracts come to an end on 31 March 2021, so it is proposed to re-award two new three-year contracts to Nottingham City Homes (NCH) through a 'Teckal' arrangement. This direct award represents best value because NCH has a strong, existing infrastructure and response framework across the city (including a call centre team to monitor service needs and coordinate responses), which has operated effectively in delivering the services throughout the contract term, including the period of the Coronavirus pandemic;
- (c) value for money during the current contracts has been monitored through service reviews with the provider and the analysis of statistical information, including assessment of call volumes and the reasons for calls, to measure the impact of the service provision on citizens. These reviews have involved the Council, the CCG and the Integrated Care Partnership;
- (d) the Committee considered that the contracts proposed represent a good strategic direction for services supporting independent living for citizens across the city.

Resolved:

- (1) to endorse Nottingham City Council as the lead commissioner of the Integrated Assistive Technology Service and the Dispersed Alarms Service;**
- (2) to approve the award of the Integrated Assistive Technology Service contract to Nottingham City Homes as a wholly-owned subsidiary of the Council, through 'Teckal' arrangements. This is a 3-year contract with an annual value of £434,400 and a total value of £1,303,200;**
- (3) to approve the award of the Dispersed Alarms Service contract to Nottingham City Homes as a wholly-owned subsidiary of the Council, through 'Teckal' arrangements. This is a 3-year contract with an annual value of £17,940 and a total value of £53,820;**

(4) to delegate authority to Nottingham City Council's Acting Director of Commissioning and Procurement to award and sign the contracts for these services;

(5) to approve the spend associated with this decision, subject to the joint approval of the 2021/22 Better Care Fund Plan, as detailed in Section 4 of the report.

- Reasons for the decision

To ensure that the provision of the Integrated AT and Dispersed Alarms Services remains in place when the current contracts end on 31 March 2021, so that citizens are enabled to remain living independently in their own home safely and for as long as possible, any requirement for moves into residential care are prevented or delayed, and unnecessary hospital admissions are avoided.

- Other options considered

(1) To do nothing: this option was rejected as the current contracts are ending and new arrangements are required to maintain service provision.

(2) To seek to review service provision and explore alternative models: this option was rejected for the Integrated AT Service as the contract has been subject to review in the previous term of the contract, which resulted in a contract variation to reduce the contract value. Any further changes to deliver efficiencies would risk destabilising the current service model provided by NCH. The Dispersed Alarms contract has been subject to a review of service provision, resulting in a change to the service model.

(3) To extend the contracts for a further year: this option was rejected as the contract is ending with no option for extension and a decision is required to put new arrangements in place. New contracts will allow commissioners to work with the provider to explore opportunities for achieving better value for money, to review and remodel the service and to explore a broader range of equipment choices for citizens. Commissioners will also initiate development work with NCH to create an outcomes-focussed service model and align the service with Council's draft Digital Strategy. This development work will form part of the annual reviews.

(4) To tender the services through an open and competitive tender process: this option was rejected as the current services are considered to be delivering value for money for the Council. NCH as housing and alarm service provider has infrastructure, systems and processes in place that any new provider would need time and funding to establish. There are not considered to be other providers who could deliver the same service within Nottingham. NCH is a wholly-owned subsidiary of the Council, so direct awards are permissible through 'Teckal' provisions of the Procurement Regulations.

12 Future Meeting Dates (Provisional)

The Committee noted the provisional meeting dates for the coming 2021/22 municipal year.

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**Health and Wellbeing Board: Commissioning Sub-Committee
27 May 2021**

	Report for Resolution
Title:	2020/21 Better Care Fund Year-End Reporting Template
Lead officer(s):	Sarah Fleming, Head of Programme Delivery – NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG)
Author and contact details for further information:	Naomi Robinson, Senior Joint Commissioning Manager – Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) naomi.robinson2@nhs.net
Brief summary:	<p>The purpose of this report is to approve the Nottingham City Better Care Fund (BCF) 2020/21 year-end reporting template that was submitted to NHS England & Improvement on 24 May 2021.</p> <p>The template confirms the status of continued compliance against the requirements of the fund, including the final end of year spending position and provides information about challenges, achievements and support needs in progressing delivery.</p> <p>During the emergency response to COVID-19 there was no BCF planning guidance released for 2020-21. As a result, our 2019-20 BCF programme plan has continued unchanged into 2020-21.</p> <p>The template highlights achievements and challenges during the year. Notably, that COVID 19 placed significant pressures on our population and to the local health and care system. In response, our system governance and leadership was enhanced, particularly through the close alignment between all partners in the Local Resilience Forum (LFR) throughout the pandemic. This has led to a long term joint approach to supporting and managing quality and workforce issues in an integrated way for the home care and care home sectors.</p> <p>A joint approach to using data during COVID enabled us to identify our most vulnerable people requiring support, and has informed an integrated approach to providing support using a preventative approach going forward.</p> <p>Particular pressures were seen in acute hospital flow and increased waiting times for planned care. System leadership has also been demonstrated through the development of a</p>

shared Discharge to Assess (D2A) model, which includes innovative approaches to discharge pathways. There is an agreed model across health and social care, with a shared vision, scope and timeline, working to delivery of the shared model in October 2021.

Reporting

The 2020-21 Better Care Fund reporting requirements were paused during the emergency response to COVID-19. In recognition of the disruption and reduced resource caused by the pandemic, the resumed reporting requirements have been significantly reduced.

The requirements were set out to provide essential information relevant to accountability and delivery at the end of year 2020-21. Specifically, the reduced requirements were:

- National Conditions, which are:
 - (i) Agree plan and section 75 pooled fund;
 - (ii) CCG minimum contribution to social care is in line with BCF policy;
 - (iii) Agreed investment in NHS commissioned out of hospital services;
 - (iv) CCG and LA confirmed compliance to the HWB;
- Income;
- Expenditure;
- Income & Expenditure: confirming the BCF allocation has been invested according to the plans;
- Year End Feedback: the key areas of progress and challenge in the last 12 months;
- iBCF: detail of payment to external social care providers

We are awaiting BCF planning guidance for 2021-22. In readiness for its release, we are reviewing our approach to programme areas and partnership governance arrangements for greater integration. This review will consider the positive progress made to establish system response during the pandemic and the direction of travel outlined in the NHS White Paper: 'Integration and Innovation: working together to improve health and social care for all', published in February 2021.

The report template was agreed for submission to NHS England on 24 May 2021 by the following representatives, subject to formal ratification at the Health and Wellbeing Board Commissioning Sub-Committee on 27 May 2021: Councillor Eunice Campbell-Clark (Portfolio Holder for Leisure, Culture and Schools)
Councillor Adele Williams (Portfolio Holder for Adults and

	Health) Sara Storey (Director of Adult Social Care, Nottingham City Council) Lucy Dadge (Chief Commissioning Officer, NHS Nottingham and Nottinghamshire Clinical Commissioning Group) Dr Manik Arora
Is any of the report exempt from publication?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this an Executive decision?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation to the Health and Wellbeing Board: Commissioning Sub-Committee:

To approve the submission of the 2020/21 Better Care Fund Year-End Template to NHS England & Improvement.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The 2020/21 BCF plan built on achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole system perspective.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	The 20/21 Better Care Fund Plan key objectives were described as: <ul style="list-style-type: none"> • remove false divides between physical, psychological and social needs; • focus on the whole person, not the condition; • support citizens to thrive, creating independence - not dependence; • services tailored to need - hospital will be a place of choice, not a default; • not incur delays, people will be in the best place to meet their need;
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	

<p>Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.</p>	<ul style="list-style-type: none"> • the vision is that care is integrated so that the citizen has no visibility of the organisations / different parts of the system delivering it; • people will only be in hospital if that is the best place – not because there is nowhere else to go; • new technologies will help people to self-care; • the workforce will be trained to offer more flexible care; • people will understand and access the right services in the right place at the right time.
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How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

Mental health and wellbeing will need to be a core element of a truly integrated care model. Leadership to this agenda is provided by the Mental Health & Wellbeing Steering Group and consideration to giving equal value to mental and physical health is embedded within individual schemes.

This has been strengthened through the establishment and maturing of Integrated Care Partnership (ICP) in its ability to build further integration and joined up system working and delivery of holistic health and care.

Reason for the decision:	To seek formal approval of the 2020-21 BCF year-end template for submission to NHS England.
Total value of the decision:	None.
Financial implications and comments:	Not applicable.
Procurement implications and comments (including, where relevant, social value implications):	Not applicable.
Other implications and comments, including legal, risk management, crime and disorder:	Not applicable.
Equalities implications and comments:	Not applicable.
Published documents referred to in the report:	None.

Background papers relied upon in writing the report:	None.
Other options considered and rejected:	Not applicable.

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Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Nottingham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board:

Nottingham

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Nottingham	£2,768,450
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£2,768,450

iBCF Contribution	Contribution
Nottingham	£16,114,638
Total iBCF Contribution	£16,114,638

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	No
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Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Nottingham City CCG	£24,733,973
Total Minimum CCG Contribution	£24,733,973

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£24,733,973	

	2020-21
Total BCF Pooled Budget	£43,617,061

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

Nottingham

Running Balances	Income	Expenditure	Balance
DFG	£2,768,450	£2,768,450	£0
Minimum CCG Contribution	£24,733,973	£24,733,973	£0
iBCF	£16,114,638	£16,114,638	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£43,617,061	£43,617,061	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,028,694	£10,359,459	£0
Adult Social Care services spend from the minimum CCG allocations	£13,414,463	£13,414,463	£0

Checklist

Complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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[Link to Scheme Type description](#)

Expenditure

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Access & Navigation	Integrated Care Planning and Navigation	Care Coordination		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£925,369	Existing
2	Access & Navigation	Integrated Care Planning and Navigation	Single Point of Access		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,054,295	Existing
3	Integrated Care	Intermediate Care Services	Other	Includes all subtypes	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,126,266	Existing
4	Integrated Care	Intermediate Care Services	Other	Homecare packages plus integrated care	Social Care		LA			Local Authority	Minimum CCG Contribution	£6,817,062	Existing
5	Integrated Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		LA			Local Authority	Minimum CCG Contribution	£424,133	Existing
6	Integrated Care	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,965,924	Existing
7	Primary Care	Prevention / Early Intervention	Other	Physical Health & Wellbeing	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£2,553,693	Existing

[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

Income

		2020-21	
Disabled Facilities Grant	£2,768,450		
Improved Better Care Fund	£16,114,638		
CCG Minimum Fund	£24,733,973		
Minimum Sub Total		£43,617,061	
	Planned		
CCG Additional Funding	£0		
LA Additional Funding	£0		
Additional Sub Total		£0	
		Actual	
		Do you wish to change your additional actual CCG funding?	
		Do you wish to change your additional actual LA funding?	
			£0
		Planned 20-21	Actual 20-21
Total BCF Pooled Fund	£43,617,061	£43,617,061	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Expenditure

	2020-21
Plan	£43,617,061
Do you wish to change your actual BCF expenditure?	No
Actual	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

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Yes

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Nottingham

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners continue to work closely to delivery programmes and schemes identified within the BCF plan
2. Our BCF schemes were implemented as planned in 2020-21	Agree	The schemes within the BCF Plan have been delivered as planned.
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Agree	Our BCF Plan continues to include schemes that drive integration, particularly Discharge to Assess, which has become a well established joint working between care workers and hospital clinicians to deliver Care Act compliant assessments as part of discharge planning.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	System governance and leadership was enhanced across the system, particularly through the close alignment between all partners in the Local Resilience Forum (LFR) throughout the pandemic. In particular there was a positive approach to home care and care homes with a shared approach supporting the market during COVID, with health and local authority co-chairs providing the system leadership. This has led to a long term joint approach to supporting and managing quality and workforce issues in an integrated way for the home care and care home sectors.
Success 2	3. Integrated electronic records and sharing across the system with service users	As part of the 'proactive interventions programme' work has been undertaken to establish the case for data sharing between Primary Care, Social Care and the Carers Hub provision. Data was used during COVID to identify our most vulnerable people requiring support, and has informed an integrated approach to providing support using a preventative approach going forward. Examples include, the proactive identification of Carers to health from social care and vice versa, with plans in place to send a letter detailing support offered by the Carers Hub to those identified by their GP Practice as undertaking a
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	Other	We expect to see a significant increase in mental health need as a result of the pandemic, and joint work is now progressing to ensure we are able to support people's needs. COVID has presented challenges in providing care and support normally delivered face to face or in clinic settings. This challenge has driven significant improvements in the use of digital technology to achieve more effective and efficient pathways, of note are:

Checklist

Complete:

Yes

Yes

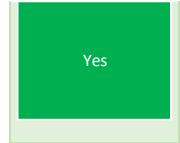
Yes

Yes

Yes

Yes

Challenge 2	9. Joint commissioning of health and social care	COVID 19 placed significant pressures on acute hospital flow and this has led to innovative approaches to discharge pathways. The temporary removal of funding restrictions and new ways of purchasing discharge assessment beds has enabled flexible approaches to the use of wards and beds outside of the acute hospitals and improvement in discharge delays.
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Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund 2020-21 Year-end Template

8. improved Better Care Fund

Selected Health and Wellbeing Board:

Nottingham

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

Respecting these exclusions, the average fees SHOULD INCLUDE:

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional IBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2019-20 fee as reported in Q2 2019-20	Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21?	Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£16.18	£16.22	£16.66	£17.13	2.7%	5.6%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£583.00	£580.20	£580.20	£588.85	0.0%	1.5%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£621.00	£623.99	£623.99	£639.18	0.0%	2.4%
4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.		Our predicted rates for 2019/20 changed based upon the amount of hours picked up by lead providers who are paid significantly more than other contracted providers.				

87 characters remaining

Checklist

Complete:

Yes

Yes

Yes

Yes

5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.



A number of placements were made into residential care at a higher rate in response to the government directive to empty hospitals. A 5% uplift was awarded for 6 months to recognise increased costs (PPE, staffing). Also incl additional block contract

0 characters remaining



Footnotes:

* "." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)

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