



Nottingham and Nottinghamshire



Nottingham  
City Council

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

**Date:** Wednesday 27 July 2022

**Time:** 4:00pm

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

**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
<b>1 Changes to Membership</b> As of 1 July 2022, the NHS Nottingham and Nottinghamshire Integrated Care Board replaced the prior Clinical Commissioning Group.	3 - 4
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<b>3 Declarations of Interests</b>	
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<b>6 Future Meeting Dates</b> For agreement: Wednesday 28 September 2022 at 4:00pm Wednesday 30 November 2022 at 4:00pm Wednesday 25 January 2023 at 4:00pm Wednesday 29 March 2023 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.**

**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: <https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings>. Any person intending to record the meeting is requested to notify the Governance Officer shown above in advance.**

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

<b>Voting Members</b>	
Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Adele Williams Portfolio Holder for Finance
Nottingham City Council's Portfolio Holder with a remit covering Adult Social Care	Councillor Linda Woodings Portfolio Holder for Adult Social Care and Health
Director for Procurement and Commissioning, Nottingham City Council	Katy Ball (Co-Chair)
Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board	Sarah Fleming (Co-Chair)
Clinical Representative, NHS Nottingham and Nottinghamshire Integrated Care Board	<i>Vacant</i>

<b>Non-Voting Members</b>	
Director for Public Health, Nottingham City Council	Lucy Hubber
Director for Adult Health and Social Care, Nottingham City Council	Sara Storey
Head of Commercial Finance, Nottingham City Council	Ceri Walters
Director for Children's Integrated Services, Nottingham City Council	Ailsa Barr
Representative, Healthwatch Nottingham and Nottinghamshire	Sarah Collis Chair

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**Nottingham City Council**

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

**Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 March 2022 from 4.01 pm - 4.20 pm**

**Membership**

**Present**

Sarah Fleming (Co-Chair)  
Katy Ball (Co-Chair)  
Sarah Collis  
Councillor Adele Williams

**Absent**

Dr Manik Arora  
Ailsa Barr  
Sara Storey

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

Anna Coltman - Commissioning Officer  
Catherine Ziane-Pryor - Governance Officer

**13 Apologies for Absence**

Lisa Lopez  
Alisa Barr

**14 Declarations of Interests**

None.

**15 Minutes**

The minutes of the meeting held on 24 November 2021 were confirmed as a true record and signed by the Chair.

**16 Wellbeing At Home**

Anna Coltman, Commissioning Officer, presented the report which, with the current Well-Being at Home contract coming to an end in September 2022, seeks approval to undertake a procurement exercise, re-tendering for the Well-Being Home Service for a five-year contract to the up to the value of £749,999.00.

The following points were highlighted and committee members' questions responded to:

- a) the work of the service has been assessed and found to provide valuable support in enabling citizens to remain independent in their own home the following a period in hospital or through the avoidance of deterioration in health and well-being that could lead to hospital admission;
- b) if the service is not recommissioned, there will be an impact on citizens and will stifle the patient discharge flow from hospital and care bases in that patients will require longer stays of inpatient care, along with a potentially earlier than otherwise admission to inpatient care as the health of some independent living citizens deteriorates;

- a) although the current model is effective for citizens, it is difficult to measure to what extent and how effectively other agencies link into it. The composition of the new contract will include a focus on how best to measure this and prevent duplication. The Commissioning Team will work with partners to ensure that outcomes are measurable and achievable;
- b) the current model is run by the Voluntary Sector and is staffed by volunteers, which, despite health service recruitment issues, does not have a problem recruiting suitable volunteers. It is a brilliant example of how the Voluntary Sector can excel where other services cannot;
- c) City Council Commissioning Team are trialling the new Reducing BAME Inequalities Maturity Matrix’;

Members of the committee commented:

- d) it’s frustrating that whilst the current provider provides a service which all parties are happy with, a recommissioning exercise is required;
- e) to ensure inclusivity of the valuable Voluntary Sector in being able to submit competitive tenders, barriers need to be identified and addressed, such the timings of commissioning windows as there are periods of reduced capacity within the Voluntary Sector, such as during school holidays.

#### **Resolved to**

- 1) endorse Nottingham City Council as the lead commissioner of the Wellbeing at Home service;**
- 2) approve undertaking a procurement exercise during 2022 to re-tender for the Wellbeing at Home service. The commissioning intention is that this will be a 5-year contract with a total value of up to a maximum of £749,999.00;**
- 3) approve the award of a contract to the successful provider following an open and competitive tender process;**
- 4) delegate authority to the Nottingham City Council Director of Commissioning and Procurement to enter into the contract, and to the Nottingham City Council Head of Contracting and Procurement to sign the contract with the service provider;**
- 5) approve the spend associated with this decision subject to the joint approval of the 2022/23 Better Care Fund Plan as detailed in section 4 of the report.**

Reason for decision:

- the existing contractual arrangements end on 30 October 2022 and a decision is required to continue the services.

Other options considered:

- Do nothing: This was rejected as the current contracts are ending with no option for extension and a full procurement exercise must take place;
- Seek to review service provision and explore alternative models: This was rejected for the Wellbeing at Home 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.
- Extending the contracts for a further year: This was rejected as the contract is ending with no option for extension and a decision is required to put in place a new arrangements. A new contract will allow commissioners to work with a Provider to explore opportunities for achieving better value for money, to review and remodel the service and to explore broader range of support for citizens. Commissioners will also initiate development work with a provider to create an outcomes focussed service model. This development work will form part of the annual reviews.

## **17 Future Meeting Dates**

Agreed to note that the Committee will next meet on Wednesday 25 May 2022 at 4pm.

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**Nottingham City Health and Wellbeing Board  
Commissioning Sub-Committee  
27 July 2022**

<b>Report Title:</b>	Better Care Fund 2021-22 Year-End Template
<b>Lead Officer(s) / Board Member(s):</b>	Sarah Fleming – Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board
<b>Report author and contact details:</b>	Naomi Robinson – Joint Commissioning Manager <a href="mailto:naomi.robinson2@nhs.net">naomi.robinson2@nhs.net</a>
<b>Other colleagues who have provided input:</b>	
<b>Subject to call-in:</b> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	
<b>Type of expenditure:</b> <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
<b>Total value of the decision:</b>	Nil
<b>Executive Summary:</b>	The purpose of this report is to approve the Nottingham City Better Care Fund (BCF) 2021-22 Year-End reporting template, which was submitted to NHS England & Improvement on 27 May 2022. 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.
<b>Does this report contain any information that is exempt from publication?</b>	No
<b>Recommendation(s):</b> The Committee is asked to:	1. approve the 2021-22 Better Care Fund Year-End Template.

<b>The Joint Health and Wellbeing Strategy</b>	
<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	<p>The priorities for 2021-22 build on the progress to date, as well as ensuring a robust response to the Covid-19 pandemic and reflecting system transformation priorities. 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.</p> <p>The BCF funding has been used to deliver a wide range of services and new functionality that support integrated approaches, e.g., integrated care teams, sharing data across organisational boundaries, and integrated approaches to hospital discharge. Throughout the Covid-19 pandemic, work has been carried out in a more integrated way, with an awareness of the greater opportunities for future ways of working. Focused efforts have been made to retain these working arrangements where they have supported effective partnership working.</p> <p>The development of joint commissioning and the Collaborative Commissioning and Planning Framework have underpinned the view that the BCF will become a key driver for transformation and integration. This will support the developing approach to enable Place-Based Partnerships (PBP) to develop and deliver community-facing integrated care, joining up community services across sectors and working with community leaders.</p>
<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 BCF plan include care coordination and multi-disciplinary health and care planning. This should include meeting mental health needs as part of proactive care pathways and hospital discharge planning. This has been strengthened by the maturing PBP in its ability to build further integration and joined up system working and delivery of holistic health and care.</p>	

## 1. Reasons for the decision

### Reporting

- 1.1 The 2021-22 BCF planning requirement included three new performance metrics and the year-end reporting template reinstated monitoring against these. The metrics are:
- unplanned hospitalisation for chronic ambulatory care sensitive conditions;
  - reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days;
  - improving the proportion of people discharged home using data on discharge to their usual place of residence;
  - rate of permanent admissions to residential care; and
  - proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation.
- 1.2 The 2021-22 BCF year-end reporting template requires assessment against progress for each of these metrics and to highlight challenges, support needs and achievements. 'On track to meet target' has been reported for each metric, except 'Avoidable Admissions' where it has been reported 'data not available to assess progress against target' (though it is possible to provide an update based on local data). The following system challenges have been highlighted in meeting the metric targets for 2021-22:
- a slight increase in admissions relating to Covid-19 and/or conditions that deteriorated over lockdown periods;
  - Covid-related sickness absence impacted the ability to provide sufficient homecare provision;
  - reduced homecare provision led to an increased use of interim beds and likely increase in the number of people subsequently moving into permanent residential care as a result of deconditioning.
- 1.3 The report noted that demand avoidance schemes such as 2-hour community response services and Same Day Emergency Care pathways have helped keep the admission growth to a minimum. There was also success in focused work to recruited more permanent homecare staff.

### Year-end feedback

- 1.4 The 2021-22 BCF year-end template requires the highlighting of success and challenges in driving the enablers of integration. Highlighted success are in establishing a senior partnership governance and oversight for plans to improve market management of home care support, recruitment and training. Also in developing integration to sharing information for patients being discharged from hospital with additional social complexity (health, care, substance misuse and housing).
- 1.5 We highlighted challenges are in the recruitment and retention across social care and health workforce. This has been exacerbated by the ongoing impact from Covid-19 on staffing levels (including adhering to advisory 5 day self-isolation period).

Significant recruitment challenges are noted in the adult social care and home care market.

### **National conditions declaration and additional requirements**

- 1.6 The 2021-22 BCF year-end template includes the following additional information:
  - National Conditions, which are: to agree a plan and section 75 pooled fund; Integrated Care Board minimum contribution to social care is in line with BCF policy; an agreed investment in the NHS commissioned out of hospital services; and a plan for improving outcomes for people being discharged from hospital.
  - Income and Expenditure Actual: confirming the BCF allocation has been invested according to the BCF planning template.
  - Adult Social Care Fee Rates: detail of payment to external social care providers.
- 1.7 The 2021-22 BCF Planning requirements included a narrative template, which describes the Nottingham and Nottinghamshire Integrated Care System's approach to reviewing the BCF Programme as an integral part of wider work to produce a Collaborative Commissioning and Planning Framework, and to support our developing approach to integrated delivery of health and care.

### **2. Other options considered and rejected**

- 2.1 To not submit the return: this option is rejected as the BCF reporting to NHS England & Improvement is a national requirement.

### **3. List of background papers relied upon in writing this report**

- 3.1 None.

### **4. Published documents referred to in this report**

- 4.1 None.

## Better Care Fund 2021-22 Year-end Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, 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, 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) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform 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 clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEX) prior to publication.

#### 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 grey background, as below:

Data needs inputting in the cell

Pre-populated cells

### **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 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 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 submission.

### **2. Cover**

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

[england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

(please also copy in your respective Better Care Manager)

3. 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 Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (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/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board 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 within the quarter 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: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

#### 4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans 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 that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

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

#### 5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

**Income section:**

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

**Expenditure section:**

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

## 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

### Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree

- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

## Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

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

## 7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

**Better Care Fund 2021-22 Year-end Template**

**2. Cover**

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative 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 BCE) 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, including that provided on local authority fee rates, 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.

<b>Health and Wellbeing Board:</b>	Nottingham	
<b>Completed by:</b>	Naomi Robinson	
<b>E-mail:</b>	Naomi.Robinson2@nhs.net	
<b>Contact number:</b>	MS Teams	
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	No, subject to sign-off	
<b>If no, please indicate when the report is expected to be signed off:</b>	Wed 27/07/2022	<< Please enter using the format, DD/MM/YYYY
<b>Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):</b>		
<b>Job Title:</b>	Sarah Fleming	
<b>Name:</b>	Head of Joint Commissioning	

**Checklist**

Complete:

Yes

Yes

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](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'**

**Complete**

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

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

[^^ Link back to top](#)

## Better Care Fund 2021-22 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 2021-22:
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? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	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) Plan for improving outcomes for people being discharged from hospital	Yes	

**Checklist**

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2021-22 Year-end Template

### 4. Metrics

Selected Health and Wellbeing Board:

Nottingham

National data may like be unavailable at the time of reporting. As such, please utilise 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 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,150.0				Data not available to assess progress	Avoidable admissions were 1% higher than the pre-pandemic 19/20 baseline. This slight increase will be caused by Covid admissions and conditions that deteriorated over lockdown periods.	Demand avoidance schemes such as 2hr community response services and SDEC pathways have helped keep this growth to a minimum.
<b>Length of Stay</b>	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	<b>14 days or more (Q3)</b>	<b>14 days or more (Q4)</b>	<b>21 days or more (Q3)</b>	<b>21 days or more (Q4)</b>	On track to meet target	The number of people who reside in hospital when medically safe remain high numbers.	Both the Q3 and Q4 targets were met with 6.5% of in-patients waiting 14 days or more and 3.7% of patients waiting 21 days or more
		9.5%	9.0%	4.7%	4.5%			
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	93.0%				On track to meet target	Covid related sickness absences limited home care capacity which has led to discharge delays across the system. The current rate is 92.8% of people discharged to their normal place of residence	Recruitment of permanent staff for home based pathway 1 discharge services
<b>Res Admissions*</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	722				On track to meet target	There continue to be significant challenges around homecare waiting lists resulting in use of interim beds with some people moving into permanent residential homes as a result of deconditioning	Though we have achieved the specified target there is a programme to further reduce admissions to permanent residential care.
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	73.1%				On track to meet target	Challenges around high number of cases for transfer from reablement to homecare sector. This is additional to pressures around staffing	On track despite challenges

**Checklist Complete:**

Yes

Yes

Yes

Yes

Yes

\* In the absence of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

## Better Care Fund 2021-22 Year-end Template

### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

#### Income

2021-22		
Disabled Facilities Grant	£2,768,450	
Improved Better Care Fund	£16,114,638	
CCG Minimum Fund	£26,056,676	
<b>Minimum Sub Total</b>		£44,939,764
	Planned	
CCG Additional Funding	£0	
LA Additional Funding	£0	
<b>Additional Sub Total</b>		£0
	Actual	
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£0
	Planned 21-22	Actual 21-22
<b>Total BCF Pooled Fund</b>	£44,939,764	£44,939,764

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	N/A
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#### Expenditure

2021-22	
Plan	£44,939,764
Do you wish to change your actual BCF expenditure?	No
Actual	£44,939,764

#### 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 2021-22

N/A



## Better Care Fund 2021-22 Year-end Template

### 6. 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 2021-22. 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 to 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 2021-22	Agree	The schemes within the BCF Plan have been delivered as planned.
3. The delivery of our BCF plan in 2021-22 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

#### 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 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Senior partnership meeting to provide robust governance and oversight around the challenges and plans to improve market management of home care support, recruitment and training.
Success 2	3. Integrated electronic records and sharing across the system with service users	Progress to support increased pace of the transfer of appropriate information to support discharges requiring MDT planning, this includes specific work to support the appropriate sharing information for people who have complex health, care, substance misuse and housing related issues.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Significant recruitment challenges in the Adult Social Care, home care and care home market, inclusive of CHC placements. This is contributing to the system remaining challenges in achieving discharges same day as medically safe.

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Challenge 2	Other	There are pressures on recruitment and retention across social care and health workforce. This has been exacerbated by the ongoing impact from COVID on staffing levels (including adhering to advisory 5 day self isolation period). This is contributing to challenges in delivering across a number of areas including implementation of strength based assessment and in delivering timely transfers of care.
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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

7. ASC fee rates

Selected Health and Wellbeing Board:

Nottingham

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

**These questions cover average fees paid by your local authority (gross of 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 (gross of client contributions/user charges),** reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

**Specifically the averages SHOULD therefore:**

- EXCLUDE/BE NET OF 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.
- EXCLUDE/BE NET OF 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.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE 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.
- EXCLUDE care packages which are part funded by Continuing Health Care 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 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
<b>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)</b>	£17.13	£16.53	£17.39	5.2%
<b>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)</b>	£588.85	£587.51	£605.93	3.1%
<b>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)</b>	£639.18	£617.39	£607.18	-1.7%
<b>4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.</b>		Changed basis as using an updated method of identifying CHC funded citizens. Homecare has also changed to an average based on citizen-hours, so that new block payments could be more easily incorporated		

48 characters remaining

Complete:

Yes

Yes

Yes

Yes

**Footnotes:**

- \* "." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report
- \*\* 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.)
- \*\*\* Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

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