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Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Date: Wednesday, 30 November 2022

Time: 3.30 pm

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

Governance Officer: Catherine Ziane-Pryor, Governance Officer
Direct Dial: 0115 8764298

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**

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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Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 July 2022 from 4.00 pm - 4.13 pm

Voting Membership

Present	**Absent**
Sarah Fleming (Chair)	Dr Manik Arora
Katy Ball	
Councillor Adele Williams	
Councillor Linda Woodings	

Non-Voting Membership

Present	**Absent**
Lucy Hubber	Sara Storey
Sarah Collis	Ceri Walters
	Ailsa Barr

Colleagues, partners and others in attendance:

Naomi Robinson	-	Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board
Kate Morris	-	Governance Officer

Call in

Unless stated otherwise, all decisions made by the Nottingham City Health and Wellbeing Board: Commissioning Sub-Committee are subject to call-in. The last date for call-in is Thursday 4th August 2022. Decisions cannot be implemented until the next working day following this date.

1 Changes to Membership

The Committee noted that the NHS Nottingham and Nottinghamshire Integrated Care Board is now the NHS body represented on the Sub-Committee, as it replaced the prior Clinical Commissioning Group as of 1 July 2022.

The committee highlighted that Dr Manik Arora was no longer a member of the group. Sarah Fleming will confirm a replacement

2 Apologies for Absence

Sara Storey – Director for Adult Health and Social Care, Nottingham City Council

3 Declarations of Interests

None.

4 Minutes

The Committee confirmed the minutes of the meeting held on 30 March 2022 as a correct record and they were signed by the Chair.

5 Better Care Fund 2021-22 Year-End Template

Naomi Robinson, Senior Joint Commissioning Manager at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the Nottingham City Better Care Fund (BCF) 2021/22 year-end template. The following points were discussed:

(a) The template reports that progress for each metric is on target, apart from the avoidable admissions where national data was unavailable to assess the progress. Looking at local data this metric is still on target;

(b) Challenges highlighted by the template include a slight increase in admissions relating to Covid 19 and other conditions that deteriorated during lock down, Covid related sickness absence impact ability to provide sufficient homecare provision and an increased use of interim beds and likely increase of people moving to permanent care as a result of the reduced homecare provision;

(c) The template helps commissioners to carefully consider how the schemes commissioned work together to provide care, it provides a framework that allows commissioners to assess how well the schemes are integrated and to think creatively about service provision;

(d) It can be challenging to see the benefit of prevention services when they are only given a relatively short period. Benefits of prevention work are more likely to be seen over the long term, and the services are not always in place long enough to show the benefits to the system as a whole;

(e) A longer term approach to commissioning is important and the City has been working for the last 15 years on services that are showing benefit, however with the significant cuts over the last decade it has been hard to maintain all of these services.

Resolved to approve the 2021-22 Better Care Fund Year-End Template.

- **Reasons for the decision**

The purpose of this report is to approve the BCF 2021-22 year-end reporting template for submission to NHS England & Improvement. The template confirms the status of continued compliance against the requirements of the BCF, including the final end of year spending position, and provides information about challenges, achievements and support needs in progressing delivery.

- **Other options considered**

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

6 Future Meeting Dates

Resolved to meet on the following dates:

- **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**

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Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
30 November 2022

Report Title:	**Commissioning Support Services for Carers**
Lead Officer(s) / Board Member(s):	Katy Ball Director of Commissioning and Partnerships (Nottingham City Council)
Report author and contact details:	Charlotte Dodds Commissioning Officer (Nottingham City Council) Charlotte.Dodds@nottinghamcity.gov.uk 0115 876 4460
Other colleagues who have provided input:	Lisa Lopez, Interim Commissioning Lead- Children (Nottingham City Council)
Subject to call-in: ☒ Yes ☐ No	
Key Decision: ☒ Yes ☐ No	
Criteria for a Key Decision: **(a)** ☒ Expenditure ☐ Income ☐ Savings of £750,000 or more, taking account of the overall impact of the decision **and/or** **(b)** Significant impact on communities living or working in two or more wards in the City ☐ Yes ☒ No	
Type of expenditure: ☒ Revenue ☐ Capital	
Total value of the decision:	£6,426,360 (Nottingham City contribution over 9 years) £714,040 (p/a)

Executive Summary:

This report seeks approval for the procurement of services to support both adult carers and young carers, including proactive outreach to identify carers in a variety of settings, and carrying out statutory assessments to identify carer's needs. The proposed services are detailed in Appendix 1. Carers have been consulted with to ensure the proposed service models are designed to better meet their needs.

Local authorities have a statutory duty to proactively identify, assess and support carers in their area under The Care Act 2014, and to young carers under The Children and Families Act 2014.

It is proposed that the services are re-commissioned jointly between Nottingham City Council, Nottinghamshire County Council, and the Integrated Care Board (ICB), with Nottinghamshire County Council leading on the procurement. This will allow the continued development of seamless support for carers across both Health and Social Care throughout Nottingham and Nottinghamshire.

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

Recommendation(s): The Committee is asked to:

Recommendation 1: Approve the procurement of the three Carer Support Services detailed in Appendix 1, through an appropriate procurement process, and to award the contracts for the services based on the outcomes of the procurement process. The approved contracts would commence on the expected start date of 1 October 2023, for a four –year period with an option to extend for a further four years (i.e.4+4), to a maximum of 8 years in total. The procurement of and contractual arrangements for the Carer Support Services are to be undertaken jointly by Nottingham City Council, Nottinghamshire County Council and the ICB, subject to agreement of suitable processes and arrangements by the Director of Commissioning and Partnerships (Nottingham City Council), the Adult Social Care Cabinet (Nottinghamshire County Council) and the appropriate ICB approval route.

Recommendation 2: Approve the expenditure of £6,426,360 of the Better Care Fund budget over the entirety of the terms of the contracts for the provision of the Carer Support Services detailed in Appendix 1(Nottingham City's proposed spend only).

Recommendation 3: Delegate authority to the Director of Commissioning and Partnerships (Nottingham City Council) in conjunction with the Adult Social Care Cabinet (Nottinghamshire County Council) and the appropriate ICB approval route to approve the outcome of the procurement processes and award contracts to providers that are deemed most suitable to provide these services.

Recommendation 4: Delegate authority to the Head of Procurement (Nottingham City Council) in conjunction with the Adult Social Care Cabinet (Nottinghamshire County Council) and the appropriate ICB approval route to sign the final contracts and agree annual extensions on the basis of performance and budget availability.

Recommendation 5: To approve extension of the current carers support services contracts, for up to 12 months, to enable the seamless transfer of the current contract with the start date of the new contract, at a maximum cost of £714,040, beyond the agreed contract end date of 31st March 2023.

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

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	Unpaid carers are typically more likely to have poorer physical and mental health outcomes than a person who does not have caring responsibilities. Carers Week 2020 Research Report identified three top challenges: - Managing the stress and responsibility (71%) - The negative impacts on their physical and mental health (70%) - Not being able to take time away from caring (66%) Reports have also found the more hours of care carers provide per week results in a tendency to experience poorer health and wellbeing. In Nottingham City more carers provide more hours of care than is average in the UK. The carers support services discussed in this report will contribute to Aim 2 by providing advice, information, support, and respite/ breaks to carers who have greater health inequalities to the general population.

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 proposed new carer support services will give equal value to mental and physical health. Mental health is often stigmatised in society and historically has been seen as less important than physical health; therefore, carer support services need to give specific focus and priority to mental health to ensure equal value to physical health is achieved. The services will ensure that the impact of caring leading to poor mental health is addressed. They will support working to reduce poor mental health and promote positive mental wellbeing. Carers who are caring for somebody with a mental health condition, or who they themselves have a mental health condition, are a priority group for support. Carers Assessments and support plans will give equal focus to assessing how mental and physical health affects wellbeing and providing appropriate support to those with long term physical and mental health conditions.

1. Reasons for the decision

1.1 To provide support for carers in Nottingham City. There are an estimated 54,400 carers in Nottingham City (Carers UK 2021). It's acknowledged that this is likely to be an under-estimation, and with demand for health and social care support expected to rise over the next 20 years, this figure is likely to increase. Carers typically experience higher levels of stress and poverty, and poorer physical and mental health than the general population, due to the demands of the caring role. Carers provide support to Nottingham City's most vulnerable citizens, preventing the people they care for from requiring greater degrees of health and social care support. By supporting carers we improve the carer's quality of life. We also support cared-for citizens to remain in their own homes, maintain independence and reduce their incidences of requiring hospital admissions and residential care. Carers' quality of life can be improved through early identification, assessment, and support – key elements of the proposed Carer Support Services. We will also seek to improve the carers' respite/breaks offer to better suit the differing needs of carers via a home-based respite service and carers personal budgets therefore not relying on a singular provider to meet all carers respite/breaks needs. This will give carers greater autonomy and choice to meet individual needs.

1.2 To support the fulfilment of statutory duties towards carers under The Care Act 2014, and to young carers under The Children and Families Act 2014. The Care Act 2014 places a duty on local authorities to proactively identify, assess and meet the needs of carers in their area who might have support needs that are not being met. The Care Act defines a carer as anyone who provides any amount of unpaid care, including the carers of citizens who are not receiving social care support. The Care Act requires local authorities to identify carers' needs through statutory Carers Assessments. The Children and Families Act 2014 requires local authorities to offer an assessment to young carers (aged under 18 years old) where it appears that a child is involved in providing care. This legislation is aligned with provision in the Care Act.

1.3 To support joint commissioning across the whole health and social care system in Nottinghamshire and the City of Nottingham. Nottingham City Council, Nottinghamshire County Council, and the ICB have worked together, and with carers, for the first time to co-produce a draft Joint Carers Strategy to meet the needs of carers across the whole Integrated Care system (ICS). There are clear benefits to citizens and to us as organisations in having a single point of contact for carers across the City and County. In order to jointly commission the services, we need to align the City and County contract end dates. This report seeks approval to extend the existing contracts for up to 12 months beyond the previously agreed period in order to achieve this. Contracts will only be extended for the minimum period required, with new services expected to commence from 1 October 2023.

1.4 To support co-production. The new carer support services are being co-produced with carers. This is a new way of working for all organisations. Co-production requires significant time investment to be carried out effectively. Previous co-production on the Carers Strategy has been facilitated by an external provider

commissioned by the County Council. This organisation is no longer able to support the re-commissioning process due to conflicts of interest. Carers have raised specific concerns that the benefits of the co-production work that has taken place as part of the draft Joint Carers Strategy will be lost if commissioners are not able to devote sufficient time to develop the new services co-productively with carers. Therefore, this report seeks approval to extend the existing contracts for up to 12 months beyond the previously agreed period, as noted in point 1.3.

1.5 To improve efficiency and best value for money in the services we commission. A single efficient combined Carers Hub could support a far greater number of carers, with reduced costs in service management, and in procurement and contract management. As part of the co-production work to produce the draft Joint Carers Strategy which set out plans and aims for the re-commissioning of carer support services carers identified the need for a single point of contact across City and County.

2. Other options considered and rejected

2.1 **Option 1:** Do nothing. The contracts for carer support services would end and not be re-commissioned, removing support for carers outside of support for the cared-for citizen. The Care Act 2014 places a duty on local authorities to proactively identify and meet the needs of adult carers in their area who might have support needs that are not being met and the Children's Act 2014 places a duty on local authorities to meet the needs of young carers. Without commissioned carer support services the requirement to carry out Carers Assessments and Young Carers assessments would fall entirely on Adult's and Children's social services, resulting in long waiting times for assessments, fewer carers being assessed and likely escalation of needs in both the carer and the cared-for citizen during this time. As well as the potentially disastrous impact on the quality of life of these citizens, this would be likely to result in increased costs to both Health and Social Services. Therefore, this option is not recommended.

2.2 **Option 2:** Re-commission services for Nottingham City only, without jointly re-commissioning with Nottinghamshire County Council. Many carers provide care across City/County boundaries, with the carer living in one local authority area and the cared-for citizen living in another. This places additional stress on the carer as they interface with both local authorities and services. For several years now, carers have identified the need for a single point of access to carer support services across Nottingham and Nottinghamshire. This Strategic Commissioning Review has been the first opportunity the local authorities have had to jointly review and re-commission services together. Not to do so would be to disregard both the wishes of our carers, and the aims and plans set out in the draft Joint Carers Strategy. Therefore, this option is not recommended.

3. Risk implications

3.1 Risk that increased awareness-raising and identification of carers leads to increased demand for services, and that capacity in the commissioned services is insufficient to

adequately support the carers. Re-commissioning services jointly with Nottinghamshire County Council and the ICB will provide best value for money and make best use of joint resources to maximise capacity available.

3.2 Risk that in extending contracts for a further year, Nottingham City Council would be open to potential challenge from providers due to extending beyond the maximum contract terms. This is mitigated in that the proposed new procurement will take place within the term of the original contract. Nottinghamshire County Council will lead the procurement and will issue a notification to the market to ensure potential providers are aware of the upcoming tender. If we wish to align procurement timescales within the County Council, an alternative for doing so would be to tender for services for a single year. Potential providers would be highly unlikely to bid to provide services for a single year as the set-up costs for such a short time period and the TUPE implications would render it not financially viable.

3.3 Prior to soft market testing there was a risk that providers may not have viewed the new service model as viable and therefore not bid for the tender. Provider responses indicated that in general service models were seen as viable and providers were interested in bidding. Provider feedback was used to refine the final service models.

4. Financial implications

4.1 This report seeks approval for the procurement of services to support both adult carers and young carers, including proactive outreach to identify carers in a variety of settings, and carrying out statutory assessments to identify carer's needs.

4.2 The total maximum value of the decision is £6,426,360 for the Nottingham City Council contribution to the joint contracts. This is based on £714,040 per year (£6,426,360 over the whole 8-year life of the contract plus 1 year extension of the existing contract).

4.3 Finance agrees with the proposal that the services are re-commissioned jointly between Nottingham City Council, Nottinghamshire County Council, and the Integrated Care Board (ICB), with Nottinghamshire County Council leading on the procurement to allow the continued development of seamless support for carers across both Health and Social Care throughout Nottingham and Nottinghamshire.

4.4 5 Recommendations have been put forward as detailed in this report which Finance support as per the comments in this section.

4.5 This decision seeks approval for the procurement of the three Carer Support Services detailed in Appendix 1, through an appropriate procurement process, and to award the contracts for the services based on the outcomes of the procurement process. The approved contracts would commence on the expected start date of 1 October 2023, for a four–year period with an option to extend for a further four years to a maximum of 8 years in total.

4.6 The procurement of and contractual arrangements for the Carer Support Services are to be undertaken jointly by Nottingham City Council, Nottinghamshire County Council and the ICB, subject to agreement of suitable processes and arrangements by Director of Commissioning and Partnerships (Nottingham City Council), the Adult Social Care Cabinet (Nottinghamshire County Council) and the appropriate ICB approval route.

4.7 **The table set out in appendix 1 attached** to this report sets out details of the proposed contracts for the provision of support services for Nottingham City carers.

Funding and Budgets

4.8 This decision is to be fully funded from the Better Care Fund (BCF)as follows;

- Nottingham City Council - £714,040 per year (£6,426,360 over whole 8-year life of contract plus 1 year extension of existing contract)
- Contracts will only be extended for the minimum period required, with new services expected to commence from 1 October 2023.
- Nottinghamshire County Council will lead on the procurement of the carers support service services.
- It should be noted that if the BCF Funding were to change say reduce in value, then the services will have to be re-aligned to reflect these changes and to reduce pressure arising within the council core budgets to fit within the revised funding envelope.

4.9 This report also seeks approval to extend the existing contracts for up to 12 months beyond the previously agreed period to achieve this covering the period 1 October 2022 to 30 September 2023.

4.10 Carers' quality of life can be improved through early identification, assessment, and support These are the key elements of the proposed Carer Support Services as well as improve the carers' respite/breaks offer to better suit the differing needs of carers via a home-based respite service and carers personal budgets. Thus, minimising risk by not relying on a singular provider to meet all carers respite/breaks needs, giving carers greater autonomy and choice to meet individual needs.

Risks and Mitigations

4.11 There are several live risks within Adult Social Care that will impact the Support Services for Carers. Key Risks include the following:

- ASC reforms
- Grant Income – Better Care Fund, specifically
- Cost of living impact
- Market – sustainability/availability
- Fee rates paid to external care providers
- Personal Budgets for Carers
- Workforce – recruitment and retention for both NCC and the service providers
- Unmet needs/backlogs/service demand

4.12 It is essential that these risks are monitored closely, quantified, and flagged via the appropriate process'. The service also need to ensure that expenditure is robustly

monitored and is line with any decision approved, any change will require a further decision via the appropriate approval process.

4.13 As this decision is to be funded in full by the BCF, the service need to ensure that the expenditure continues to be in line with the grant conditions and that the relevant processes in relation to this grant funding are adhered to, eg; the completion of the BCF planning template and any other returns as required.

4.14 **The recommendations have the following benefits:**

1. The appropriate ICB approval route to approve the outcome of the procurement processes and award contracts to providers that are deemed most suitable to provide these services
2. Decisions affecting the project could be made much more quickly and efficiently involving senior management and personnel on the front-line directly working on the project. This will minimise and mitigate potential risks arising.
3. Award of contracts and extensions will be subject to continued achievement of target outputs and agreed based on performance and budget availability.
4. Close monitoring of the contracts on annual basis to ensure that the spend is within the set budgets and quality of service provided as per service level agreement

Harriet Kateregga
Interim Senior Commercial Business Partner – Adults

Hayley Mason
Strategic Finance Business Partner – Adults and Public Health

5. Legal implications

5.1 The proposals set out in the report raise no significant legal issues provided that compliant procurement processes are properly followed, and appropriate contracts entered into in a timely manner following any contract award.
Malcolm R. Townroe -Director of Legal and Governance – 11 November 2022

6. Procurement implications

6.1 Nottingham City Council's Procurement Team support the decision to procure the Carers Contracts as described in this report and will be engaged with the process accordingly.

7. Equalities implications

7.1 The Equality Impact Assessment has been reviewed. There are no equality impacts to any of the protected characteristics. I am therefore happy to sign off.
Rosey Donovan Equality and Employability Consultant – 14 November 2022

7.2 EQIA Appendix 2

8. Any further implications

8.1 Carbon Impact Assessment (CIA) (+2 rating) Appendix 3
8.2 Data Protection Impact Assessment (DPIA) underway

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

9.1 Proposed Service Details Appendix 1
9.2 EQIA Appendix 2
9.3 Soft Market Testing
9.4 Respite Options Appraisal

10. Published documents referred to in this report

10.1 Policies and Strategies

- The Care Act 2014
- The Children and Families Act 2014
- Draft Joint Carers Strategy 2023-2027

10.2 Carers Assessment Template
10.3 Developing Carer Support Services slides from 19.07.22
10.4 Carer Support Services Proposed Models
10.5 Feedback Themes Carers Support Services Partners Event
10.3 Any other national reports for figures

- Carers Week 2020 Research Report
- Carers UK 2021

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Appendix 1

CARER SUPPORT SERVICE CONTRACTS

The table below sets out details of the proposed contracts for the provision of support services for Nottingham City carers. Services are funded through the Better Care Fund:

- Nottingham City Council - **£714,040** per year (£6,426,360 over whole 8-year life of contract plus 1-year extension of existing contract)
- Nottinghamshire County Council - **£880,000 per year** (£7,040,000 over the whole life of contract)

Nottinghamshire County Council will lead on the procurement of the carers support service services.

Services	Proposed Period of Award	Proposed Maximum Contract Values	**Value for Money** It is envisaged that the re-commissioning and procurement of these services will provide value for money as follows:
Carers Hub The new single point of contact for carers will include the provision of the following: • Proactive promotion and outreach, information, advice & support, statutory Carers Assessments, emergency planning • Management of referrals to carers respite/ breaks	4 years with an option to extend for a further +4 (Maximum 8 years 2023 - 2031)	**Maximum annual value: £263,000** **Maximum lifetime value (8 years): £2,104,000**	• It is proposed that the services be re-procured jointly between Nottingham City Council, Nottinghamshire County Council and NHS Nottingham City and Nottinghamshire in order to release economies of scale. • Offering an 8-year contract will ensure continuity of delivery and allow time to develop and implement service improvements and efficiencies. Feedback from providers through market testing has strongly indicated that a short contract length has a significant impact on service prices and is a barrier to developing and investing in service improvements.
Carers Respite/Breaks Respite/ breaks will take the form of: • Home-based Respite service • Small Carers Personal Budget	4 years with an option to extend for a further +4 (Maximum 8 years 2023-2031)	**Maximum annual value: £291,040** **Maximum lifetime value (8 years): £2,328,320**	

Young Carers Support Service The service will provide information, advice and support for carers aged under 18 years old, including statutory Young Carers Assessments, emergency planning, and activities for young carers.	4 years with an option to extend for a further +4 (Maximum 8 years 2023-2031)	**Maximum annual value: £160,000** **Maximum lifetime value (8 years): £1,280,000**	
Total maximum annual value		**£714,040**	
Total maximum lifetime value (8 years)		**£5,712,320**	
Extension of existing contract (1 year)		**£714,040**	
Total expected cost			**Up to £6,426,360 (over 9 years)**

Nottingham and Nottinghamshire CCG's Equality and Quality Impact Assessment

When public sector organisations undertake any work involving changes that will impact service users there is a duty to consider the impacts of that change / project. The aim of such an impact assessment is not to eliminate risk, but for both project leads and organisations to be fully informed of any risks and impacts before deciding to proceed with a change / project. This Equality and Quality Impact Assessment (EQIA) template has been developed to bring together equality and quality impact considerations into a single assessment process. It should be completed whenever there is a change to a service / pathway that is directly commissioned by the CCG, a CCG Quality Innovation Productivity and Prevention (QIPP) scheme and any new CCG business or project where it is appropriate to assess the impact of the proposed piece of work.

To support understanding and completion of the EQIA, please refer to the glossary at EQIA Glossary July 2020.docx, the CCG's EQIA Standard Operating Procedure (see below) and EQIA Process Flowchart (see below).

EQIA Standard Operating Procedure V

V6.1 EQIA Process Flowchart updated Nc

The EQIA is designed to:

- Assess the impact of proposed changes in line with the CCG's duty to reduce health inequalities in access to health services and in health outcomes
- Assess the impact of proposed changes to services in line with the CCG's duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any direct or indirect discrimination or negative effect on equality for service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process to enable the escalation of any risks and prevent equality and quality risks from being considered in isolation
- Support in determining whether a project can proceed, proceed with identified action, or not be progressed

EQIAs are 'live' documents, and as such, are required to be revisited at key stages of project development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

Section 1: Project Overview

Proposal / Project Title: Joint Commissioning of Carers Services.
Project / Commissioning Lead: Naomi Robinson, Senior Joint Commissioning Manager.
Senior Responsible Commissioning Lead: Hazel Buchanan
Quality Directorate Lead:
Patient Engagement Lead:
EQIA Completed By/ Date: Lucy Gally, Strategic Programmes Project Manager.

Description of Project:

(Include all relevant documents)

It is asked that the EQIA team review the proposed changes to jointly commission carers services in Nottingham & Nottinghamshire. A future model and outcomes are being agreed, but it is not possible to align all procurement and commissioning yet. The Carers Strategy Board will oversee the increasing alignment.

Nationally it is estimated that the total number of unpaid carers has increased from 6.3 million in 2011 to 13.6 million in 2020 – 4.5 million of these new to caring since the start of the Covid-19 pandemic. For those already providing care 81% were providing more care. (Carers UK, 2021)

Based on the 2011 census it is estimated there are 189,040 carers within Nottinghamshire in 2021 with an estimated 45,181 of carers providing over 50 hours of care per week. Within Nottingham City there are an estimated 54,400 carers with an estimated 15,150 providing over 50 hours of care per week.

Approximately 12% of all Carers are believed to be under 25. The Nottingham Joint Strategic Needs Assessment highlights 2.5% of carers in Nottingham are aged under 16 years old (around 680 young carers) and a further 10% are aged 16-24.

Data from a GP patient survey in 2021 revealed that:

- 60% of carers report a long-term health condition or disability compared to 50% of non-carers
- 70% of lesbian, gay, or bisexual carers report a long-term condition compared to 60% of straight carers
- Carers from some backgrounds were less likely to say the healthcare professional they saw recognised and understood any mental health needs they had. Whilst 86% of white carers said they felt they did, this dropped to 78% of black carers and 76% of Asian carers.
- 36% of lesbian, gay, or bisexual carers have a mental health condition compared with 13% of heterosexual carers.[1]

In 2020 a review was undertaken jointly with commissioning leads for City and County Local Authorities. The review focused on the provision of planned and commissioned support for the carer rather than in the name of the cared for person and therefore prior to the threshold for eligibility for social care or Continuing Health Care packages of care.

The focus of the review was to establish shared principles and future joint commissioning approach for Carers services between the LA and CCG.

The review recommendations were:

- Joint commissioning of a single carers hub for Nottingham and Nottinghamshire as a first point of contact for all carers to provide identification, support planning, signposting and a gateway into carers respite.
- Continue investment into carers breaks/respite with the stipulation that this provision is for carers whose cared-for person is below the threshold for social care support and is linked to a personalised health and wellbeing plan (as part of the Carers assessment).
- System linkage and embedding carers support across the health and care system (with a focus on identification and signposting within primary care).
- Improved monitoring of health outcomes.

During 2022 Nottingham City Council, Nottinghamshire County Council, and Nottingham and Nottinghamshire CCG co-produced a joint carers strategy with local carers and carer support organisations. Following on from this the organisations continue to work in partnership with local carers to review and re-commission services which support carers of all ages, across Nottingham and Nottinghamshire.

At present service specifications are being written for the joint re-commissioned model to include:

A Carers Hub (working at PCN level)

- **Information, advice & assessments**
  - Carer identification
  - Carers Assessments (including statutory) City only.
  - Emergency planning & Carers' I.D. card
  - Signposting/support to access other services
  - Out of hours
  - Website, phone line, live chat / text options, social media
  - Accessible formats when needed
- **Support**
  - Carer support plans where ongoing support is needed
  - Group and 1-1 support
  - Peer-led forum / chat / groups – carers able to chat to each other
  - Continued face to face and virtual options
- **Training/volunteering/employment**
  - Voluntary/employment opportunities – supporting carers to run groups
  - General carer training (moving & handling, benefits, wellbeing)
  - links to other specialised training (dementia etc.)
  - Links to employers – 'carer friendly'
- **Working with professionals**
  - GP/health engagement
  - Info and support for professionals to refer
  - Training for professionals on working with carers

Access to carers respite- County

Following a review a framework for the following services will be written:

- Respite at home (sitting)
- NHS planned short breaks scheme for eligible carers
- Nottinghamshire County Council Short Breaks

Access to carers respite- City

- Sitting/going out service
- Overnight breaks
- Small carer budget

Future plans: County Council to undertake an internal review to inform a future model in line with the carers strategy.

[1] Carers UK Carers' Health and Experiences of Primary Care – Data from the 2021 Gp Survey. Available at : carers uk gp patient survey report 2021 web.pdf

Young carers

- **Information, advice & assessments**
  - Family/Young Carers Assessments – City only
  - Emergency planning & Carers' I.D. card
  - Signposting and support to access other services/training as needed
  - Website, phone line, live chat / text options, social media
  - Out of hours support available
  - Accessible formats when needed

- **Proactive outreach & promotion –**
  - Working with schools
  - Carer identification

- **Support**
  - Group and 1-1 support
  - Young carers able to chat to each other
  - Continued face to face and virtual options
  - Flexible options for young carers of different ages
- **Activities**

- **Young carers involved in the development of the service.**

- **Training for professionals working with young carers including schools**

- **Support for young adult carers aged 18 + (transition)- to be replicated in the Hub**

Engagement

- **Carers space & equivalent for Young Carers**
- **Working with employers**
- **Public sector carer awareness/development work**

Identify Area Affected (CCG wide / Locality / Primary Care Network (PCN):

CCG wide this includes Bassetlaw.

Details of Any Supporting Evidence:

(When completing this section a review of the latest evidence should be undertaken. Use the checklist provided for sources of evidence and trusted websites to visit to find evidence. Describe the key findings from your evidence search and how they have informed this scheme)

Checklist of Web Based Evidence Resou

Care Act, 2014. https://carers.org/article/care-act-2014-england

NICE Guidance, NG 150.
https://www.nice.org.uk/guidance/ng150/chapter/Recommendations

Supporting carers in general practice: a framework of quality-markers.
https://www.england.nhs.uk/publication/supporting-carers-in-general-practice-a-framework-of-quality-markers/

In Poor Health, Carers Trust Survey

Nottingham JSNA - Carers (2017) - Nottingham Insight

Nottinghamshire JSNA- Carers (2014) - Nottinghamshire Insight

Joint Carers Strategy - draftcarersstrategy2022-2027.pdf (nottinghamshire.gov.uk)

The 2011 Census - 2011 Census - Office for National Statistics (ons.gov.uk)

The NHS Long term plan - NHS Long Term Plan » The NHS Long Term Plan

Carers UK State of caring – A snapshot of unpaid care in the UK State of Caring Survey –

Carers UK Carers Week 2020 Research Report The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak Carers Week 2020 Research Report - Carers UK

House of Commons Informal Carers Report 2021 Informal carers - House of Commons Library (parliament.uk)

NHS Commitment to Carers 2014 NHS England » NHS England's Commitment to Carers

NICE Guidelines 2020 Overview | Supporting adult carers | Guidance | NICE

People at the Heart of Care: Adult Social Care Reform White Paper – December 2021 People at the Heart of Care: adult social care reform white paper - GOV.UK (www.gov.uk)

The Children and Families Act 2014 Children and Families Act 2014 (legislation.gov.uk)

Carers Action Plan 2018 to 2020: Supporting carers today (publishing.service.gov.uk)

If you have been unable to find evidence, please describe what you have based this project on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):

Section 2: Health Inequalities Assessment

Identify the impact of the project on health inequalities in terms of both outcomes and access for service users? *Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which people are born, grow, live, work and age. These conditions influence opportunities for good health, and how patients think, feel and act, and can shape a patient's mental health, physical health and wellbeing. See" web based resources" document for further information*							
Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

Comments/rationale:

When completing this section include:

- *Details of the specific under-served people/groups that will benefit from the project (i.e. where health inequalities are likely to reduce)*
- *Details of the specific people/groups for which health inequalities are likely to increase and any proposed mitigations ie digital pathways to increase inclusion vs the impact on health inequalities*
- *Details of any differential impact between CCG populations.*

Groups of carers in Nottingham City and Nottinghamshire County may include but are not limited to:

- Older carers.
- Carers of people with mental health issues.
- Carers in mutual situations that support each other.
- Carers of people with alcohol and/or substance misuse issues.
- Young carers.
- Working carers.
- Parent/family carers.
- Carers of people with learning difficulties.
- Carers who support more than one person.
- Carers of people with complex needs.
- Young adult carers.
- People whose caring role has ended recently.

Nationally there are a higher level of individuals with long term conditions living in deprivation. Unpaid carers are less likely to be in full time education and/or work, and are more likely to suffer from mental illness, caring for others can make it difficult to keep healthy and well.

Common risk factors for carers include:

- Stress and worry about the person they care for.
- Isolation.
- Lack of self-identification as a Carer (resulting in not been informed of support/information that is available).
- Lack of time for self-care (pursuing interests, sufficient breaks, cooking, exercise, work, sleep, missed appointments, employment, diet, self-medication, financial advice and support).
- The impact of the declining physical and mental health of the cared for person.

The Nottingham and Nottinghamshire JSNAs highlight that these risk factors place additional strain on people with existing health conditions; two thirds of older carers have a long term condition and one third report having to cancel their own treatment or operation because of their caring role. There is evidence that carers are twice as likely to suffer from mental ill health if they do not have a break from caring, with a large proportion stating they have suffered from depression, high blood pressure and deterioration of an existing condition.

The Carers services will support Carers of people experience substance misuse problems with an awareness that issues around substance misuse is rarely an isolated issue and there is likely to be additional health or care needs. The Carers Hub will develop strong links with the Providers of Substance Misuse services to appropriate advice, support and signpost people for specialist support.

Providing prevention services in the form of Young Carers Support is likely to decrease the risk of unmet needs, escalation of need and therefore adverse childhood experience stemming from inappropriate levels

of Caring responsibilities. This would reduce health inequalities associated with being a young care now and in the future.

In addition, some Carers are at greater risk of physical injury due to lifting and handling requirements of their role and many will face financial difficulty as a result of costs associated with caring and limitations around paid employment.

The new model of services as detailed above will aim to:

- Work in a way that is tailored to each carer to meet their needs and support their health and wellbeing and maintain their independence.
- Reduce isolation and health inequalities by improving access to carers who are 'seldom heard' or who are from ethnic minority groups.
- Ensure carers have a voice, that they are listened to and are treated with respect as expert partners in carer support.
- Improve the lives of all carers by everyone working together.
- Identify and support carers as early as possible.
- Provide the right support across the health and social care system to meet the needs of all carers and the people they care for by delivering high quality services.
- Make best use of available resources in supporting carers across the health and social care system.

The services will specifically target activities at identifying and engaging hidden carers from the following priority groups:

- Carers from religious, cultural and ethnic minorities
- Carers of someone with learning disabilities and/or autism and/or mental health conditions or behaviour that challenges.
- Carers who themselves have a learning disability.
- Carers who themselves have a mental health condition.
- Carers in mutual caring situations.
- Carers who themselves have a long-term health or social care need.
- Carers who work.
- Carers who access services less (including male carers).

Section 3: Protected Characteristics and Inclusion Health Groups Assessment:

Could the project have a positive or negative impact on people who may, as a result of being in one or more of the following protected characteristic or inclusion health groups, experience barriers when trying to access or use NHS services? In addressing this question, consider whether the scheme could potentially have a positive or negative impact in any of the following areas:

- ***The CCG's duty to maintain and improve the three elements of quality*** *– patient safety, patient experience and clinical effectiveness*
- ***Impact of Covid-19*** *– taking into account the behavioral shift of the population due to the impact of Covid-19*
- ***Access to services*** *(including patient choice and physical accessibility – access to and within buildings, public transport routes, parking for disabled people)*
- ***Accessibility*** *in terms of communication (availability of spoken language interpreters, British Sign Language Interpreters, hearing loops, translated written information)*
- ***Digital*** *the shift needs to be carefully designed to ensure it does not affect health inequalities for others, due to barriers such as access, connectivity, confidence or skills*
- ***Transfers between services*** *(whether between specialties, care settings, or during a person's life course)*
- ***Safeguarding adults and children***
- ***Dignity and respect*** *(including privacy)*
- ***Person-centered care*** *(whether patients experience the service as culturally competent / welcoming – not just in terms of patients' race, but also, for example, their gender identity, religion or belief and sexual orientation and whether patients feel that the service considers both their physical and mental health needs.*
- ***NICE requirements***
- ***Shared decision-making***

It is also important to consider the combination of patients' characteristics and how those combinations may impact on accessibility. An example is the combination of older age, certain types of disability and economic deprivation; potentially limiting access to services if they are not near a patient's home or easy to get to by public transport. Also, many of the prompts under specific characteristic / health groups may apply to other groups.

- *Try to put yourself in patients' or carers' shoes*
- *They are accessing health services because they have a physical and/or mental health need*
- *Think about your own experiences, or those of friends or family, when accessing health services.*
- *Not everyone has a regular income, drives, can see or hear, speaks English, is literate or health literate / understands the way health systems work, has a home or safe and supportive networks. Therefore we will all experience access to health services in different ways, often regardless of clinical need.*

The Equality Impact Assessment Checklist and Quality Impact Assessment Checklist below will help with your considerations:


EIA Assessment Checklist July 2020.do


QIA Assessment Checklist July 2020.do

i) Impact on the protected characteristic of Age:							
Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

Comments/rationale:

In Nottinghamshire 38.5% of carers are aged over 65, compared to 26.6% in Nottingham City (Carers Hub).

The majority of carers fall into the 'older adult' bracket, and therefore may need additional support should they become frail with age. These older adults are more likely to be physically inactive, and more likely to have their own long term health conditions. This model of working will promote the early identification of unpaid carers to try to reduce the risk of crisis. The single point of access Hub will allow carers to access information and support that is locally available to them including activities, training and respite options in a format that is acceptable to them. Respite offer available will aim to be flexible and have considerations to meet and cultural or language needs of the family. Support will be available in various mediums including online, telephone and face to face options to cater for individual need.

"The care provided by children may be long or short term and, when they (and their families) have unmet needs, caring may have an adverse impact on children's health, well-being and transitions into adulthood." The care that they provide may be in the form of practical tasks and responsibilities.[2] A recent stakeholder event to review the scope and re-commissioning of carer services identified young carers often do not identify themselves as such. Through the engagement with Primary Care and schools services information will be made clearly visible to this group. The model will be able to identify young carers and offer a support package of various levels including information, local activities and opportunities to meet peers, working in partnership with schools and detailed Local Authority assessment. Within this the transition from child to adult services could be explored to reduce the risk of young people losing the support that they require. Providing support to young carers is likely to minimise the potential for negative impact of caring responsibilities.

Assessments, personalised plans and respite opportunities could support working age carers to maintain sustainable employment opportunities. With the more flexible approach to provide additional out of hours service this also lends itself to this group, as well carers who find themselves in a change of circumstance suddenly.

ii) Impact on the protected characteristic of Disability:							
Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

[2] The lives of young carers in England Omnibus survey report Research report January 2017 Sarah Cheesbrough, Carrie Harding, Hannah Webster and Luke Taylor – Kantar Public With Professor Jo Aldridge - Young Carers Research Group - Loughborough University. Lives of young carers in England: Omnibus research report (publishing.service.gov.uk)

Comments/rationale:

Carers UK GP survey 2021 reports that 60% of carers report a long-term health condition or disability compared to 50% of non-carers.

Services are to be provided in, and reported from, all areas of Nottingham City and Nottinghamshire County. The Service will work at a place-based level in line with Primary Care Networkss to ensure provision in line with NHS and other community services and maximise efficiencies through co-working with these organisations. The Provider will work with partner organisations within the Primary Care Networks to ensure that carers have access to a network of local support opportunities, ensuring that those living in rural areas are able to access all aspects of the Service. Enhanced engagement services will increase the opportunity for carers to be identified.

The aim is for services to be accessible to all carers, including those with disabilities and or communication support needs. The Hub will offer a single point of access via a phone line, with a website and social media for information will make this service accessible in a range of ways, which will help to mitigate digital poverty as technology can be a barrier to some carers.

Good communication and signposting to relevant support services will ensure that carers receive a service that is tailored to their needs. Assessments can be conducted virtually, over the phone or face to face to ensure carers can access this as easily as possible.

Respite offers will give the opportunity to access a break from caring. Flexibility and choice, will aim to be responsive to need, offering a menu of options depending on circumstances.

Wellbeing and mindfulness activities will also be provided with a referral process on to mental health services as appropriate.

iii) Impact on the protected characteristic of Gender re-assignment:

Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

Comments/rationale:

Employees of the Carers Hub will access equality and Diversity training as part of their core training needs. Support offered will be personalised to the specific needs of the individual.

iv) Impact on the protected characteristic of Pregnancy and maternity:

Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

Comments/rationale:

Assessments can be conducted virtually, over the phone or face to face to ensure carers can access this as easily as possible. Extension of opening hours for the Hub will also allow more flexibility.

Services will be available across a number of premises, therefore resources such as baby changing facilities may vary.

v) Impact on the protected characteristic of Race (Includes Gypsies, Roma and Travellers):							
Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

Comments/rationale:

Those identifying as Gypsie, Roma and Travellers are less likely to access healthcare services in the traditional way. Those from these groups are more likely to have long term health conditions and are less likely to identify as carer's when caring for other in their communities. Whilst any individual can access the carers' hub, and carers' support, they are unlikely to be as easily picked up by traditional primary care services and thus less likely to be signposted to support services.[3]

"Research shows that BAME carers (carers from ethnic minorities) provide more care proportionately than White British carers, putting them at greater risk of ill-health, loss of paid employment and social exclusion. Certain groups also experience greater levels of isolation, namely Pakistani and Bangladeshi carers."[4]

Local consultation conducted by Nottingham City Council highlighted that Afro-Caribbean and Asian carers value having separate or focused ethnic, cultural and religious specific carer support groups through Carers Hub services for carers from their communities. They value them because they help carers overcome language barriers, they also have bi-lingual support workers, there is mutual understanding of culture, background, elders, shared cultural frustrations around caring, tips and advice. People from ethnic minorities feel barriers to accessing carers support through Carers Hub services are lack of trust of services in their communities, cultural disengagement. There is an unawareness of carers services available amongst their communities. Carers accessing these groups have only found out about services when at crisis point or due to chance.

Afro-Caribbean carers spoke of a lack of cultural understanding amongst paid carers generally which means cared-for are not always cared for in a way that meets their cultural needs and expectations in terms of personal care, food, what is respectful behaviour in the cared-for's home. There have been instances whereby Asian carers have been unable to take up the offer of respite from the Carers Respite Service because staff are not available that speak the cared-for's language. This consultation will be used to inform future commissioned services.

In order to ensure that carers from backgrounds who are less likely to access services are appropriately supported, the services will work proactively with relevant community, cultural and faith groups and the proactive engagement of these groups will form part of the key performance indicators.

Regular facilitated support groups will be held at a range of accessible locations across Nottingham and Nottinghamshire. These will include at least 3 cultural support groups in line with identified need. These sessions shall be facilitated by workers from these cultural groups with relevant language skills and must take place at venues appropriate to the relevant cultural groups, with use of interpreters (including sign language) or workers fluent in community languages, as required. Current services are required to provide an adequate language and translation service for those whose first language is not English and this will continue in the new model, to ensure information is in an accessible format.

Commissioners and Provider of the new services will work together on innovative approaches to reaching ethnically diverse communities. This will include careful monitoring of any disproportionate uptake of support offers particularly respite.

[3] Tackling inequalities faced by Gypsy, Roma and Traveller communities - Women and Equalities Committee - House of Commons (parliament.uk)

[4] bame-report-half-a-million-voices (1).pdf

vi) Impact on the protected characteristic of Religion or belief:

Positive impact	☒	Negative impact	☐	No impact	☐	N/A	☐

Comments/rationale:

Employees of the Carers Hub will be required to complete mandatory training which will include equality and diversity training.

Assessments will follow a holistic approach to include religious beliefs and requirements, including engagement and signposting to local cultural and faith groups.

vii) Impact on the protected characteristic of Sex:

Positive impact	☒	Negative impact	☐	No impact	☐	N/A	☐

Comments/rationale:

Local data shows that the majority of carers are female, with 65% in Nottingham City and 70% in Nottinghamshire.

In 2011, the Office of National Statistics (ONS) undertook a review into the gender gap in unpaid carers. It was noted at the time that more women were likely to be unpaid carers in comparison to men, however with those 65+ men are more likely to be carers than woman.[5] Current demographics of those accessing the service, and those in health services on a 'carers' register' are not collated and cross analysed.[6] The new model will specifically target activities at identifying and engaging hidden carers, this will include male carers. This will include publicity /marketing and educating services such as GP Practices to recognise male Carers.

Increased engagement activities through Primary Care, Carers Space, employers and public sector may help to identify more people in the caring role, allowing opportunities to signpost to information and support.

Employees of the Carers Hub will access Equality and Diversity training as part of their core training needs.

viii) Impact on the protected characteristic of Sexual orientation:

Positive impact	☒	Negative impact	☐	No impact	☐	N/A	☐

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/fullstorythegendergapinunpaidcareprovisionisthereanimpactonhealthandeconomicposition/2013-05-16#:~:text=The%20largest%20gap%20in%20unpaid,it%20was%206.8%20per%20cent.

[6] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/fullstorythegendergapinunpaidcareprovisionisthereanimpactonhealthandeconomicposition/2013-05-16#:~:text=The%20largest%20gap%20in%20unpaid,it%20was%206.8%20per%20cent.

Comments/rationale:

70% of lesbian, gay, or bisexual carers report a long-term condition compared to 60% of straight carers 36% of lesbian, gay, or bisexual carers have a mental health condition compared with 13% of heterosexual carers.(1)

Continued engagement and training with partners will aid to increase the recognition of carers. Strong links and partnership working will ensure that carers are supported in a holistic manner.

Employees of the Carers Hub will access equality and Diversity training as part of their core training needs. The Carers Hub will need to work closely with LGBT+ groups (e.g. the LGBT+ Switchboard) to both increase awareness and ensure services are meeting the needs of this group.

ix) Impact on people in any of the following Inclusion Health and other Disadvantaged Groups:

- **Carers**
- **Homeless people**
- **People who misuse drugs**
- **People working in stigmatised occupations (such as sex workers)**
- **New and emerging communities, including refugees and asylum seekers**
- **People experiencing economic or social deprivation, including those who are long-term unemployed / are geographically isolated / have limited family or social networks**
- **Members of the travelling community (who do not belong to an ethnic group recognised under the Equality Act)**

Positive impact	☒	**Negative impact**	☐	**No impact**	☐	**N/A**	☐

Comments/rationale: *(with an indication of which of the above groups have specifically influenced your impact conclusion)*

With an estimated 4.5 million additional people becoming unpaid carers due to the COVID-19 pandemic, this highlights the need for local services to work in partnership to pool expertise and resources to support their local communities. Caring places additional stress and strain on people emotionally, physically and financially, with nearly two-thirds of carers having a long-standing health condition themselves. For young carers their caring responsibilities this may also additionally impact on their education.[7]

Through working in collaboration, in a co-productive manner the new service model will enable a more equitable provision across our community. Identification of carers at an earlier stage will allow more tailored support improving service provision and outcomes for both the carer and cared for, with packages that include peer support, activities and respite care. It is hoped that increased engagement activity can help carers themselves and partner organisations to identify carers and offer services and support, reaching out to more seldom heard communities. This may involve campaigns with consideration of the terminology used as not all carers would identify themselves by this term.

The various elements of this model and support will differ depending on each individual assessment. As partners such as health, social care, education and the voluntary sector work in collaboration, this will provide the opportunity to reach out to some of the more seldom heard and disadvantaged groups. Partnership working and strength based approaches will work towards sustainable independent solutions for carers.

Performance data and qualitative evaluation will help to consistently inform the model in terms of patient experience and efficiency.

The Hub will need to ensure good partnership links with wider support agencies aimed at addressing social and economic deprivation. This will need to consider the impact of increasing cost of living, the Hub may need to plan and adjust communication approaches as a result (e.g. supporting individuals who experience digital poverty).

Section 4: Assessment of Likely Impact of Controversy

a) Is the proposal likely to result in controversy due to:

- **The nature of the service**
- **The patients or carers affected**

Highly Likely	☐	**Likely**	☐	**Unlikely**	☒	**N/A**	☐

[7] Support for unpaid carers and Carers Week 2021 - House of Commons, 22 July 2021 | Local Government Association

Comments/rationale:

It is hoped that this new joint model will ensure support reaches more carers, the model has been informed through stakeholder feedback.

b) Has there been previous controversy around the service resulting in:

- **Complaints / enquiries - Contact the CCG's Patient Experience Team: ncccg.patientexperience@nhs.net**
- **Media coverage - Contact the CCG's Communications Team: ncccg.team.communications@nhs.net**

Large Amount	☐	**Minimal**	☒	**None**	☐	**N/A**	☐

Comments/rationale:

21.6.22 Information received from Fiona Brett , Acting Patient Experience Manager, Nottingham & Nottinghamshire CCG:

Data from June 2017 to date no complaints or enquiries specifically about the Carers Service in the City and Shire.

Any contacts we have received about carers are related to individual cases and mainly around Continuing Health Care or about carer respite.

On 23/8/201 we received an email from a family member who cares for 3 adult relatives with mental health problems and was unhappy that there was no register of carers, that he was not consulted about commissioned mental health services in Nottingham City and why were there no services in Clifton for mental health carers and service users.

On 31/5/2019 we received an email from the Chair of Carers group saying *that he has only just received notification of the CCG's merging and that the consultation period started 21 May and has only been notified and feels this doesn't give sufficient time to undertake appropriate consultation, as it's the first time he has heard about the merge.* This was passed onto the engagement team to make contact with him.

c) Are you aware of any controversy (complaints or media coverage) when this proposal was introduced elsewhere?

Large Amount	☐	**Minimal**	☐	**None**	☒	**N/A**	☐

Comments/rationale:

CCG team emailed. No response as yet.

d) What engagement activity has been undertaken or planned to gain the views of patients and carers?

Comments/rationale:

Two BAME carer support groups through the Carers Support Service in Nottingham City have been consulted with: Afro-Caribbean Carer Support Group and the Asian Women's Carer Support Group.

Nottingham City Commissioning Officer has engaged in individual telephone calls with carers from these support group and in group meeting settings. The aim of these consultations have been to gain understanding on what BAME carers feel works well with Carers Hub service and the Carers Respite Service, what they feel is not working well, what barriers are for access, what is wanted from new service/ solutions.

A Joint Carers Strategy has been out for public consultation.

A recent stakeholder event (open to carers and partners including providers) webinar was recently held to discuss future plans for commissioning and gain feedback.

Section 5: Assessment of the Likely Impact on Privacy

Please review the questions below, answering yes or no, to assess the requirement for a Data Protection Impact Assessment (DPIA). **To be completed by Nottinghamshire County Council**

	The project involves processing personal data and:	**Y / N**
1	Evaluation or scoring?	
2	Automated decision-making with significant effects?	
3	Systematic monitoring?	
4	Processing of sensitive data or data of a highly personal nature?	
5	Processing on a large scale?	
6	Processing of data concerning vulnerable data subjects?	
7	Innovative technological or organisational solutions?	
8	Processing that involves preventing data subjects from exercising a right or using a service or contract?	
9	Using systematic and extensive profiling or automated decision-making to make significant decisions about people?	
10	Processing special-category data or criminal-offence data on a large scale?	
11	Systematically monitoring a publicly accessible place on a large scale?	
12	Using innovative technology in combination with any of the criteria in the European guidelines?	
13	Using profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit?	

14	Carrying out profiling on a large scale?	
15	Processing biometric or genetic data in combination with any of the criteria in the European guidelines?	
16	Combining, comparing or matching data from multiple sources?	
17	Processing personal data without providing a privacy notice directly to the individual in combination with any of the criteria in the European guidelines?	
18	Processing personal data in a way that involves tracking individuals' online or offline location or behaviour, in combination with any of the criteria in the European guidelines?	
19	Processing children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them?	
20	Processing personal data that could result in a risk of physical harm in the event of a security breach?	
21	There has been a change to the nature, scope, context or purposes of existing personal data processing?	

If you have responded 'Yes' to any of the above questions please contact the Information Governance Team regarding completion of a DPIA (ncccg.ig.greater-nottingham@nhs.net).

Section 6: Impact Assessment Summary and Recommendation

Summary of any impacts / risks identified:

This model is due to go out to tender at the end of this year. It has a number of elements to be fulfilled that may not be possible for one provider.

Action/s to be taken to minimise adverse impacts / risks:

Specifications will be divided into 4 elements as detailed in the description above.

Recommendation from project lead:

Considerations from feedback from the recent carers strategy and stakeholder event to be incorporated in the service specifications.

Model to include a carers hub, respite, young carers service and engagement and promotion elements.

Submit completed EQIA to: nnccg.eqia@nhs.net

Section 7: EQIA Meeting Outcome

Date of EQIA Meeting:	*22.08.2022*
Summary of EQIA Meeting Considerations and Outcome:	The Project Lead attended the meeting to present this EQIA. Following review the team requested for additional information to be included within the EQIA: • Impact on young carers - Complete, pg 9 & pg 12 • Monitoring of uptake in ethnically diverse communities – Complete, pg 15 • Increase access and awareness for male carers – Complete, pg 16 • Increase access/awareness for LGBTQ+ communities and ensure needs are met – Complete, pg 17 • Consider the impact of cost of living in deprived areas to ensure needs are met – Complete, pg 18
Data Protection Impact Assessment Required:	
Engagement Plan Required:	
Quality & Equality Link Identified:	
Date of Feedback to Project Lead:	*22/08/2022*

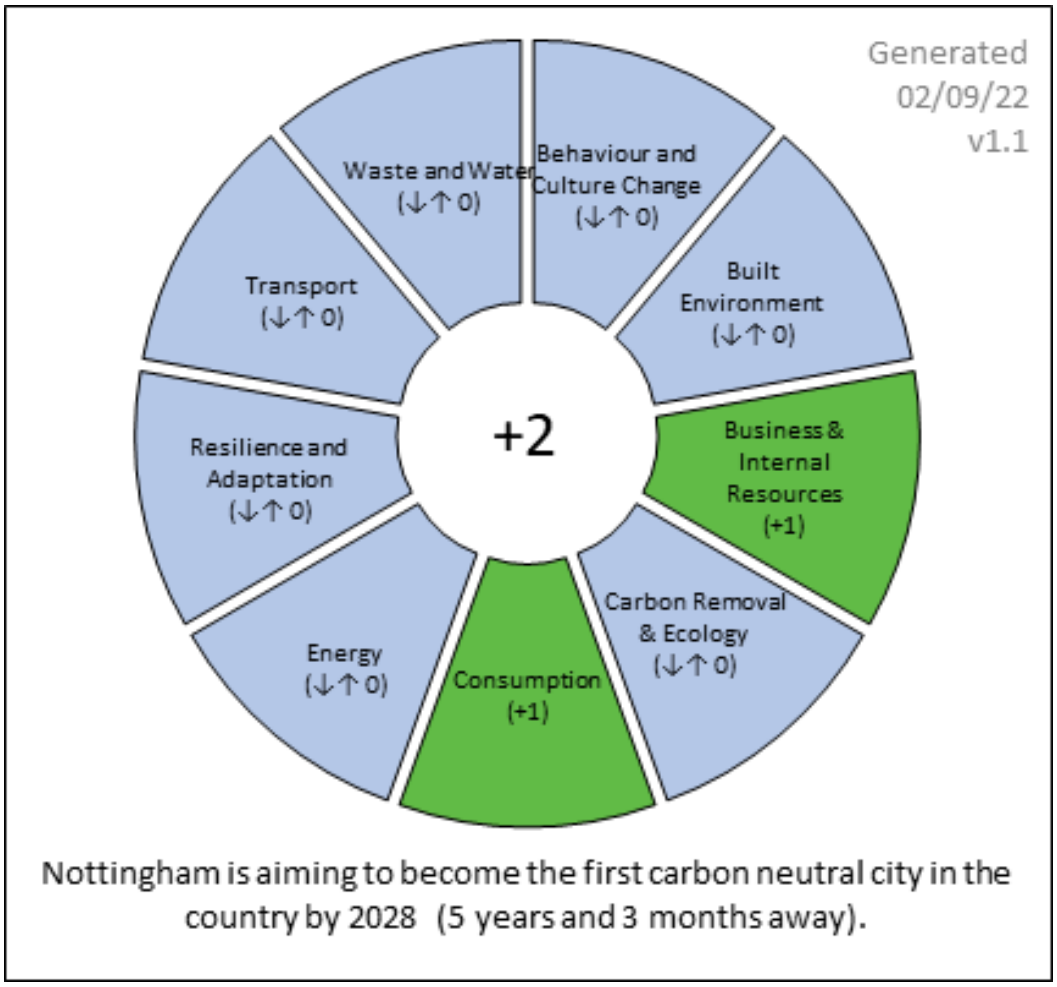
Section 8: Quality & Equality Link Review

Date of Review:	04.08.2022
Review Undertaken By:	Julie Widdowson Sally Dore
Review Summary:	• What's offered in the city and the county looks different, will there be some inequity? • Does this include Bassetlaw as it looks like it was written when we were a CCG? -A future model and outcomes are being agreed, but it is not possible to align all procurement and commissioning yet. The Carers Strategy Board will oversee the increasing alignment. -Bassetlaw is included.

Section 9: EQIA Sign Off Outcome

Date of EQIA Sign Off Meeting:	25.08.2022
Summary of EQIA Sign Off Meeting Considerations and Outcome:	The Panel was satisfied that the impacts had been adequately assessed. Therefore, the EQIA assessment is adequate for sign off. **NOTE:** *may require additional EQIA as the project develops and progresses (potentially one for each of the 4 specs identified in this EQIA)*
Date of Feedback to Project Lead:	**25.08.2022**

Carbon Impact Assessment



Many of the possible carbon impacts detailed within the assessment (products, beverages, building construction, environment, waste, and transport) fall outside the scope of carers support services which only deliver information, support, advice, and respite care directly to people. Impacts cannot be easily defined at this stage of the project because a tender process has not yet been completed to determine successful provider their service model and operations. The two areas with a +1 rating marked in green 'Consumption' and 'Business Internal Resources' have a positive rating because there is a possible decrease in consumption of services due to operating from one central Carers Hub which may result in a decrease in business materials being used.

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Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
30 November 2022

Report Title:	Better Care Fund 22-23 Better Care Fund Planning Requirements -retrospective approval
Lead Officer(s) / Board Member(s):	Sarah Fleming- Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board Katy Ball, Director of Commissioning and Partnerships, Nottingham City Council
Report author and contact details:	Naomi Robinson- Senior Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board Naomi.Robinson2@nhs.net
Other colleagues who have provided input:	
Subject to call-in: ☐ Yes ☐ x **No** (retrospective decision)	
Key Decision: ☐ x **Yes** ☐ No	
Criteria for a Key Decision: **(a)** ☐x **Expenditure** ☐ Income ☐ Savings of £750,000 or more, taking account of the overall impact of the decision **and/or** **(b)** Significant impact on communities living or working in two or more wards in the City ☐ Yes ☐ x **No**	
Type of expenditure: ☐ x**Revenue** ☐ Capital	
Total value of the decision:	£46,902,740

Executive Summary:

1. The purpose of this paper is to approve the Nottingham City 2022-23 Better Care Fund planning requirements, which were submitted to NHS England on 23 September 2022.

2. The paper provides an update to the Health and Wellbeing Board sub-committee on plans to undertake a collaborative commissioning review of the services in scope of the Better Care Fund.

Information

3. The Better Care Fund (BCF) Planning requirements 2022-23 were released on 19 July 2022. Following sign-off by Katy Ball (Director of Commissioning and Procurement, Nottingham City Council) and Amanda Sullivan (Accountable Officer, Nottingham and Nottinghamshire Integrated Care Board), the Better Care Fund 2022/23 Planning Template, BCF Narrative Plan and BCF Capacity and Demand Templates were submitted on 23 to NHS England in September 2022.

4. For 2022-23, the BCF planning requirements include:

    a) Nottingham City BCF Planning template (Appendix 1)
    b) Nottingham and Nottinghamshire BCF Narrative Plan (Appendix 2)

c) Nottingham City Intermediate care capacity and demand plan (Appendix 3)

5. The BCF National conditions remain in place for 2022-23:

    a) A jointly agreed plan from local health and social care commissioners signed off by the Health and Wellbeing Board
    b) Implementation of the BCF objectives
    c) NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution at a value of £14,931,691
    d) Invest in NHS commissioned out of hospital services meets the minimum contribution required of £7,823,667

6. The 2022-23 national BCF objectives have been updated to be more focused on addressing wider system and prevention outcomes through co-ordination of services. The 2022-23 BCF national objectives 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

7. **The 2022-23 BCF Planning Template** includes the updated national performance metrics with target setting rationale and plans to meet performance ambitions (Appendix 1 tab 6). The 2022-23 national BCF metrics are:

    a) Proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement).
    b) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes).
    c) Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital).
    d) Improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence).

8. Commissioners from Nottingham City Council and the ICB jointly reviewed the target setting for 2022-23 BCF metrics. The rationale for target setting used national benchmarking and applied local improvement plans such as implementation of the anticipatory care model framework and the system agreement to increased funding to resource 'pathway 1' reablement activity. A local ICS BCF performance dashboard has been created to enable shared oversight of progress to reach targets.

9. The BCF Planning template (Appendix 1, tab 5) provides detailed breakdown of expenditure against service areas. The labelling of schemes was reviewed in 2022-23 to provide further clarity about how BCF schemes relate to current commissioned services

10. **The Nottingham and Nottinghamshire BCF Narrative Plan** (Appendix 2) describes how these services are commissioned and delivered to meet these objectives. The BCF narrative provides the ICS overview of the BCF plan, including how BCF programme align to our system priorities, transformation programmes and our approach to integration and a summary of the locally developed Collaborative Planning and Commissioning Framework.

11. The narrative has been updated to reflect the outputs of the joint BCF Plan review (see point 15), which includes a refreshed local BCF ambition statement and themes our BCF plans and services across three priority areas:

    a) **Prevention and early intervention services:** e.g., healthy lifestyle support, single point of access, social prescribing.
    b) **Anticipatory Care Services** e.g., care co-ordination and navigation, urgent care / crisis response, assistive technology, primary care enhances services.
    c) **Discharge to assess services:** integrated discharge team, community beds, interim placements, reablement, housing support schemes concluded in August 2022 (see point 16).

12. **The Nottingham City BCF Capacity and Demand Template** (Appendix 3) is a new a planning requirement for 2022-23. This required joint review by health and social care of existing data to consider the full spectrum of care supporting recovery, reablement and rehabilitation and to estimate demand and capacity for both hospital discharge and admission avoidance.

13. The capacity and demand template was submitted alongside BCF plans but is not subject to BCF assurance. Locally we have worked closely with the NHSEI regional BCF team to understand the new data requirement and to complete as fully as possible using available local data. This highlighted a need for longer term development of collaborative demand modelling, and this will be factored into future BCF planning approaches.

14. The Health and Wellbeing Board sub-committee is now asked to formally approve the submitted planning templates and narrative plan in line with the statutory Better Care Fund governance requirements.

BCF Review

15. A collective strategic review of the existing BCF plans was undertaken by the ICB and Local Authorities between May and August 2022. The aim of the review was to ensure all BCF schemes are clearly defined with a shared understanding of their intended outcomes; align schemes to current ICS plans; and develop a shared understanding of opportunities for greater alignment in commissioning and delivery of services.

16. The key findings of the BCF review were:

    a) **BCF schemes are evidence based and are regularly reviewed through individual organisation's commissioning approaches.** The original BCF planning guidance included a suite of self-assessments and evidence-based interventions. Our initial BCF plans included many of these as pilot services or funded new ways of working. BCF schemes are well evidenced and over time have been reviewed, re-commissioned and are now considered 'core' out-of-hospital, discharge to assess or prevention services.

    b) **Approaches for joint planning/commissioning and pooled budgets have declined over time with little evidence of aligned approaches.** As the BCF funded pilots and services became "core" services, pooled arrangements decreased. Commissioning decision making is now within individual organisation's for the majority of schemes and there is no longer a collective strategic understanding of how all the schemes align.

17. The BCF review found significant opportunity to maximise the potential for BCF to be a mechanism for integrated care. The review made the following recommendations:

    a) **Recommendation 1:** Undertake root and branch reviews for the BCF priority areas to maximise opportunities for collaborative commissioning, pooled resources, and the delivery of integrated services to improve outcomes for the population and achieve best value for money. The reviews will focus on the three BCF priorities, which are prevention and early intervention, anticipatory care services and discharge to assess.

    b) **Recommendation 2:** Understand and scope the opportunities to use the BCF as a tool to achieve integrated delivery at Place.

    c) **Recommendation 3:** Realise benefit of BCF governance via Health and Wellbeing Boards to ensure a focus on wider determinants and wellbeing

18. The Collaborative Commissioning Oversight Group will provide the leadership for delivery of these BCF recommendations and will develop a timeline and programme approach. It is recognised that there will need to be considerable stakeholder engagement across Health and Wellbeing Board members, commissioning and provider organisations in order to undertake the root and branch reviews.

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

Recommendation(s): The Committee is asked to:

Approve the 2022-23 Better Care Fund Planning Requirements

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	The priorities for 2022-23 build on our progress to date 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. 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, integrated approaches to hospital discharge. The development our Collaborative Commissioning and Planning Framework
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	

	have underpinned the view that the BCF will become a key driver for transformation and integration. During 2022/23 we will undertake a 'root and branch' commissioning review of the services and contracts that form our BCF plans. This will consider how future BCF plans and approaches to commissioning can better enable Place Based Partnerships and Neighbourhoods to develop and deliver community-facing integrated care, joining up community services across sectors and working with community leaders.
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. This has been strengthened by the maturing Place Based Partnership (PBP) in its ability to build further integration and joined up system working and delivery of holistic health and care.	

1. Reasons for the decision

1.1 The report template was agreed for submission to NHSE by the following, subject to formal ratification at the Nottingham City Health and Wellbeing Board on the 23 September 2022.

1.2 Subsequently, the Nottingham City Health and Wellbeing Board Sub-committee are asked to formally ratify the templates. The Nottingham City 2022-23 Better Care Fund planning template submission is shown in full at **Appendix 1.**

2. Other options considered and rejected

2.1 N/A

3. Risk implications

3.1 N/A

4. Financial implications

4.1 There is minimal financial changes as result of the plan, schemes and commissioning are largely continuation of the previous years.

5. Procurement implications

5.1 N/A

6. Equalities implications

6.1 **Equality Impact Assessments are completed by the appropriate commissioning organisation as part of the implementation of new services or significant changes to existing services. The 2022/23 BCF Narrative Plan (Appendix 2) includes further information about the approach to equality and addressing health inequalities.**

7. Any further implications

7.1 N/A

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

8.1 B1296-Better-Care-Fund-planning-requirements-2022-23.pdf (england.nhs.uk)

9. Published documents referred to in this report

9.1 B1296-Better-Care-Fund-planning-requirements-2022-23.pdf (england.nhs.uk)

BCF Planning Template 2022-23

1. Guidance

Overview

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, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal 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 sheet for readability if required.

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

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund 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 (click to go to sheet)

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 the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.

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

- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Nottingham	
Completed by:	Naomi Robinson	
E-mail:	Naomi.Robinson2@nhs.net	
Contact number:	7816407052	
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Wed 30/11/2022	<< Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:	Delegated members of HWB sub-committee	

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chief Commissioning Officer, Chief Executive, Head of Joint Comm
Name:	Lucy Dadge, Mel Barrett, Sarah Fleming, Katy Ball

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Adele	Williams	adele.williams@nottinghamcity.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Amanda	Sullivan	Amanda.Sullivan@nhs.net
	Additional ICB(s) contacts if relevant	n/a	n/a	n/a	n/a@nhs.net
	Local Authority Chief Executive		Mel	Barrett	mel.barrett@nottinghamcity.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Sara	Storey	sara.storey@nottinghamcity.gov.uk
	Better Care Fund Lead Official		Sarah	Fleming	sarah.fleming1@nhs.net
	LA Section 151 Officer		Clive	Heaphy	clive.heaphy@nottinghamcity.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Director of Commissioning and Procurement		Katy	Ball	katy.ball@nottinghamcity.gov.uk

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Nottingham

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,768,450	£2,768,450	£0
Minimum NHS Contribution	£27,531,483	£27,531,483	£0
iBCF	£16,602,807	£16,602,807	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£46,902,740**	**£46,902,740**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£7,823,667
Planned spend	£11,818,680

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£14,931,691
Planned spend	£14,961,942

Scheme Types

Assistive Technologies and Equipment	£470,249	(1.0%)
Care Act Implementation Related Duties	£0	(0.0%)
Carers Services	£714,040	(1.5%)
Community Based Schemes	£1,550,028	(3.3%)
DFG Related Schemes	£2,768,450	(5.9%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of	£1,090,852	(2.3%)
Home Care or Domiciliary Care	£8,988,401	(19.2%)
Housing Related Schemes	£90,355	(0.2%)
Integrated Care Planning and Navigation	£7,691,923	(16.4%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£8,154,538	(17.4%)
Personalised Budgeting and Commissioning	£12,541,379	(26.7%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£2,842,525	(6.1%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	**£46,902,740**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.8%	94.3%	94.1%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	984	610

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 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	£16,602,807
Total iBCF Contribution	**£16,602,807**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Nottingham and Nottinghamshire ICB	£27,531,483
Total NHS Minimum Contribution	**£27,531,483**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£27,531,483**	

	2021-22
Total BCF Pooled Budget	**£46,902,740**

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

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Nottingham

>> Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,768,450	£2,768,450	£0
Minimum NHS Contribution	£27,531,483	£27,531,483	£0
iBCF	£16,602,807	£16,602,807	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	**£46,902,740**	**£46,902,740**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,823,667	£11,818,680	£0
Adult Social Care services spend from the minimum ICB allocations	£14,931,691	£14,961,942	£0

>> Link to further guidance

Checklist

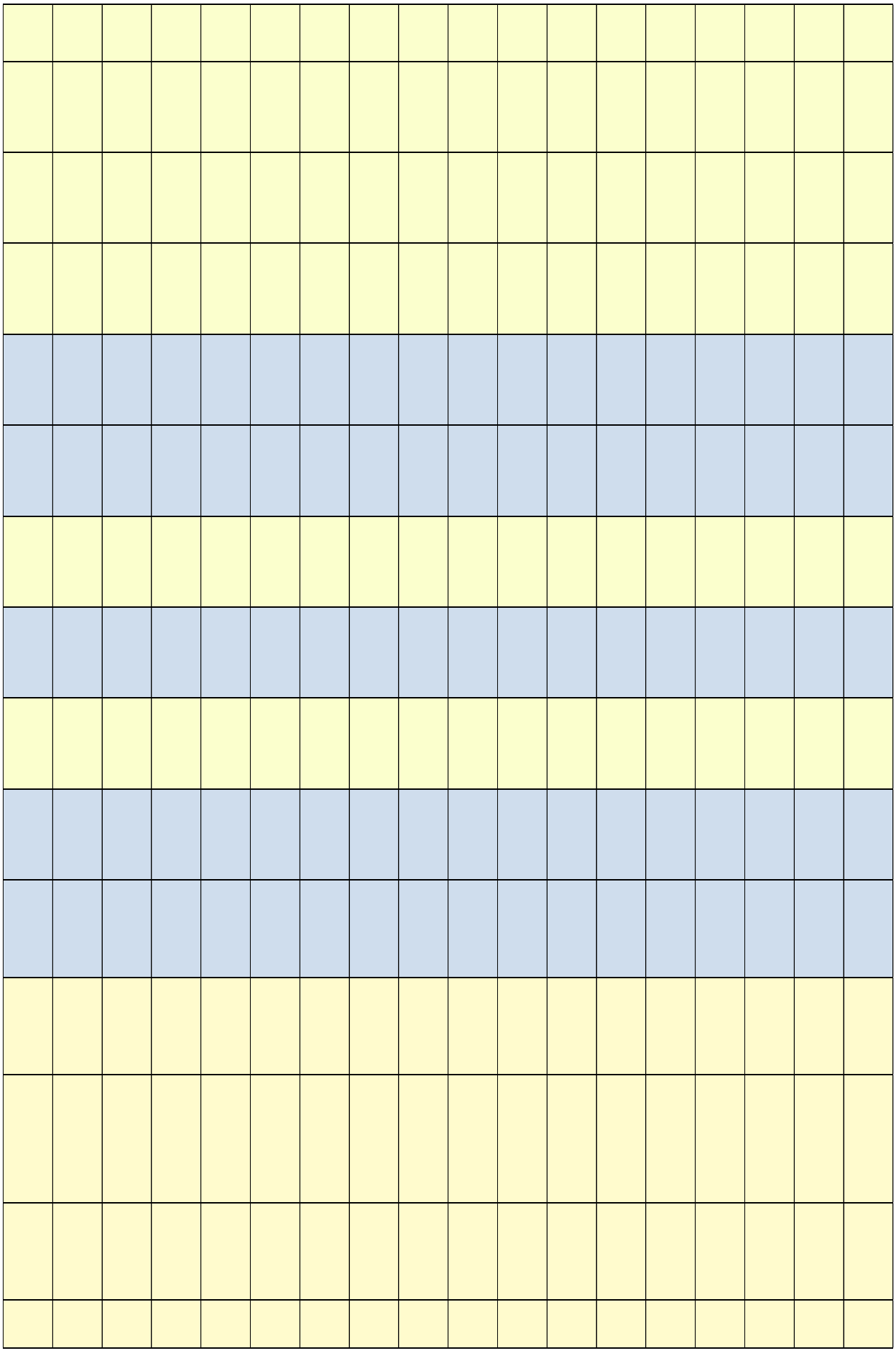
Column complete:

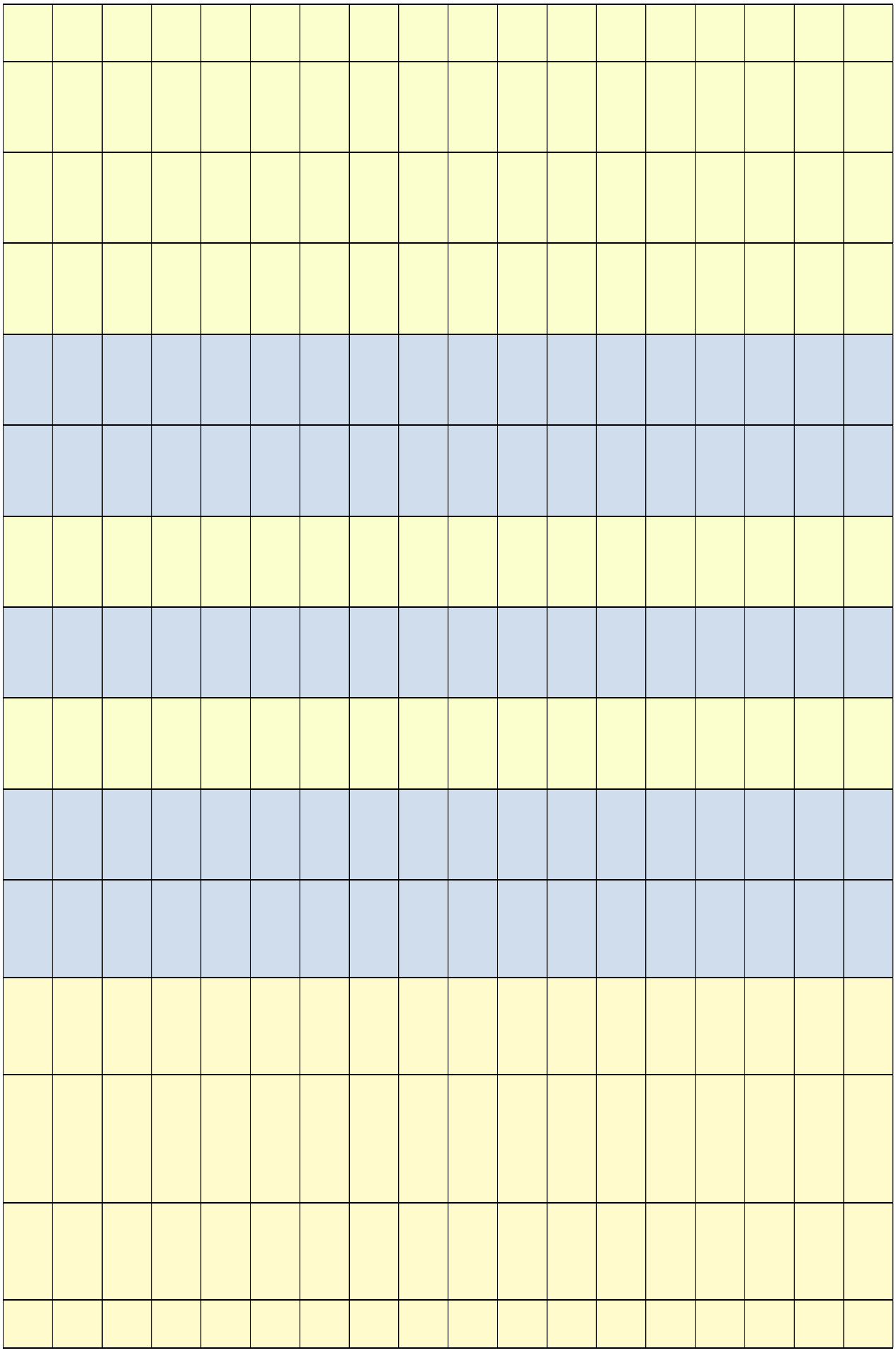
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

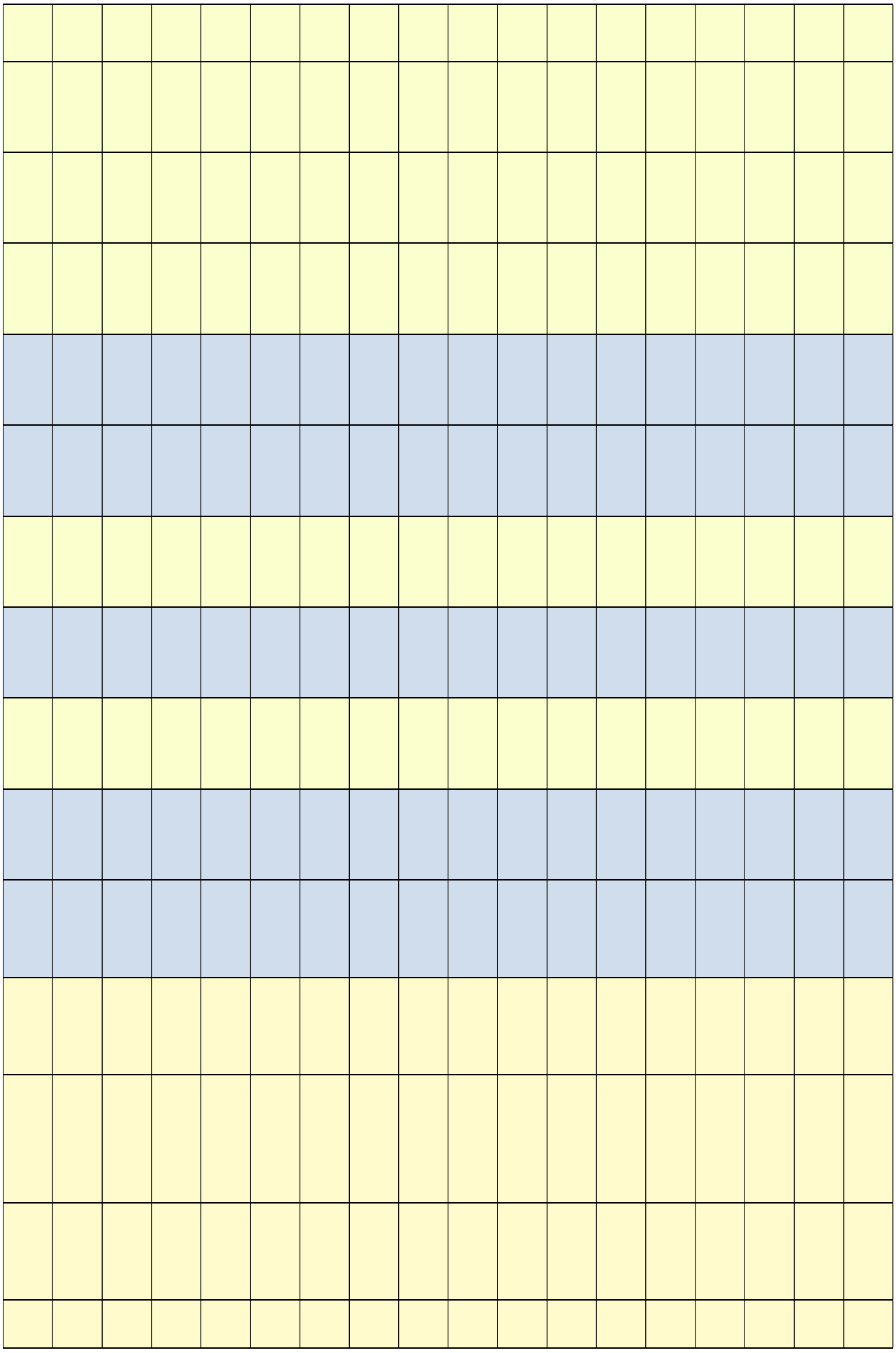
Sheet complete

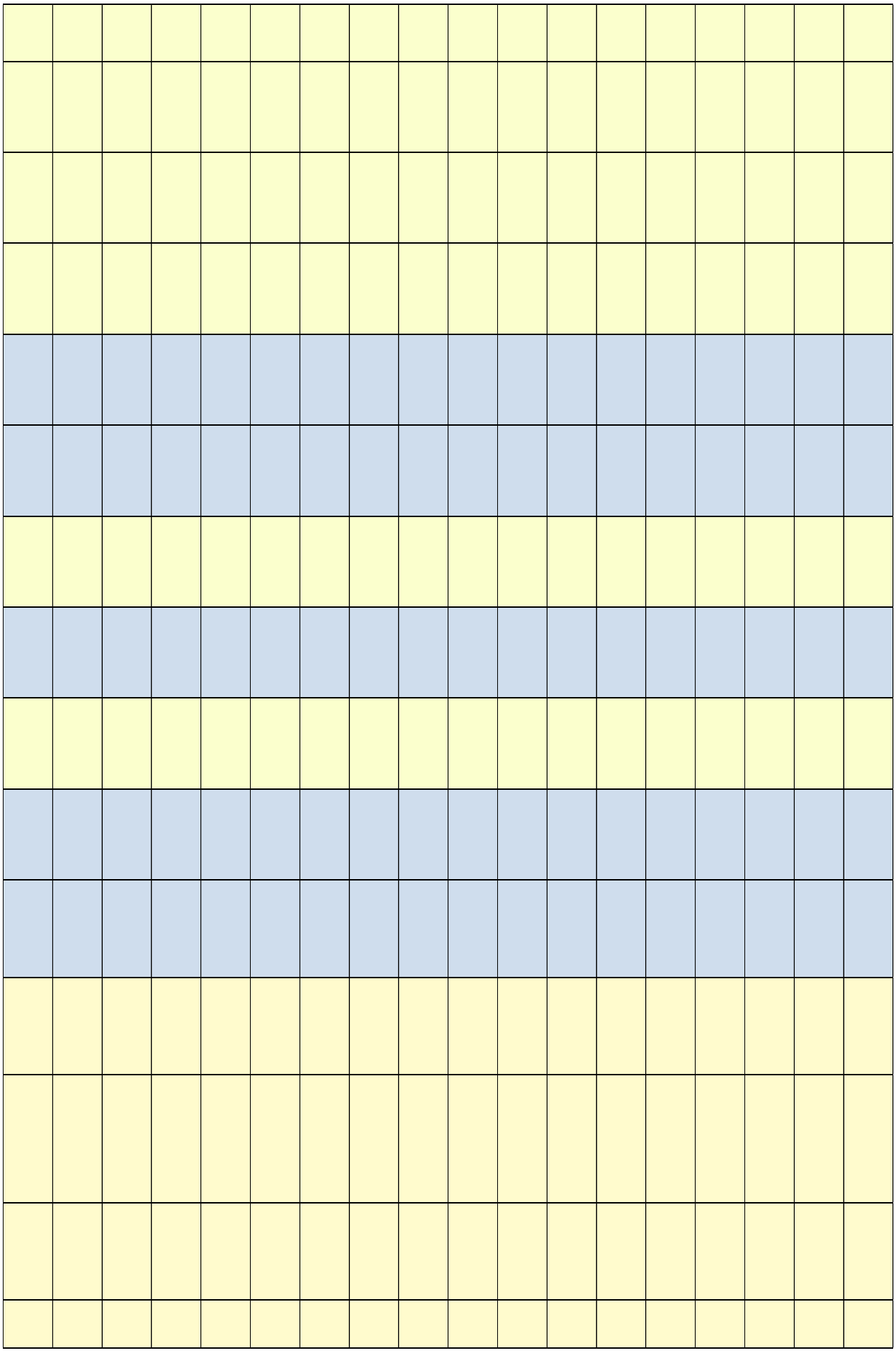
						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Access & Navigation	Care Coordination CityCare 'Out of Hospital Contract' MDT, LTC case	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,059,656	Existing
2	Access & Navigation	Single Point of Access	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,121,119	Existing
3	Integrated Care	Integrated Care Team-CityCare 'Out of Hospital Contract' 2hour response	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£6,885,017	Existing
4	Integrated Care	Homecare Packages plus integrated team costs	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum NHS Contribution	£7,815,840	Existing
5	Integrated Care	Care Navigation and Planning	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		LA			Local Authority	Minimum NHS Contribution	£507,699	Existing
6	Integrated Care	Reablement/Rehabilitation Services	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	Minimum NHS Contribution	£3,274,458	Existing

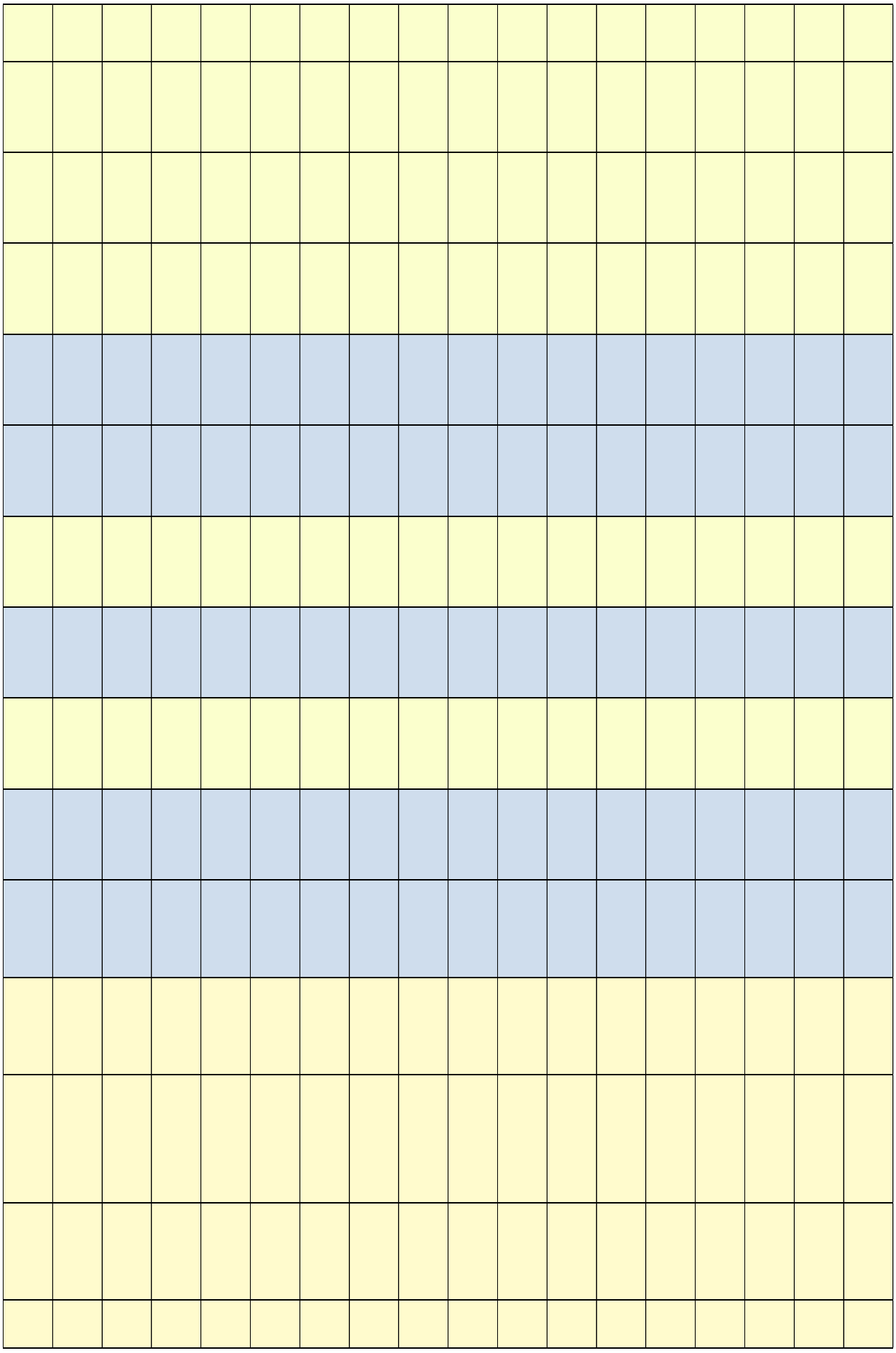
7	Primary Care	GP Practice Enhanced Services - case management, MDT and	Prevention / Early Intervention	Risk Stratification		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£2,842,525	Existing
8	Facilitating Discharge	Integrated enablemnet teams supporting discharge	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,045,979	Existing
9	Facilitating Discharge	Mental Health teams	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,704,546	Existing
10	Assistive Technology	Telecare, Telehealth & Integrated jointly commissioned	Assistive Technologies and Equipment	Telecare		Community Health		Joint	46.0%	54.0%	Local Authority	Minimum NHS Contribution	£334,400	Existing
11	Assistive Technology	Dispersed Alarm Service	Assistive Technologies and Equipment	Community based equipment		Community Health		Joint	46.0%	54.0%	Local Authority	Minimum NHS Contribution	£115,900	Existing
12	Assistive Technology	Assistive Technology Equipment	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			Private Sector	Minimum NHS Contribution	£19,949	Existing
13	Carers	Carers Advice and Support & Respite Service	Carers Services	Respite services		Community Health		Joint	100.0%	0.0%	Charity / Voluntary Sector	Minimum NHS Contribution	£714,040	Existing
14	Housing Health	Advice & Support	Housing Related Schemes			Community Health		CCG			Local Authority	Minimum NHS Contribution	£90,355	Existing
15	Disabled Facilities Grant	Adaptation, community equipment and assistive technology	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£2,768,450	Existing
16	Improved Better Care Fund	Stabilise care provider market	Personalised Budgeting and Commissioning		Stabilise care market to support provide	Social Care		LA			Local Authority	iBCF	£9,269,907	Existing
17	Improved Better Care Fund	Social Care reablement and early intervention OT	Reablement in a persons own home	Reablement to support discharge - step down	social care reablement and early intervention	Social Care		LA			Local Authority	iBCF	£1,269,521	Existing
18	Improved Better Care Fund	Complex needs healthcare services and reviewng officers	Home Care or Domiciliary Care	Domiciliary care packages	complex needs homecare and reviewing officers	Social Care		LA			Local Authority	iBCF	£1,172,561	Existing
19	Improved Better Care Fund	Hospital Discharge Team	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge	Hospital Discharge Team	Social Care		LA			Local Authority	iBCF	£44,873	Existing
20	Improved Better Care Fund	Winter Pressures	Community Based Schemes	Other	Winter Pressures	Social Care		LA			Local Authority	iBCF	£1,550,028	Existing
21	Improved Better Care Fund	Meeting adult social care needs (demand and complexity)	Personalised Budgeting and Commissioning		meeting adult social care demand and	Social Care		LA			Local Authority	iBCF	£3,271,472	Existing
22	Improved Better Care Fund	Nottingham Health and Care Point	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£24,445	Existing

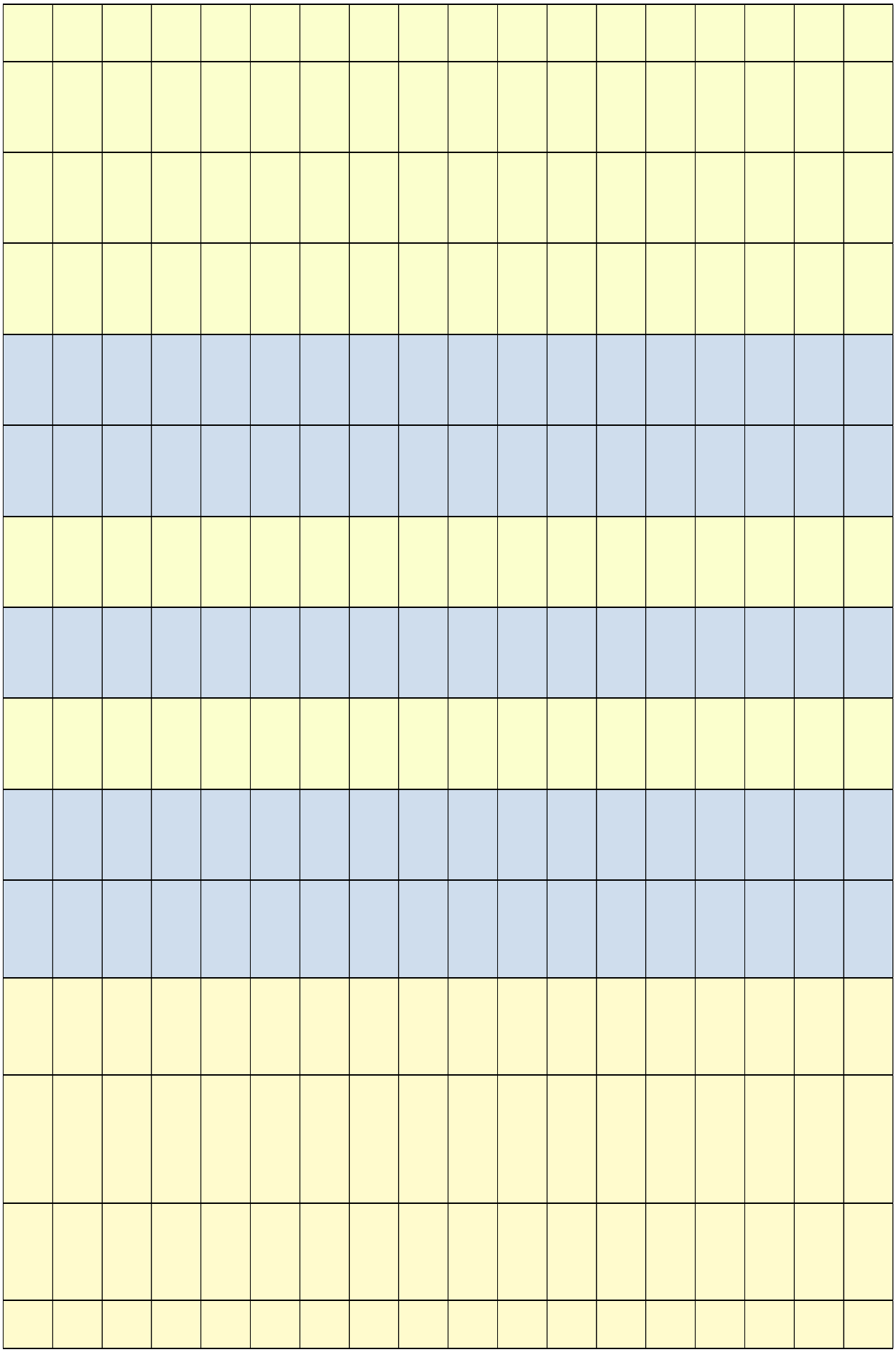


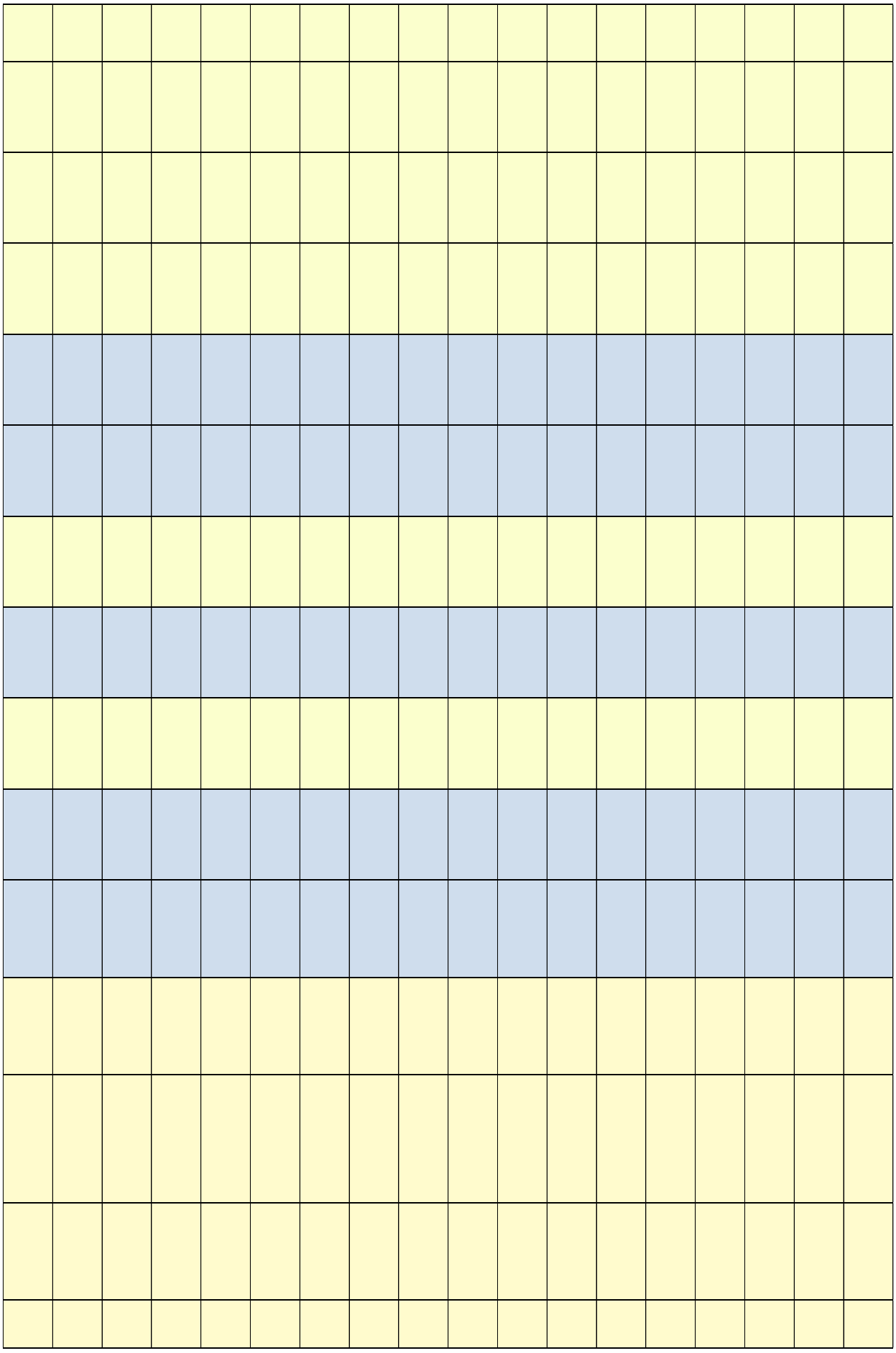


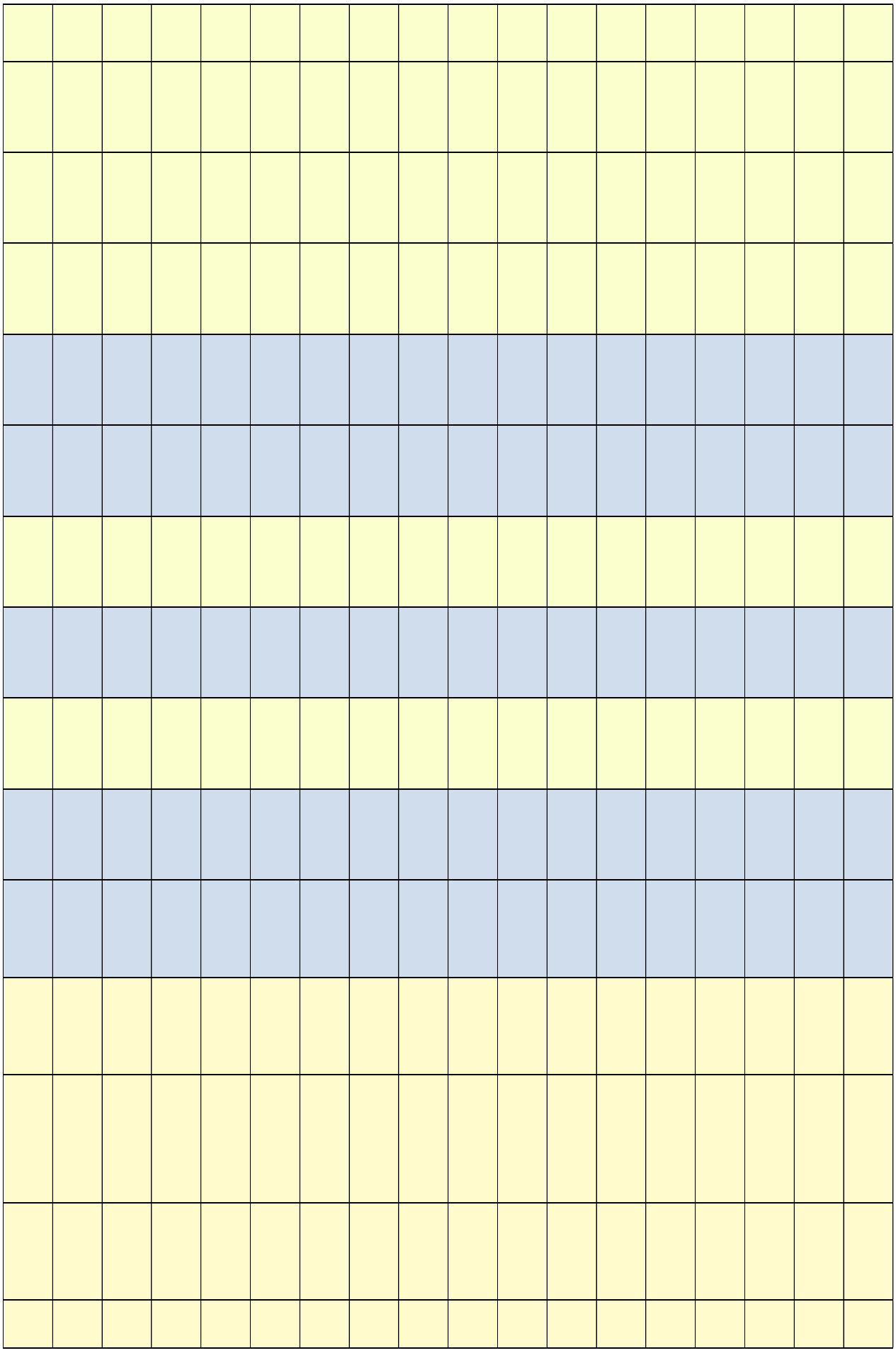


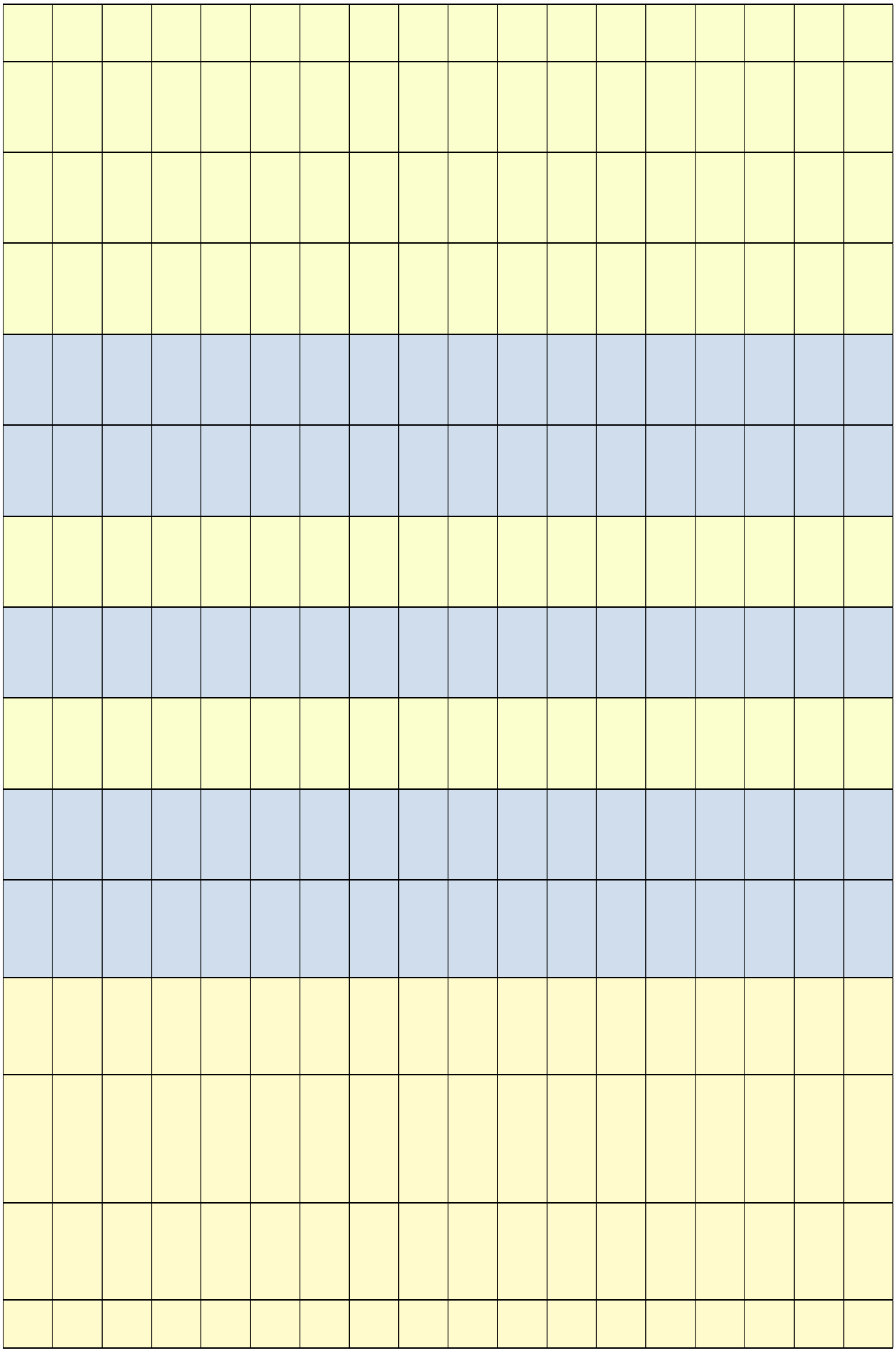


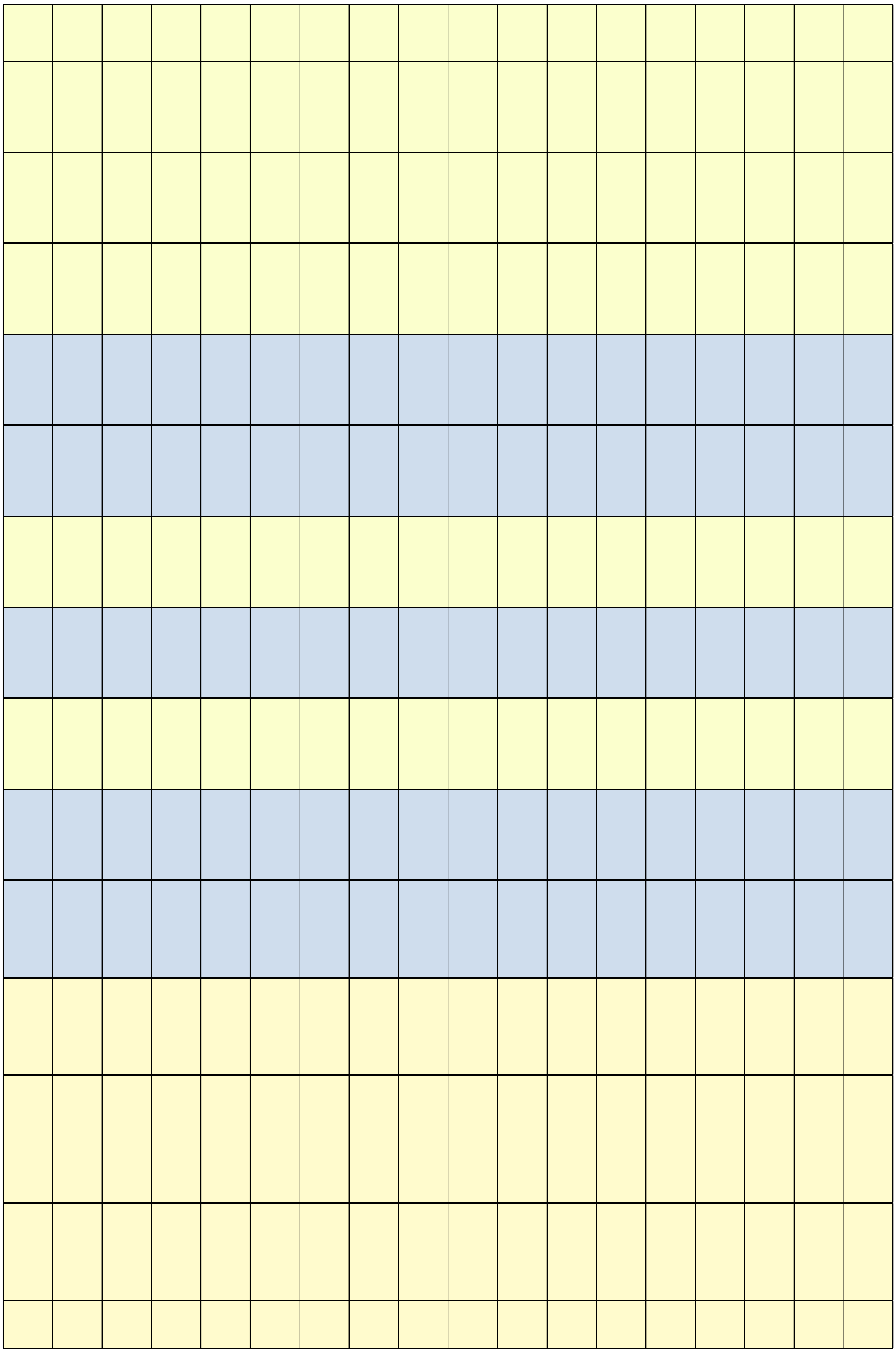


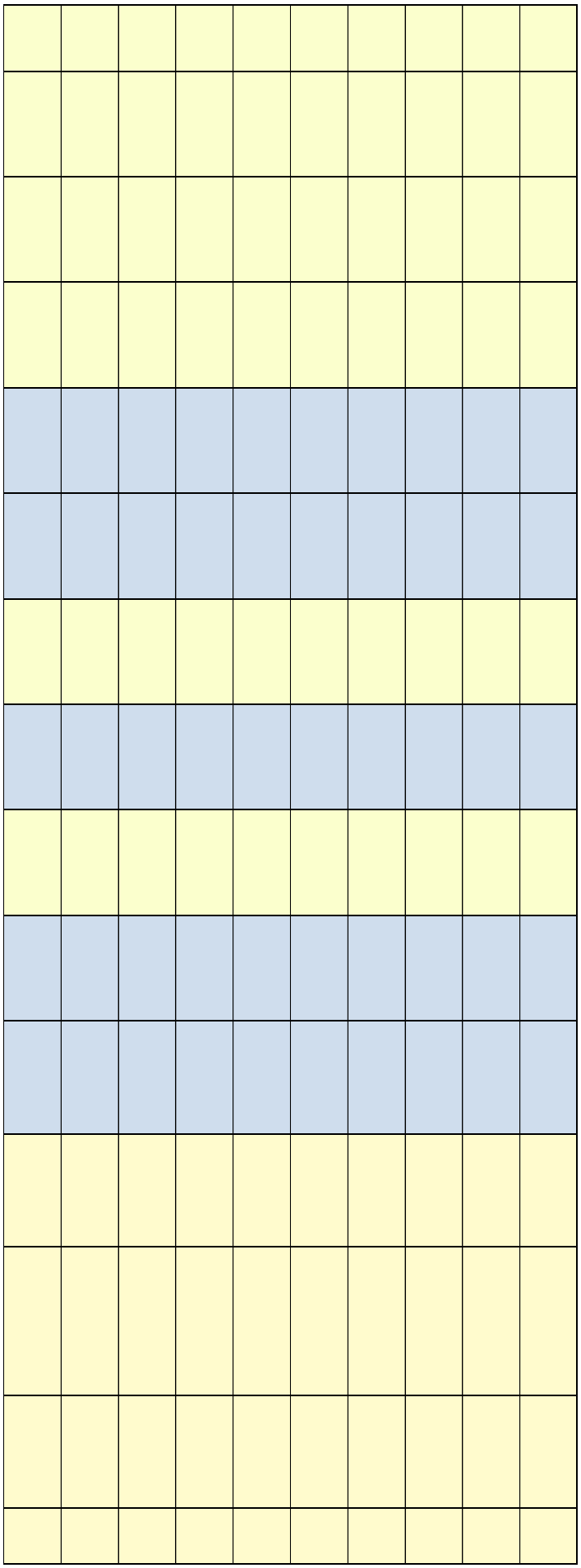












Further guidance for completing Expe

National Conditions 2 & 3

Schemes tagged with the following will count towards th

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribu

Schemes tagged with the below will count towards the p

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, o
- **Source of funding** selected as 'Minimum NHS Contribu

2022-23 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes

5	DFG Related Schemes
6	Enablers for Integration
7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes

10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services
12	Reablement in a persons own home
13	Personalised Budgeting and Commissioning
14	Personalised Care at Home

15	Prevention / Early Intervention
16	Residential Placements
18	Other

nditure sheet

ıe planned **Adult Social Care services spend** from the NHS min:

ıtion'

planned **Out of Hospital spend** from the NHS min:

nly the NHS % will contribute)
ıtion'

Sub type
1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other
1. Respite Services 2. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other

1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other
1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other
1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other

1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other
1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other
1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other
1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other

1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
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/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

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. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
Schemes that build and develop the enabling foundations of health, social care and housing 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.
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, is included in this section.
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.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

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 such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. 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. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, 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.
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.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Various person centred approaches to commissioning and budgeting, including direct payments.
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.

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 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.
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.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Nottingham

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	267.9	241.3	271.9	217.0	Nottingham City LA compared favourably to its peers and the England rate. Trend does see a reduction in Q2 before an increase over the Winter months / Q3 but then dropping back down.	This metric will be supported by the development of the Ageing Well Framework. Locally, we have in place a range of Primary Care Practice level MDT's focussing on admission avoidance and
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value	242	218	245	196		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	93.7%	93.8%	93.5%	93.1%	Nottingham City LA finished in the middle of their peer group for 2021 22 Discharges and above the England and planned level for Oct - Mar 2022 (93%). Applied a slight stretch to 94% of discharges to usual place of residence to improve on current position.	The discharge to assess approach in the ICS is committed to a 'Home First' principle. Additional capacity is being provided in community health and social care to support the 'Home First' principle and increase the percentage of people returning to their normal place of residence.
	Numerator	6,446	6,405	6,104	6,079		
	Denominator	6,876	6,831	6,530	6,531		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	93.8%	94.3%	94.1%	93.8%		
	Numerator	6,450	6,442	6,145	6,126		
	Denominator	6,876	6,831	6,530	6,531		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	984.0	721.9	737.0	609.9	Based on trend predictions	Admissions are carefully monitored and agreed following fobust assessment of need and options.
	Numerator	385	287	293	246		
	Denominator	39,125	39,754	39,754	40,334		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%	73.1%	72.7%	80.0%	Stretch target ambition based on system agreement to additional investment for reablement services.	The Council has agreed a new D2A plan which will resource effective reablement services for hospital discharge over the course of the year.
	Numerator	153	621	561	724		
	Denominator	180	849	772	905		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Nottingham

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Outline in slide 17 of Narrative Plan		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	Embedded throughout Narrative Plan. Collaborative commissioning approach is highlighted on slides 4 and 5		
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Highlighted on slide 12 and 13		
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	PR6	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	Narrative Plan describes the local BCF themes and related schemes		

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Integrated Care System
Nottingham & Nottinghamshire

2022/23 Better Care Fund Narrative Plan

Nottingham City HWB
Nottinghamshire County HWB

Integrated Care System
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Background

- Aim of the BCF
- Local approach to collaborative commissioning
- Reviewing the 21/22 plan
- Governance

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Nottingham & Nottinghamshire

Aim of the Better Care Fund

The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care .

The ICS is committed to drive collaboration, innovation and integration through the BCF plans.

There are two joint plans: one agreed by Nottingham and Nottinghamshire Integrated Care Board (ICB) and Nottingham City Council; and one agreed by Nottingham and Nottinghamshire Integrated Care Board (ICB) and Nottinghamshire County Council. The plans are owned by the Health and Wellbeing Boards (HWBs) and governed by an agreement under section 75 of the NHS Act (2006).

The national conditions for the BCF 2022-23 are:

- Jointly agreed plan between local health and social care signed off by the health and wellbeing board.
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
- Invest in NHS commissioned out-of-hospital services
- Implementing the BCF policy objectives:
    - Enable people to stay well, safe and independent at home for longer
    - Provide the right care in the right place at the right time.

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ICS approach to Collaborative Commissioning

A "Joint commissioning for Integrated Care" workstream with representatives from Nottingham City Council, Nottinghamshire County Council and Nottingham and Nottinghamshire ICB has been providing leadership to develop the role of Collaborative Commissioning as an enabler to deliver integrated care within the ICS.

A Framework has been agreed which sets out the principles for collaborative commissioning, based on an assessment of current ways of working, learning from other systems in England, and reflections from key policy documents.

The principles are now being confirmed through a number of test pieces in a "learning laboratory" approach that applies a consistent methodology to identify success factors for, and barriers to, successful collaborative commissioning. This learning will form the basis for scaling up our approach to collaborative commissioning.

A "Collaborative Commissioning Oversight Group" (CCOG) has been established to provide ongoing leadership for new ways of commissioning. As well as providing leadership and co-ordination for specific areas of collaborative commissioning, the group will inform system development priorities, including the development of integrated delivery approaches at Place.

CCOG will provide the strategic steer to the BCF Oversight Group, supporting the development of a 23-25 BCF Plan and ensuring this reflects changes to commissioned services and collective oversight of resources and outcomes.

Integrated Care System
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Our Collaborative Planning and Commissioning Framework

VISION

To deliver **Integrated Health and Care** within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.

PRINCIPLES

Why we are taking this approach

- We will deliver improved outcomes and reduce health inequalities, driven by an understanding of the needs of our population
- We will optimise the use of our collective resource by reducing duplication, moving away from services commissioned and delivered in silos, making it easier for people to access the right support or care to meet their needs
- We will enable providers to work collaboratively to deliver improved quality and efficiencies

What we will do together

- We will work with our population to ensure they are involved in decision making at all stages of planning and delivery
- We will work as health and care partners, considering the opportunities for person centred integrated delivery for every decision we make
- We will focus on early intervention and prevention to support people to avoid increasing levels of support / cost
- We will use the best available evidence to support our decision making

How we will work

- Our Place Based Partnerships will drive our integrated health and care approach, bring together the planning and delivery of integrated care
- We will have transparency in our decision making, sharing financial and outcomes information to reach a collective decision
- We will hold ourselves accountable for working to these principles and for the delivery of integrated health and care, recognising the statutory responsibilities of each partner

VALUES

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions

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2021/22 BCF Plan Review

A review of the Better Care Fund took place between May and August 2022. This was a joint review between Local Authorities and the ICB and is a key component to developing system-wide collaborative commissioning approaches.

The aim of the BCF review was to ensure all schemes are clearly defined with a shared understanding of their intended outcomes; ensure there is a clear alignment of all schemes to ICS plans; and develop a shared understanding of opportunities for greater collaborative commissioning and integrated service delivery plans.

Following the review:

- **We have a defined shared ambition** to drive integration, recognising the BCF as key tool to system oversight and integrated delivery at Place

- We have a **collective understanding** of the BCF plans and 'in-scope' services and revealed further opportunity in improving how services are collaboratively commissioned

- We have c**onfirmed that our BCF plan includes evidence based interventions (at a service level)** as outlined in the SCIE Logic Model for Integrated Care

We have started to develop a **shared BCF dashboard** to include population health information for ASC and performance narrative from project level reporting. A joint arrangement has been put in place to collate data from ICB and LA and upload to a single system data dashboard (by Q3 22/23).

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Recommendations from BCF Review

The 22/23 BCF Plan has been refreshed to reflect the outcome of the review in relation to the definition and labelling of BCF schemes. We now have aligned language in relation to our commissioned services. In order to maximise the opportunities of the BCF as a mechanism for integrated out of hospital services, a number of recommendations were made as detailed below.

Recommendation 1: Undertake a service review for the BCF priority areas to maximise opportunities for collaborative commissioning, pooled resources and the delivery of integrated services to improve outcomes for the population and achieve best value for money.

The reviews will be themed across the three areas that form the narrative plan:

1. **Prevention and early intervention services:** e.g. access, community workers, social prescribing
2. **Anticipatory Care Services** e.g. care co-ordination and navigation, crisis response, assistive technology,
3. **Discharge to assess services:** integrated discharge team, community beds, interim placements, reablement

Recommendation 2: Understand and scope the opportunities to use the BCF as a tool to achieve integrated delivery at Place Based Partnership level

During 22/23 Place Based Partnerships will continue to drive integrated delivery of BCF services/schemes. However, there is opportunity to co-ordinate and take a collective view across BCF scheme areas. The developing role of Place will maximise work with communities to understand local population needs and bring together partners, including providers, District Councils and voluntary sector. This provides an opportunity to tailor services to local population need and develop our local provider market. Place based approaches will be reflected in the 23-25 BCF Plan.

Recommendation 3: **Realise the full benefit of Health and Wellbeing Board oversight to ensure a focus on wider determinants and wellbeing and to maximise the input of all partners**.

The 22/23 BCF governance includes assurance and agreement to plans through the Health and Wellbeing Boards. As commissioning reviews progress and the role of Place matures, the relationship with the Health and Wellbeing Boards will develop. During 22/23 a number of papers and HWB workshops are planned which will ensure membership are fully informed, engaged and able to shape future plans.

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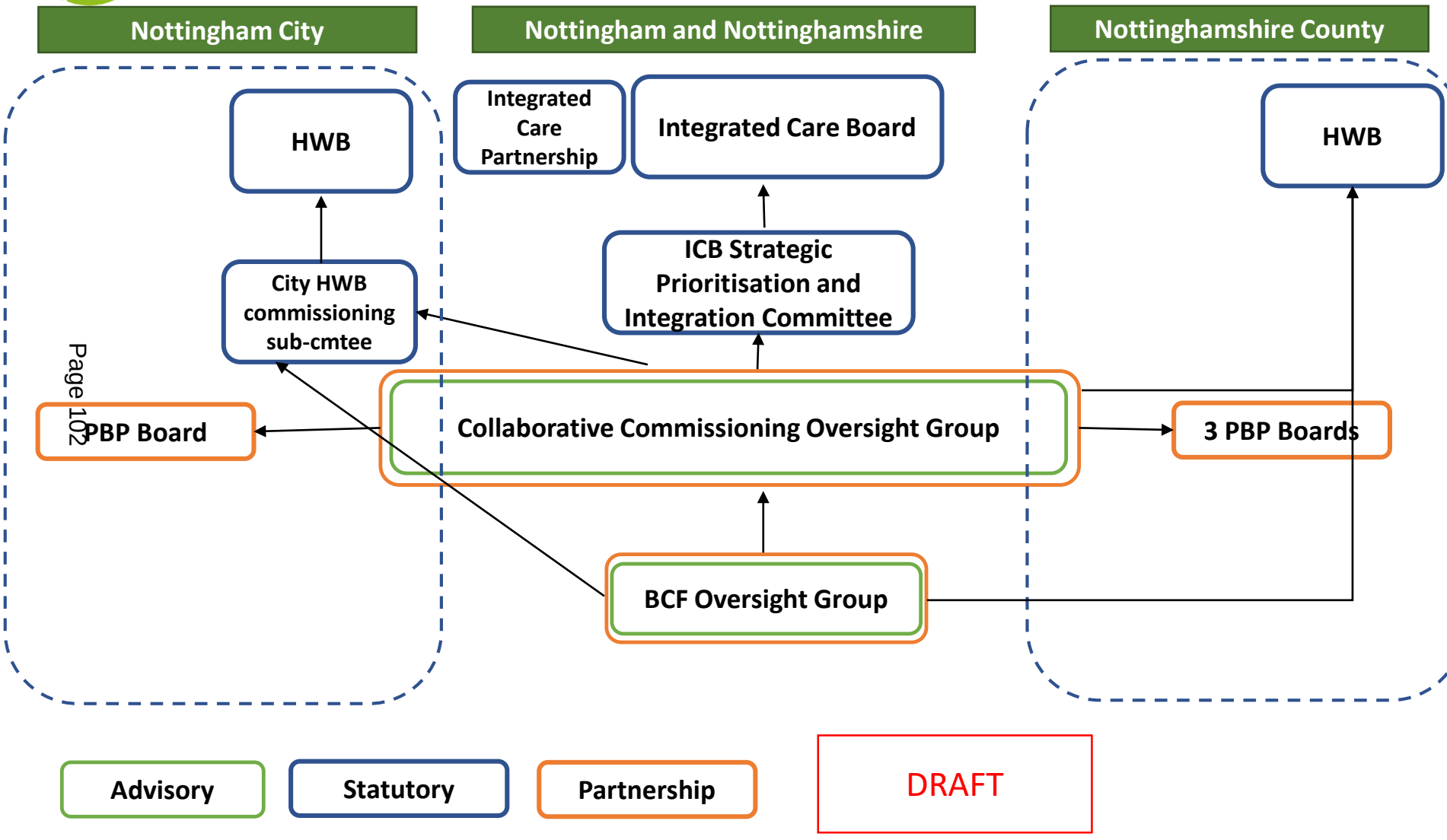
Collaborative Commissioning Governance

This slide shows the emerging governance and oversight which will align development of the integrated delivery at Place and strategic oversight to commissioning



Governance of our 22/23 BCF plans

The City Health and Wellbeing Board has delegated responsibility for the BCF to the Health and Wellbeing Board Commissioning Sub-Committee. The Sub-Committee is jointly chaired by Nottingham City Council and Nottingham and Nottinghamshire ICB.

The Nottinghamshire County Health and Wellbeing Board is responsible for oversight of the BCF.

An ICS BCF Oversight Group meets quarterly to oversee planning and performance for the BCF. The group has representatives from commissioning, finance and transformation workstreams from the ICB and both local authorities. This group jointly plans and creates the BCF plan with input from wider commissioners and programmes. Expenditure and scheme level plans are produced at HWB level.

Wider partners including Providers, Local Authority service leads and the third sector are engaged in the plan at scheme level. Work will continue to develop collaborative commissioning approaches to Place Based Partnerships during 22/23 with the BCF as a key enabler to integration

Integrated Care System
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BCF Plans 22/23

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Developing our BCF plans for 22/23

The 22/23 BCF Plans provide an oversight of strategic commissioning and transformation plans. These cover a range of evidence based commissioned services, provisions and interventions (as per SCIE logic model Logic model for integrated care | SCIE). The range of services is focused under the following themes (note these headings are not those used in the BCF planning template):

- **Community based multidisciplinary teams** to provide proactive joint case management and to enable effective transfer of care from hospital
- **Personalised home care,** reablement and domiciliary packages
- **Navigation** and early help for people find appropriate services and support
- **Enablers** such as telecare, adaptations and equipment to support independence and self management

Our 22/23 plan also recognises that there is significant scope to fully embed key enablers and evidence based approaches to integrated delivery.

In 21/22 the ICS completed work to draft a Collaborative Commissioning and Planning Framework. This included a strategic review of local approaches to BCF, recognising BCF as a crucial tool to achieve integrated services and planning. By Q3 22/23 we will have established a focused programme of future collaborative commissioning, including agreeing a shared workplan and governance approach.

In Q1 22/23 the BCF Strategic review has provided a collective agreement of a forward plan to transform BCF planning. This will realise the potential for BCF to support effective integrated service delivery at Place and neighbourhood level, supported by system oversight.

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Accelerating our Health Inequalities Approach

The ICS Health Inequalities Strategy sets out how the Nottingham and Nottinghamshire health and care system plans to work together to addresses significant gaps in health life expectancy. https://healthandcarenotts.co.uk/wp-content/uploads/2020/10/Notts-ICS-HI-strategy-06-October-v1.8.pdf The strategy recognises that reducing health inequalities is about more than access and quality of health and care services given that wider determinants contribute 80% towards health outcomes. A joint approach to address health, wellbeing but also employment, education, living situation and relationships is crucial. Our BCF plans are part of our approach to reducing health inequalities and this will continue to evolve as new approaches to delivery of care and support are developed.

Our approach to addressing health inequalities is embedded through a number of system approaches and across our BCF schemes.

- **The equality impact assessment** is applied whenever we change or introduce service provision. 22/23 will see work to review processes with a view to develop a system wide approach that supports partnership assessment and monitoring. Most recently, this has been applied to Carers support services, Discharge to Assess and Transfer of Care Hub work. The outputs of these assessments is to include work to monitor protected characteristics across models of care and assessed the need to target increased resource for pathway 1 patients to areas of higher deprivation.
- **PCN Health Inequalities Plans** include needs assessment and adjustments to care for people who experiencing health inequalities. Priority areas include management of long term conditions, identification of carers and improve health assessments of people with serious mental illness. This will be supported by alignment of a Prevention strategy and priorities at Place level, maximising joint efforts to enable community focused responses. This will support Development of care provision that is able to deliver in a culturally responsive way and assessing the needs for cultural specific care.
- **Anticipatory Care Model** will align with the population focus of the CORE20plus5. During 22/23 the programme will scope use population health approaches and data to identify those are at risk of poorer outcomes and build delivery approaches that are able to scale and flex interventions to meet their needs.
- During 22/23 the introduction of multi-disciplinary assessment, coordination and case management of health, care and housing for people experiencing **Severe Multiple Disadvantage** (interplay of homelessness, substance misuse, mental health and criminal justice) will support a multi-agency approach to cohort often at higher risk of hospital admission. This includes mobilisation of additional investment to support effective hospital discharge form people experiencing **homelessness**.
- **Carers services –** a joint EQIA process supported the review of existing provision and has led to strengthened outcome metrics relating to protected characteristics and commissioning of services in 22/23 with an emphasis on the ability to deliver in a personalised and strength based way, this will include focus on delivery culturally responsive provision.

How the 22/23 BCF supports delivery of our ICS Vision

ICS Vision

Our neighbourhoods, places and system will seamlessly integrate to provide joined up care. Every citizen will enjoy their best possible health and wellbeing

BCF objective

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

Priority work areas

- **Ageing Well** Anticipatory Care Model
- **Living Well** Prevention, maximising independence and 'early help'
- **Urgent Care** Discharge to Assess and Transfer of Care Hubs

Enabling System programmes

- **Community Transformation**
- **System development**
- **Data insight and interoperability**

Integrated Care System
Nottingham & Nottinghamshire

Our BCF priorities

We work with our people and communities to support people to live as independently as possible. We will offer support and rehabilitation to people at risk of hospital admission or who have been in hospital. We will ensure that people transfer from hospital to the community in a timely way and prevent unnecessary admission to hospitals and residential care

1. Living Well

Prevention and Early Intervention

- Wellbeing, independence and healthy lifestyle
- Single point of access for advice and information about range of care needs
- Wider determinants e.g. social prescribing

2. Ageing Well

Anticipatory Care

- **ICB 'out of hospital community services'**
  - **Care co-ordination and navigation** (risk stratification, planning MDT case management)
  - Urgent care/**crisis response** nursing
  - **Community nursing** (housebound) and **Long term conditions**
  - **Rehabilitation**
  - **ED 'Front door'** streaming
- **ASC** assessment, homecare (extended hours/day working, crisis)
- Assistive technology, telehealth and adaptations
- Support to **unpaid Carers (**Carers Assessments)
- **Council reablement services, maximising independence/ supported living**
- **Primary Care Enhanced Services -** case management for risk of admission, improving access for asylum seekers, SMD, safeguarding
- **Disabled Facilities Grant** (home adaptations)

3. Discharge to Assess

- **Integrated Discharge Team** at hospital (including LA funded roles and in-reach from community health services)
- ICB commissioned **community beds**
- **Housing schemes** e.g. ASSIST, Housing to Health
- LA **interim placements**, urgent/discharge homecare, reablement

Integrated Care System
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1. Living Well – Prevention and Early Intervention Schemes

Prevention, as defined in the Care Act Statutory Guidance (2016), is about **the care and support system actively promoting independence and wellbeing**. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible

During 22/23 our review of Prevention strategies in partnership across the ICS will aim to align language, priorities and collaborative commissioning approaches. We'll look to maximise opportunities to support strength based and personalised approaches across health and social care to support independence, wellbeing and to prevent ill health.

Our 22/23 areas of focus within the BCF plan are support to unpaid Carers, early intervention, access to advice, information and coordinated support. This recognises the benefit brought by the Health and Wellbeing Board strategy to focus on the wider determinants on improving health and wellbeing through community focused approaches.

1. Living Well - Prevention & Early Intervention: Our Support to Unpaid Carers

During 22/23, a priority area of collaborative commissioning is to increase early intervention and improve services for unpaid carers.

This will be underpinned by the key system achievement in 22/23 of the completion of the **ICS Carers Strategy**
The ICS Carers strategy has been jointly developed between Nottingham City and Nottinghamshire Councils, ICB and co-produced with Carers. Carers voices and experiences are directly shaping the future of services and support, which are important to them. The strategy sets out what we will do together to improve the health and wellbeing of carers.

'Our vision is to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with.'

Scope of Services to Support Unpaid Carers
Carers Hub – a single point of access for information and advice. This will include assessment and support planning
- Education, training and engagement with schools, employers and health and care professionals
Carers respite- to provide breaks from caring with a flexible offer to include home based breaks and residential breaks.
Young Carers Service- information, advice, support and activities.

The strategy will provide guidance and structure to review existing BCF Carers Schemes and collaborative commissioning of high quality carers services during 22/23. This will lead to improved outcomes for carers, increased return on investment and opportunities to increase early intervention and integration across health and care.

Integrated Care System
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1. Living Well – Prevention and Early Intervention Schemes

Nottingham City	
Early Intervention	*Scheme ID 2 Care Navigation and Planning* *Scheme ID 13 Carers, Advice and support, respite service* *Plus embedded early intervention and prevention approaches across delivery of adult social care schemes (note some scheme/spend shown in 2- Ageing Well – anticipatory care model)* *Integration of community connections, Primary Care Networks and support roles e.g. social prescribing*

Nottinghamshire County	
Early Intervention	*Scheme ID 12 Carers Short Breaks* *Scheme ID 19 Carers respite* *Scheme ID 21 Carer Advice and Support* *Scheme ID 22 'Supporting People'* *Scheme ID 27 Enabling Care Act statutory responsibilities* *Plus embedded early intervention and prevention approaches across delivery of adult social care schemes (note some scheme/spend shown in 2- Ageing Well – anticipatory care model)* *Integration of community connections, Primary Care Networks and support roles e.g. social prescribing*

Integrated Care System
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2. Ageing Well - Our Anticipatory Care model

Our priority for 22/23 is to shape effective anticipatory care models based on well embedded 'building blocks', including the **Primary Care practice level MDTs**, which focus on admission avoidance and frailty in particular. Whilst these are well embedded there are some gaps e.g. consistent attendance from social care and the VCS. We will be raising the profile of what anticipatory care means and the role it plays in the system.

During 22/23 we will be working across ICB, Local Authority, Provider and VCS partners to outline our implementation plan for submission to NHSEI by Q4 22/23. This will include scoping and **co-producing our approach with people with lived experience** to ensure we deliver this agenda in a personalised way.

We have clear Place based MDT model which requires us to risk stratify the population and at a place/neighbourhood level, work across health, social care, VCS, social prescribers etc. to proactively engage people and work with them to co-produce solutions in our target areas. We are going to be tracking data to evidence whether or not these interventions make a difference on the amount of social care/health input these people need over time.

Our priority areas are:
- Frailty
- Health inequalities (priorities linked to the CORE 20 plus 5)
- High frequency service users of UEC services (ambulance/ED)

We have a system wide approach to addressing health inequalities and a **really strong foundation of data through our Strategic Analytics and Information Unit** which is operational across the ICB. We can demonstrate that we know where each of our PHM target cohorts reside, the risk factors and link with touchpoints for NHS services. We are working hard as a system to expand this out into social care data too. The introduction of anticipatory care will also seek to engage with those in the most 20% deprived areas of the ICS, frailty and people with long term conditions utilising UEC services to manage their conditions.

This work will be supported by the **Community transformation work during 22/23**– increase integration between health and care services at Primary Care Network level, this programme is enabling strong partnerships and improved relationships by connecting commissioned delivery with local communities and joint delivery models with VCS organisations to enable joined up care that is connected to local communities.

The Ageing Well Anticipatory Care framework will be operational by 1st April 2023,

2. Ageing Well - Disabled Facilities Grant

Disabled Facilities Grants support independence through minor adaptations to a person's own home. Assistive Technology supports people to live independently.

There are a number of offers in place including telecare services and the dispersed alarm service. The provision supports both our Prevention & Early Intervention and Anticipatory Care priorities

Nottinghamshire County Council approach to DFGs is to transfer the apportioned budget to District Councils to administrate and arrange.

Alongside DFGs work is taking place across both BCF footprints to understand priorities and alignment of housing representatives to support system priority areas.

The Nottinghamshire County ASSIST scheme and Nottingham City Hospital to Home scheme enables health and social care providers to work in partnership to assess and support people to move into more suitable properties in a timely manner, enabling recovery and reablement at home, which reduces risk of admission to hospital and supports effective discharge from hospital. 22/23 will provide opportunity to review these as part of the Transfer of Care Hub development.

Focused areas of need

- Neurodiversity and dementia, e.g. sensory needs
- Promoting and developing independence e.g. preparing for independent living; adjusting after a major change; managing long term deteriorating conditions
- Short term housing support e.g. planned, crisis response, for assessment, for step up and step down.
- Housing related support – e.g. tenancy support and sustainment; money management, hoarding

2. Ageing Well – Our Anticipatory Care Schemes

(note historic scheme labelling means that City and County expenditure can not be compared on a scheme by scheme basis)

Nottingham City	
Care Coordination and Navigation	*Scheme ID 1 – CityCare 'Out of Hospital Contract' MDT, LTC case management, specialist nurses and NCGPA Social Prescribing*
Primary Care Enhanced Services	*Scheme ID 7- GP Practice enhanced services for case management, MDT and coordination with specialist teams*
Urgent Care/2 hr Crisis	*Scheme ID 3 – CityCare 'Out of Hospital Contract' 2hour response service*
Housing & Tech	*Scheme ID 10,11,12- Assistive Technology – telehealth, dispersed alarms, equipment* *Scheme ID 14 – Housing Health – Hospital to Home, supporting prevention and D2A* *Scheme ID 15- Disabled Facilities Grant*
Nottinghamshire County	
Care Coordination and Navigation	*Scheme ID 5 and 8 NHT South Notts/Mid Notts case management, MDTs and specialist nursing)*
Primary Care Enhanced Services	*Scheme ID 4 – GP Practice enhanced services for case management, MDT and coordination with specialist teams* *Scheme ID 20 Care Home Quality*
Urgent Care	*Scheme ID 6 British red cross 2 hour response* *Scheme ID 7 South Notts NHT 2 hour response* *Scheme ID 11 Evening and night nursing* *Scheme ID 13 ED Front Door and streaming (SFHT acute)*
Housing & Tech	*Scheme ID 26 – Disabled Facilities Grant* *Scheme ID 24- Supported accommodation younger adults* *Scheme ID 25 Direct Payments for older and younger adults*

Integrated Care System
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3. Our Discharge to Assess model

Plans for improving discharge and ensuring that people get the right care in the right place:

A system D2A self assessment of 'What Good Looks Like in line with the High Impact Change Model' took place via a system workshop on the 21st July 2022, this was led by both the Local Government Association and ECIST. A feedback and next steps workshop took place on the 8th September 2022, the outputs will be incorporated to the system (ICB, LA and Provider) Discharge to Assess Operational Steering Group's system plan.

Integrated Delivery of **Transfer of Care Hub** models will go live in Q3 22/23 across all ICS Hospital Trusts. Preparation during 22/23has included system mapping of D2A pathways, reflecting issues, blockages and best practice implementation. This has included the development of a single transfer of care data set agreed to enable smoother and consistent communication across D2A pathways and Providers. During 22/23 improved relationships and pathways have been made with housing and specialist services such as homelessness and substance misuse to better support discharges for people with complex social needs.Q4 22/23 will ensure that projects and services to support specific cohort needs are linked into the developing Transfer of Care Hubs.

Collaborative Commissioning Progress: A collaborative commissioning review has resulted in a system wide agreement to a pooled funding investment for additional capacity across services to support improve delivery of the 'Pathway 1' integrated business case. This additional resource will be supported by a joint service specification, shared data monitoring and performance oversight. This is being supported by the ICS System Analytic Insight Unit and creation of a single Urgent Care dashboard.

Q3 22/23 will agree the approach to reflecting the additional resource in the BCF plan and BCF section 75 arrangements. There will also be a commitment to the intelligence information necessary to monitor performance across reablement, rehabilitation and homecare services. A partnership agreement will produce collective outcome framework and KPIs to monitor 'pathway 1' performance. This monitoring and oversight will align with the BCF metrics dashboard and feed into the Urgent Emergency Care Board and the Ageing Well Board.

Completion of the Intermediate Care Demand and Capacity modelling template has supported focus on alignment between programmes to address discharge and programmes for anticipatory care. There is significant challenge locally in balancing resource that meets the demands of hospital discharge with the intention to resource prevention and anticipatory interventions.

3. Our Discharge to Assess schemes

(note historic scheme labelling means that City and County expenditure can not be compared on a scheme by scheme basis)

Nottingham City	
Integrated Discharge Team	*Scheme ID 4, 8,9- Facilitating Discharge, integrated enablement teams and supporting D2A. Mental Health integrated discharge*
Rehab/reablement	*Scheme ID 4, 6- reablement, rehabilitation and homecare provision.*
Community beds	*Scheme ID 4 City Care 'out of hospital' contract community beds*
Housing	*Scheme ID 15 Hospital to Home – housing advice to D2A, minor adaptations and 'handyperson' type support.*

Nottinghamshire County	
Integrated Discharge Team	*Scheme ID 3 Support to Integrated Discharge planning* *Scheme ID 15 Bassetlaw Mental health discharge roles* *Scheme ID 16,17, 18 Bassetlaw Discharge and assessment teams (across acute, mental health and community)*
Rehab/reablement	*Scheme ID 1- Short term rehab (NHT lot 10 South Notts)* *Scheme ID 9 and 10- Falls Prevention (NHT Mid Notts Community Rehab falls and South Notts East Bridgford Falls Rehab)*
Community beds	*Scheme ID 2- Community beds (NHT Lot 8- South Notts Lingsbar and Mid Notts Fernwood)* *Scheme ID 23- Nursing and dementia interim placement*
Housing	*Housing support to D2A 'ASSIST' under review*

Integrated Care System
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Summary of Changes to 22/23 Plans

22/23 Change to Nottinghamshire County HWB BCF Plan

As an output of the BCF review there was collective agreement to refresh the labelling of schemes in the Nottinghamshire County BCF Plan

The 22/23 Nottinghamshire County BCF Planning template will more clearly align with current commissioning arrangements for BCF services

This will provide improved clarity across schemes and consistency in labelling in readiness for more in-depth collaborative commissioning reviews of BCF services ahead of 23-25 plans.

22/23 Changes to Nottingham City HWB BCF Plan

The Nottingham City BCF scheme labelling did not require significant change
The review has led to Scheme ID 10 being removed. This line related to Programme Support costs, which are now considered 'core' workforce delivery.
Updated labelling of scheme ID 16 and 21 from 'other' to 'personalised budgeting and commissioning'

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Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is 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).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand
- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

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 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 in the relevant sheet or in the guidance tab for readability if required.

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

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.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.
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. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the **Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:
- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).
These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government

NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Nottingham	
Completed by:	Naomi Robinson	
E-mail:	Naomi.Robinson2@nhs.net	
Contact number:	7816407052	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Wed 30/11/2022	<< Please enter using the format, DD/MM/YYYY

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chief Commissioning Officer, Chief Executive, Head of Joint Comm
Name:	Lucy Dadge, Mel Barrett, Sarah Fleming, Katy Ball

How could this template be improved?	

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet]

[^^ Link back to top]

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Nottingham

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	2606	2485	2606	2606	2366	2606
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	332	319	332	332	308	332
2: Step down beds (D2A pathway 2)	65	62	65	65	59	65
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	27	26	27	27	25	27

Any assumptions made:	The pathway and provider split is based on historical discharges.

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Discharge Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
(Please select Trust/s.....)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		205	197	205	205	189	205
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		2096	1992	2096	2096	1892	2096
OTHER		305	296	305	305	285	305
(Please select Trust/s.....)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		20	19	20	20	19	20
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		281	270	281	281	260	281
OTHER		31	30	31	31	29	31
(Please select Trust/s.....)	2: Step down beds (D2A pathway 2)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		5	5	5	5	4	5
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		53	51	53	53	49	53
OTHER		7	6	7	7	6	7
(Please select Trust/s.....)	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		3	3	3	3	3	3
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		21	20	21	21	19	21
OTHER		3	3	3	3	3	3

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Nottingham

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	This section currently contains just health care services. Local authority are not currently able to provide data to indicate demand/capacity for community. There is a shared intention to improve data quality, accessibility and insight and take a strategic joint approach to collectin this in year to allow future planning and monitoring.

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	0	0	0	0	0	0
Urgent community response	95	95	95	95	95	95
Reablement/support someone to remain at home	211	211	211	211	211	211
Bed based intermediate care (Step up)	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Nottingham

4.1 Capacity - discharge

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

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

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

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

Please consider using median or mode for LoS where there are significant outliers

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

Any assumptions made:	Current capacity is able to meet demand other than for pathway 1 services. The ICS are planning to increase pathway 1 capacity above demand in order to reduce the backlog and improve flow for the discharge to assess pathway.

Capacity - Hospital Discharge

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	59	59	59	59	59	59
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	2542	2431	2542	2542	2323	2542
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	308	339	370	370	400	400
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	65	65	65	65	65	65
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	28	28	28	28	28	28

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Nottingham

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.
You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	This section currently contains just health care services. Local authority are not currently able to provide data to indicate demand/capacity for community. There is a shared intention to improve data quality, accessibility and insight and take a strategic joint approach to collectin this in year to allow future planning and monitoring.Due to pressures on hospital discharge capacity all bed based intermediate care are step down beds

Capacity - Community

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	96	96	96	96	96	96
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	230	230	230	230	230	230
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Nottingham

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	
BCF related spend	

Comments if applicable	This request has presented a challenge to our system due to the current approach to categorising spend across budgets. Estimating intermediate care costs will require further discussion with Providers and further data work by Local