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3. National Conditions

Selected Health and Wellbeing Board: Nottingham

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

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4. Income

Selected Health and Wellbeing Board: Nottingham

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

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

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	No

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

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

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	**£0**	
Total CCG Contribution	**£24,733,973**	

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

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

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5. Expenditure

Selected Health and Wellbeing Board: Nottingham

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

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

Checklist

Complete:

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

Link to Scheme Type description

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

8	Facilitating Discharge	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£749,183	Existing
9	Facilitating Discharge	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,827,999	Existing
10	Programme Management	Enablers for Integration	Integrated workforce		Other	Programme Mangement	CCG			CCG	Minimum CCG Contribution	£26,613	Existing
11	Assitive Technology	Assistive Technologies and Equipment	Other	Telecare, Telehealth & Integrated jointly	Community Health		Joint	46.0%	54.0%	Local Authority	Minimum CCG Contribution	£334,400	Existing
12	Assitive Technology	Assistive Technologies and Equipment	Other	Dispersed Alarm Service	Community Health		Joint	46.0%	54.0%	Local Authority	Minimum CCG Contribution	£115,900	Existing
13	Assitive Technology	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£17,922	Existing
14	Carers	Carers Services	Other	Carers Advice and Support & Respite Service	Community Health		Joint	59.0%	41.0%	Private Sector	Minimum CCG Contribution	£714,040	Existing
15	Housing Health	Housing Related Schemes			Community Health		CCG			Local Authority	Minimum CCG Contribution	£81,174	Existing
16	Disabled Facilities Grant	DFG Related Schemes	Other	Adaptations, community equipment &	Social Care		LA			Local Authority	DFG	£2,768,450	Existing
17	Improved Better Care Fund	Other		Stabilise care provider market, social care	Social Care		LA			Local Authority	iBCF	£16,114,638	Existing

^^ Link back up

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

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

Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. 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 and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	
Intermediate Care Services	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.	

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

^^ Link back up

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6. Income and Expenditure actual

Selected Health and Wellbeing Board: Nottingham

Income

	2020-21	
Disabled Facilities Grant	£2,768,450	
Improved Better Care Fund	£16,114,638	
CCG Minimum Fund	£24,733,973	
Minimum Sub Total		£43,617,061

	Planned	Actual		
CCG Additional Funding	£0	Do you wish to change your additional actual CCG funding?	No	
LA Additional Funding	£0	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£0			£0

	Planned 20-21	Actual 20-21
Total BCF Pooled Fund	£43,617,061	£43,617,061

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

Expenditure

	2020-21
Plan	£43,617,061

Do you wish to change your actual BCF expenditure?	No

Actual	

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

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

Yes

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

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

Selected Health and Wellbeing Board: Nottingham

Part 1: Delivery of the Better Care Fund

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

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

Part 2: Successes and Challenges

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

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	2. Strong, system-wide governance and systems leadership	System governance and leadership was enhanced across the system, particularly through the close alignment between all partners in the Local Resilience Forum (LFR) throughout the pandemic. In particular there was a positive approach to home care and care homes with a shared approach supporting the market during COVID, with health and local authority co-chairs providing the system leadership. This has led to a long term joint approach to supporting and managing quality and workforce issues in an integrated way for the home care and care home sectors.	Yes
Success 2	3. Integrated electronic records and sharing across the system with service users	As part of the 'proactive interventions programme' work has been undertaken to establish the case for data sharing between Primary Care, Social Care and the Carers Hub provision. Data was used during COVID to identify our most vulnerable people requieing support, and has informed an integrated appraoch to providing support using a preventative apporach going froward. Examples include, the proactive identification of Carers to health from social care and vice versa, with plans in place to send a letter detailing support offered by the Carers Hub to those identified by their GP Practice as undertaking a	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	Other	We expect to see a significant increase in mental health need as a result of the pandemic, and joint work is now progressing to ensure we are able to support people's needs. COVID has presented challenges in providing care and support normally delivered face to face or in clinic settings. This challenge has driven significant improvements in the use of digital technology to achieve more effective and efficient pathways, of note are:	Yes

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

Footnotes:

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

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

Other

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8. improved Better Care Fund

Selected Health and Wellbeing Board: Nottingham

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.
The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:
- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

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

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**
1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

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

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

87 characters remaining

5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.		A number of placements were made into residential care at a higher rate in response to the government directive to empty hospitals. A 5% uplift was awarded for 6 months to recognise increased costs (PPE, staffing). Also incl additional block contract	0 characters remaining	Yes

Footnotes:

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

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