

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

Report Title:	Better Care Fund 2021-22 Year-End Template
Lead Officer(s) / Board Member(s):	Sarah Fleming – Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board
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Other colleagues who have provided input:	
Subject to call-in:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Key Decision:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Criteria for a Key Decision:	
(a) <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more, taking account of the overall impact of the decision and/or	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of expenditure: <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Total value of the decision:	Nil
Executive Summary: The purpose of this report is to approve the Nottingham City Better Care Fund (BCF) 2021-22 Year-End reporting template, which was submitted to NHS England & Improvement on 27 May 2022. The template confirms the status of continued compliance against the requirements of the fund, including the final end of year spending position and provides information about challenges, achievements and support needs in progressing delivery.	
Does this report contain any information that is exempt from publication? No	
Recommendation(s): The Committee is asked to: 1. approve the 2021-22 Better Care Fund Year-End Template.	

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

1. Reasons for the decision

Reporting

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

Year-end feedback

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

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

National conditions declaration and additional requirements

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

2. Other options considered and rejected

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

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

- 3.1 None.

4. Published documents referred to in this report

- 4.1 None.