Nottingham City Health and Wellbeing Board Commissioning Sub-Committee 26th July 2023

Report Title:	Better Care Fund 22-23 Year-end Template Report	
Lead Officer(s) / Board Member(s):	Sarah Fleming, Director of System Development, Nottingham and Nottinghamshire ICB.	
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Subject to call-in: Yes	No	
Key Decision: Yes	No 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:		
Total value of the decision:	N/A	
Executive Summary:		
The purpose of this report is to approve the Nottingham City Better Care Fund 2022 - 23 Year-end reporting template that was submitted to NHS England & Improvement on 23 rd May 2023.		
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.		
Metrics (tab 4)		
 Percentage of people where residence Rate of permanent admission Proportion of older people 	erformance metrics are: for chronic ambulatory care sensitive conditions no are discharged from hospital to their normal place of sions to residential care per 100,000 population (65+) le (65 and over) who were still at home 91 days after to reablement/rehabilitation services	
progress for each of these me	Year-end reporting template requires assessment against etrics and to highlight challenges, support needs and cs were on track to meet the target at the year end point,	

however the challenges in meeting the targets set have been identified and mitigating actions for moving forwards identified.

The following system challenges in meeting the metric targets for 2022-23 have been highlighted:

- Urgent Community Response service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the ICS, despite full geographic coverage being in place.
- Challenges around night time provision for Pathway 1 services we will be working with system partners to pilot short term night time provision during 2023/24 and the learning will inform longer term Pathway 1 transformation.
- Figures indicate a result of 687.5 admissions per 100,000 population. This is 77.5 people, over the target of 610 people. The average number of new admissions each month has increased this year.
- Figures for the proportion of older people still at home 91 days after discharge indicate a result of 78.1% against a target of 80%. A further 10.2% of citizens could not be traced (47), some of whom may still be at home.

The report noted the following achievements:

- Weekend working in the transfer of care hub in order to ensure that there is the ability to plan discharge home on P1 for all discharges.
- Whilst there were workforce challenges within the external homecare market in the earlier part of 2022/23 work undertaken with the market increased capacity in the later part of the year.

Year End Feedback (tab 6)

The 2022 -23 Better Care Fund Year-end template requires us to highlight our success and challenges in driving the enablers of integration. Successes highlighted included progress towards strong system-wide governance and systems leadership through the establishment of a Collaborative Commissioning Oversight Group, and the development of a joint Carer's Strategy which aims to better support and meet the needs of carers across County and City by making the best use of joint resources.

Challenges in the system-wide governance were noted as the lengthy process for approvals as the strategy had to progress through three organisations governance processes. There continue to be significant challenges in the recruitment of staff into Adult Social Care, home care and the care home market.

ASC Discharge Fund (tab 7)

The 2022-23 Better Care Fund Year-end template requires us to give an overview of the expenditure, impact and learning from the Adult Social Care Discharge funding which was made available to systems during the winter period. The report notes some of the successes of the scheme as the ability to increase capacity in the home care and reablement capacity meant that less interim beds had to be used, whilst recruitment was a challenge to the success of some schemes.

National conditions declaration and additional requirements

The 2022-23 Better Care Fund Year-end template includes the following additional tabs: Tab 3: National Conditions, which are: - Agree plan and section 75 pooled fund - Integrated Care Board (ICB) minimum contribution to social care is in line with BCF policy

- Agreed investment in NHS commissioned out of hospital services

- Plan for improving outcomes for people being discharged from hospital

Tab 5: I&E Actual – income and expenditure: confirming the BCF allocation has been invested according to the BCF planning template

The BCF 2022-23 Year -end report template was submitted to NHSE, subject to formal ratification at the Nottingham City Health and Wellbeing Board Commissioning Sub-Committee on 26th July 2023.

Better Care Fund Planning Requirements 2023-25

A two year forward plan for the BCF was submitted to NHS England on 28th June 2023, and we are awaiting feedback from the assurance process. Once this has been received the report will come to the Health and Wellbeing Board for retrospective approval.

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 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	The priorities for 2022-23 build on our progress to date, and reflect system transformation priorities. The BCF continues to support a joined-up
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	approach to integration across health, care, housing and other agencies such as the voluntary sector to support people to live independently at home.
 Priority 1: Smoking and Tobacco Control Priority 2: Eating and Moving for Good Health Priority 3: Severe Multiple Disadvantage 	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.
Priority 4: Financial Wellbeing	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 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 To seek formal approval of the 2022-23 Better Care Fund Year-end Template

2. Other options considered and rejected

- 2.1 N/A
- 3. Risk implications
- 3.1 N/A
- 4. Financial implications
- 4.1 N/A
- 5. Procurement implications
- 5.1 N/A
- 6. Equalities implications
- 6.1 **N/A**
- 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 **N/A**
- 9. Published documents referred to in this report
- 9.1 **N/A**