

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements 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; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

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

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

3. 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 copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

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

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

4. Metrics

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

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

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

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

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

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

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

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

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

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

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

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

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

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

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

[SCIE - Integrated care Logic Model](#)

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



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2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

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	
If no, please indicate when the report is expected to be signed off:	Wed 26/07/2023	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

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

[^^ Link back to top](#)

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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 2022-23:
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	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist
Complete:

Yes

Yes

Yes

Yes

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4. Metrics

Selected Health and Wellbeing Board:

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	901.0	Not on track to meet target	UCR service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the ICS.	Since 01/04/22 providers across the ICS compliant with national mandate to provide a full geographic coverage Urgent Community Response service 8 - 8 7 days per week. Last referral taken at 8pm meaning the
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.0%	Not on track to meet target	Challenges around night time provision for P1 - we will be working with system partners to pilot short term night time provision during 23/24 - the learning will inform longer term P1 transformation.	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
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	610	Not on track to meet target	687.5 permanent residential admissions per 100,000 population aged over 65 (261 admissions). Population taken from 2021 census for Nottingham 65s and over - 37,965.	There has been workforce challenges within the external homecare market in the earlier part of 22/23. However, as a result of work undertaken with the market, we have increased capacity in the external market in
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.0%	Not on track to meet target	2022/23 figures show 78.1% at home 91 days later (360/461). A further 10.2% of citizens could not be traced (47), some of whom may still be at home.	The Social Care Reablement Service does not operate specific criteria. People requiring support with hospital discharge, change of need, community referrals are supported regardless of reablement potential. The

Checklist Complete:
Yes
Yes
Yes
Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Income

		2022-23	
Disabled Facilities Grant	£2,768,450		
Improved Better Care Fund	£16,602,807		
NHS Minimum Fund	£27,531,483		
Minimum Sub Total		£46,902,740	
		Planned	Actual
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding? No
LA Additional Funding	£0		Do you wish to change your additional actual LA funding? No
Additional Sub Total		£0	£0
		Planned 22-23	Actual 22-23
Total BCF Pooled Fund		£46,902,740	£46,902,740

		ASC Discharge Fund	
		Planned	Actual
LA Plan Spend	£1,291,690		Do you wish to change your additional actual LA funding? No
ICB Plan Spend	£1,988,915		Do you wish to change your additional actual ICB funding? No
ASC Discharge Fund Total		£3,280,605	£3,280,605
		Planned 22-23	Actual 22-23
BCF + Discharge Fund		£50,183,345	£50,183,345

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Expenditure

	2022-23
Plan	£46,902,740
Do you wish to change your actual BCF expenditure?	No
Actual	
	ASC Discharge Fund
Plan	£3,280,605
Do you wish to change your actual BCF expenditure?	No
Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners continue to work closely to delivery programmes and schemes identified within the BCF plan
2. Our BCF schemes were implemented as planned in 2022-23	Agree	The schemes within the BCF Plan have been delivered as planned.
3. The delivery of our BCF plan in 2022-23 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 established joint working between care workers and hospital clinicians to deliver Care Act compliant assessments as part of discharge planning.

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 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Collaborative Commissioning Oversight Group (CCOG) well established bringing together ICB, City and County Councils. 'Learning labs' commissioned to take a systematic approach to identifying the conditions for, and barriers to, success in our plans for the greater integration of services. The feedback from these will be used to help shape our ongoing approach to integrated working. A review of the BCF has identified more areas for integrated working and we will be developing more collaborative commissioning plans as a result of the review.
Success 2	9. Joint commissioning of health and social care	We have a joint Carers Strategy, which aims to better support and meet the needs of all carers over the next five years, by working together to make best use of our joint resources. Alongside this we are in the process of joint commissioning carer services and have sign-off to joint procurement of carers support services model, which will reduce duplication for commissioners and providers, enabling increased value in activity and outcomes.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	2. Strong, system-wide governance and systems leadership	Whilst the development of a joint Carers Strategy is a great success for the system, the strategy had to progress through three organisations governance processes for approval which was a lengthy process. The system continues to consider opportunities for joint decision making forums
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Significant recruitment challenges in the Adult Social Care, home care and care home market, inclusive of CHC placements. This is contributing to the system remaining challenges in achieving discharges same day as medically safe.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
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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ASC Discharge Fund

Selected Health and Wellbeing Board:

Nottingham

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a total summary, please also include aggregate spend by LA and CB which should match actual total provisionation. The actual impact column is used to understand the benefits from the fund. This is different for each scheme and sub-type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

- 1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 13 weeks, please put 10 in column 4 and please add in your column 5 explanation that this achieves 130 weeks of bed based care).
- 2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
- 3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
- 4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
- 5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
- 6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.
- 7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
Additional ERS Capacity	Increase hours worked by existing workforce	Overtime for existing staff.	£37,684	£37,684		hours worked	No			603 additional hours of patient transport provided.	
Agency Staff	Additional or redeployed capacity from current care workers	Costs of agency staff	£228,958	£13,827	0	hours worked	Yes	We could recruit to these posts. Therefore we redirected the allocated funding to external providers. This is a result of short-term funding.			That short term funding has a negative impact on staff recruitment.
Block homecare extension	Home Care or Domiciliary Care	Domiciliary care packages	£228,798	£228,798	253	Hours of care	Yes	We commissioned an external block, we currently have zero waits in the city for pathway one.		This helps flow across the City Local Authority area. It resulted in a providers being able to flex resource to meet need.	That a block contract needs to inform the homecare model.
Brokerage	Home Care or Domiciliary Care	Domiciliary care packages	£16,528	£24,339	125	Hours of care	Yes	Packages not hours: we took a direct approach to working with providers to build runs and negotiate packages of care.		It has resulted in supporting discharges from hospital, we current have zero waits on pathway 1. However, these packages have been placed at a higher cost than the rest of the NUIH are currently evaluating the scheme.	This approach needs to inform the homecare model.
CHS Healthcare/Pulse P1 Discharge Support	Reablement in a Person's Own Home	Reablement to support to discharge -- step down	£172,000	£172,000	336	Hours of care		336 additional hours of care have been provided to 18 patients in total			NUIH are currently evaluating the scheme
CQC visits for new providers	Home Care or Domiciliary Care	Other	£30,000	£30,000		Hours of care					
In reach from specialist services to "pull" patients out of acute, with dedicated patient transport	Increase hours worked by existing workforce	Overtime for existing staff.	£134,502	£134,502		hours worked					
Incentive for workforce	Improve retention of existing workforce	Retention bonuses for existing care staff	£172,948	£334,386		number of staff	Yes	This funding was increased as we were unable to recruit to the temporary staff work stream.		Yes providers have been able to incentivise their staff.	It is really difficult for providers to spend short-term funding.
New Packages of Care	Home Care or Domiciliary Care	Domiciliary care packages	£275,162	£748,961	536	Hours of care	No	This funding increased due to the successful homecare interventions undertaken as part of this work.		Yes we have a zero waits on pathway 1.	Brokerage and relationships with the market are integral to success.
New Packages of Care	Residential Placements	Care home	£465,892	£26,012	40	Number of beds	No			The reliance on residential settings has been reduced due to the success of home care interventions.	A dynamic home care marketplace results in less people being placed in
NUIH Care Home Nurse	Increase hours worked by existing workforce	Overtime for existing staff.	£23,700	£23,700		hours worked					
P1 discharge - acute addition - NUIH @ Home	Reablement in a Person's Own Home	Reablement to support to discharge -- step down	£233,824	£233,824	358	Hours of care		358 bed days saved.			
P1 Discharge Programme	Reablement in a Person's Own Home	Reablement to support to discharge -- step down	£1,121,690	£1,121,690		Hours of care					
PHB discharge grants	Reablement in a Person's Own Home	Reablement service accepting community and discharge	£6,717	£6,717		Hours of care		Type of support requested as follows: •Deep clean of properties •Transport		What worked: •Referrers completing the care and support plans on behalf of the patient – improvement from the initial pilot where the personalised care team would generally need to	
Recruitment Campaign	Local recruitment initiatives		£76,547	£99,107	0	number of additional staff	Yes	The money increased due to increased costs, however the work has remained the same		Providers really welcomed the campaign. Our key lead providers are reporting that they currently have zero vacancies. However, this workforce does continuously change. Figures	This has really helped providers in recruiting and we need to expand this to
Volunteers Service	Home Care or Domiciliary Care	Other	£36,553	£27,439	0	Hours of care	Yes	We could not commission quick enough and recruit volunteers quick enough.		The early intervention approach has helped to reduce P1 waits to zero. 14 citizens were supported in total.	Short-term funding is very difficult for providers to manage. Providers find it
Workforce retention	Improve retention of existing workforce	Wellbeing measures	£18,102	£17,619	0	number of staff	No	Slight underspend		The project is underway and will create a Nottingham and Nottinghamshire external care workforce strategy and plan for the ICS. Within the first part of the project we have increased	Learnings will be collated once the data has been analysed.

Planned Expenditure	£3,280,606
Actual Expenditure	£3,280,606
Actual Expenditure ICB	£1,988,915
Actual Expenditure LA	£1,291,690