

**Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
29th November 2023**

Report Title:	The Better Care Fund (BCF) Quarter 2 National Return
Lead Officer(s) / Board Member(s):	Roz Howie, Interim Director Commissioning & Partnerships Sarah Fleming, Programme Director for System Development, ICB
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Other colleagues who have provided input:	Karla Banfield, Head of Commissioning Katy Dunne, Senior System Development Manager, ICB
Subject to call-in: <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No	
Key Decision: <input type="checkbox"/> Yes x <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 type="checkbox"/> No	
Type of expenditure: <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Total value of the decision:	N/A
Executive Summary: Purpose of the report To ratify the Nottingham Better Care Fund quarterly reporting template for July – September 2023 (quarter 2), which was submitted to NHS England on 31 October 2023.	

Background

The Better Care Fund (BCF) was established in 2015 to pool budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Through pooling budgets the BCF supports the commissioning of person-centred health and social care services which achieve improved patient and service user experiences and outcomes. The pooled budget is a combination of contributions from the following areas:

- a) Minimum allocation from integrated care systems (ICSs)
- b) Disabled facilities grant – local authority grant
- c) Social care funding (improved BCF) – local authority grant
- d) Winter pressures grant funding – local authority grant

Systems are required to submit annual BCF plans to NHS England in line with national deadlines. The Annual Plan is typically submitted in May/June, while the End of Year Report is usually submitted in March/April every year. The annual plans require systems to demonstrate how they will use the BCF to meet the national objectives which 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.

National Reporting Quarter 2

NHS England stood down the requirement to provide quarterly reporting against the BCF during the Covid-19 pandemic in 2020. This requirement has been reintroduced commencing from quarter two 2023-4 (July – September 2023).

The BCF National Reporting Template Quarter 2 asks systems to update on performance against the national performance metric (Appendix 1, tab 4). The 2023-25 national performance metrics are:

- a. **Avoidable admissions:** Indirectly standardised rate of admissions per 100,000 population
- b. **Falls:** Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
- c. **Discharge to usual place of residence:** Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.
- d. **Residential admissions:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
- e. **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

There were two metrics not being achieved detailed below:

Residential Admissions is the rate of permanent admissions to residential care per 100,000 population (65+). This has been reported as not on track to meet the

target. The metric is linked to an ASC transformation program, which aims to enhance the independence of older people. The program only recently acquired the necessary resources for its implementation, and reviews of individuals in short-term placements have begun. The program has now entered the pilot phase, a learning and scoping phase. Due to the delay, the pilot implementation in the Hospital Discharge team has been postponed to 2023-2024, which previously did not have a defined timeline.

Reablement is the proportion of older people (65 and over) who were still at home 91 days after discharge from the hospital into reablement/rehabilitation services. The reablement team are currently experiencing challenges in meeting the demand for carers in the reablement service, which is being closely monitored. Unfortunately, this has led to some citizens being unable to access reablement and instead having to transfer directly to external providers who do not offer reablement services. A diagnostic of internal reablement service is currently underway to improve service delivery.

It is possible that targets were too optimistic in the initial plans, and growth in demand was not fully considered. However, we will test our assumptions before the next quarterly report.

The ASC, Insight and Analysis, Finance, Commissioning and Partnership Divisions must provide input into the report for planning and reporting purposes. It is crucial to comply with these reporting requirements to ensure the integrity of the BCF objectives.

Capacity and demand modelling (Appendix 1, tabs 5.1,5.2,5.3) is now integrated into the main BCF Planning template, and systems are asked to review and refresh the data and assumptions submitted in the annual plan at this point in the year and give a rationale for doing so. A summary of the rationale behind the revised numbers is as follows:

- a) The demand numbers have been revised to be more in line with current run rate for each discharge pathway.
- b) Capacity numbers are revised to reflect the current run rate. Capacity for Pathway 1 has been modelled as slightly higher than demand to aid the reduction of discharge delays.
- c) A 10% seasonal increase has been added for December and January.
- d) The plans assume that delivery will be managed within core bed capacity and that no spot purchases will be required. This will be managed through the Urgent Community Response Team supporting admission avoidance, and through the Transfer of Care Hubs facilitating discharge.

The quarter two return does not require any expenditure to be reported, however NHS England have advised that this will be required from quarter three onwards. Actual expenditure of the Additional Discharge Funding is reported directly to NHS England on a fortnightly basis, and the national team are currently determining which financial information to request quarterly to ensure that the information requests are proportionate.

The Nottinghamshire BCF Plans deliver services across the three themed areas of Early Help and Prevention, Proactive Care and Discharge to Assess. A brief update on delivery across each of the themes is as follows:

- a) **Early Help and Prevention:** Procurement has take place for ICS-wide Carers support services, which will provide a consistent and coherent service offer across Nottingham and Nottinghamshire, reducing duplication. New services commenced delivery on 1st October 2023. The joint Carers Strategy has a launch event planned 16th November 2023 which will link the implementation of the strategy to the ADASS Carer's Challenge.
- b) **Proactive Care:** Several Primary Care Networks across Nottinghamshire have commenced delivering pilots for frailty, working in multi-disciplinary teams preventatively with identified cohorts of patients. The pilots are in different stages of maturity and are working together to share learning as they develop.
- c) **Discharge to Assess:** Transfer of care hubs are established around each acute hospital, and each has benchmarked against national best practice and identified areas to prioritise for development. Pathway 2 transformation is in progress, and a high-level model has been defined. Future pathway 2 and pathway 3 bed modelling is being progressed.

The quarterly reporting template was agreed for submission to NHSE by the BCF Planning and Oversight Group, subject to formal ratification at the Nottingham City Health and Wellbeing Board Commissioning Sub-Committee on the 29 November 2023.

Does this report contain any information that is exempt from publication?

No

Recommendation(s): The Sub-Committee is asked to:

Formally ratify the Nottingham BCF quarter two reporting template that was submitted to NHS England on 31 October 2023.
The template is shown in full at Appendix 1.

The Joint Health and Wellbeing Strategy

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

How the recommendation(s) contribute to meeting the Aims and Priorities:

BCF delivery reflects system transformation priorities, with a focus on supporting discharge from hospital.

Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	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.
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 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.</p>	

1. Reasons for the decision

- 1.1 To ensure the Nottingham City Health and Wellbeing Board Commissioning Sub-Committee has oversight of the Better Care Fund and can discharge its national obligations.

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. Legal implications

- 5.1 N/A

6. Procurement implications

- 6.1 N/A

7. Equalities implications

7.1 N/A

8. Any further implications

8.1 N/A

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

9.1 N/A

10. Published documents referred to in this report

10.1 N/A