



**Integrated
Care System**
Nottingham & Nottinghamshire

Better Care Fund Root & Branch Review

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Better Care Fund (BCF) was announced in June 2013 as part of the Government's Spending Review. It was described as creating a national £3.8 billion pool of NHS and Local Authority monies to:

- Support an increase in the scale and pace of integration
- Promote joint planning for the sustainability of local health and care economies.

Better Care Funding is aligned to Health and Wellbeing Board (HWB) areas. As such our system has two joint plans, owned and agreed by the Nottingham City and Nottinghamshire County Health and Wellbeing Boards (HWBs) and governed by an agreement under section 75 of the NHS Act (2006).

The **national conditions** for the BCF 2023-25 are:

- Jointly agreed plan between local health and social care signed off by HWB
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
- Invest minimum contribution to NHS commissioned out-of-hospital services
- The BCF Plans must detail how the minimum financial contribution to the BCF pooled fund will resource services and schemes to meet the BCF national objectives, which are:
 - 1) **'enable people to stay well, safe and independent at home for longer'** and
 - 2) **'provide the right care in the right place at the right time'**



Background: Metrics & Performance

BCF Planning guidance requires us to set local ambitions for how the BCF schemes and expenditure plan will contribute to one or more of the national BCF metrics:

BCF Metrics

- 1) **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
- 2) **Unplanned hospitalisation** for chronic ambulatory care sensitive conditions
- 3) **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- 4) **Emergency hospital admissions due to falls in people over 65**

These metrics are reported to the national team on a quarterly basis. Systems are also required to produce detailed capacity and demand plans and these are monitored and reviewed throughout the year.



Background: Finance Overview 23/24

Funding description	Purpose of funding	Payment mechanism	Value £m
			City
1) NHS minimum contribution	a) NHS out of hospital care:	Directly received by ICB as part of baseline allocation. Existing ICB budget lines constitute the required BCF expenditure	£8.3m
	b) Protecting Adult Social Care (Care Act funding):	Received by ICB as a pass through to Nottingham City Council	£15.8m
	c) Remaining NHS minimum contribution	Directly received by ICB as part of baseline allocation.	£5m
2) Disabled Facilities Grants	Capital funding for Housing Authorities to provide adaptations to homes	Directly received by Nottingham City Council	£2.8m
3) Improved BCF (iBCF)	To meet adult social care needs demands and stabilise the social care provider market.	Directly received by City Council	£16.6m
4) Additional Discharge Fund	a) ICB Discharge Funding	Directly received by ICB	£2m
	b) Local Authority Discharge Funding	Directly received by LA	£2.3m
Total funding			£52.8m



THEME 1: Early Help & Prevention

1

Healthy Lifestyle Services – lifestyle advice and education e.g. smoking cessation

2

Early Help & Prevention – supported self-care, slow or reverse the effects of illness



THEME 2: Proactive Care

1

Multi-disciplinary Care Coordination - A joint approach to assessment and care planning

2

Crisis Intervention - 2 hour rapid response, intermediate care/step up beds

3

Social and clinical care teams- Specialist nursing, rehab, OT and homecare

4

Enablers- housing, assisted technology, adaptations



THEME 3: Discharge to Assess Services

1

Transfer of Care Hubs- integrated hospital discharge planning (and Pathway O plans)

2

D2A Pathway 1- home first approach, assessment, rehab and reablement at home

3

D2A Pathway 2- short stay rehab in a bedded setting

4

D2A Pathway 3- longer term nursing and care home placements

Why review the BCF?

We began in 2022, following the merger of 6 CCGs and forming the Nottingham and Nottinghamshire Integrated Care Board.

Aim

- De-mystify the BCF
- Shared alignment to ICS strategic plans

Outcome

- Clarity over ICB and LA funded services
- Services are in line with BCF evidence base
- Updated BCF plan and themed narrative

Findings

- Commissioning and monitoring of services is separate
- BCF schemes are high level and not totality of spend



BCF Review Progress

PHASE 1 Complete

July 22

- **Phase 1 BCF Planning Template Review**
 - Shared clarity and BCF forward plan
 - Increased PBP and HWB involvement

PHASE 2 Complete

May 23

- **Phase 2 Root and Branch Analysis**
 - BCF scope, services, outcomes, duplication and opportunities for integrated commissioning

PHASE 3 Ongoing

Dec 23

- **Phase 3 BCF Collaborative Commissioning Reviews**
 - Stakeholder workshops, planning reviews with HWB and PBP





Phase 2 BCF Root & Branch Review Recommendations

1.

Schedule of Joint Commissioning Reviews

Plan to review the integration opportunities identified in the BCF review, maximising the benefit of working with HWB and PBP membership.

2.

Collaborative Oversight of Outcomes

BCF Plan becomes a tool for collective oversight of the impact of services on

3.

Collaborative Oversight of Funding

BCF Plan becomes a tool for collective oversight of totality of spend across BCF themes and subgroups



Phase 3 BCF Collaborative Commissioning Reviews

VISION | To deliver **Integrated Health and Care** within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.

PRINCIPLES

Why we are taking this approach

- We will deliver improved outcomes and reduce health inequalities, driven by an understanding of the needs of our population
- We will optimise the use of our collective resource by reducing duplication, moving away from services commissioned and delivered in silos, making it easier for people to access the right support or care to meet their needs
- We will enable providers to work collaboratively to deliver improved quality and efficiencies

What we will do together

- We will work with our population to ensure they are involved in decision making at all stages of planning and delivery
- We will work as health and care partners, considering the opportunities for person centred integrated delivery for every decision we make
- We will focus on early intervention and prevention to support people to avoid increasing levels of support / cost
- We will use the best available evidence to support our decision making

How we will work

- Our Place Based Partnerships will drive our integrated health and care approach, bring together the planning and delivery of integrated care
- We will have transparency in our decision making, sharing financial and outcomes information to reach a collective decision
- We will hold ourselves accountable for working to these principles and for the delivery of integrated health and care, recognising the statutory responsibilities of each partner

VALUES

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions

The key recommendation is to progress identified opportunities for integration through a collaborative commissioning review process.

These are areas that the review felt would most benefit from the added value of BCF lens and linking with HWB, PBP membership

- **Early Help and Prevention** (lifestyle services and navigation roles)
- **Proactive Care** (joint health and social care case management of long-term conditions and joint planning for admission avoidance)
- **Discharge to Assess** (Effective multi-agency discharge planning, which includes housing or practical support wider than health and care reablement)

Phase 3 – Where are we now?

- **Stakeholder workshops** with each HWB (also reaching PBP's and Providers)
- **HWB subgroups** are in place to progress the actions and monitor delivery

Key next steps:

- Describe the BCF as a programme of work not a funding pot
- Template for the review process using the collaborative commissioning framework as an assessment process and set of guiding principles
- Commence the collaborative review of a priority BCF theme ('spotlight' deep dive on a specific group of services)
- Stakeholder analysis to increase Provider engagement and plan reviews