

**Nottingham City Health and Wellbeing Board  
Commissioning Sub-Committee  
27<sup>th</sup> March 2024**

<b>Report Title:</b>	Better Care Fund – Quarter 3 National Reporting Template Retrospective Ratification
<b>Lead Officer(s) / Board Member(s):</b>	Sarah Fleming – Programme Director for System Development, Nottingham, and Nottinghamshire ICB Roz Howie – Director of Commissioning and Partnerships, Nottingham City Council
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<b>Other colleagues who have provided input:</b>	
<b>Subject to call-in:</b> <input type="checkbox"/> Yes    x <input checked="" type="checkbox"/> No	
<b>Key Decision:</b> <input type="checkbox"/> Yes    x <input checked="" type="checkbox"/> No	
<b>Criteria for a Key Decision:</b>	
(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. <b>and/or</b>	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of expenditure:</b> <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
<b>Total value of the decision:</b>	£52,777,625 (Full year spend 2023/24. For information only the Sub-Committee is not required to make a decision regarding this spend)
<b>Executive Summary:</b>	
<ol style="list-style-type: none"> <li>1. The purpose of this paper is to ratify the Nottingham City Better Care Fund Quarter 3 monitoring return which was submitted to NHS England on 9<sup>th</sup> February 2024.</li> <li>2. The paper also provides a brief update to the Health and Wellbeing Board sub-committee on the actions in train because of the BCF Root and Branch Review.</li> </ol>	

## Information

3. 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.
4. Systems are required to submit annual BCF plans to NHSE in line with national deadlines, and the Better Care Fund Plan for Nottinghamshire was approved by the Health and Wellbeing Board Sub-Committee on 27<sup>th</sup> September 2023. 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.
5. The **BCF National Reporting Template Quarter 3** asks systems to update on performance against the national performance metrics (**Appendix 1, tab 4**). The 2023-25 national performance metrics are detailed below along with examples of the work being undertaken locally:
  - a. **Avoidable admissions:** Indirectly standardized rate of admissions per 100,000 population. An example of how the BCF locally is supporting this metric is the Urgent Community Response Service, which is provided by Nottingham City Care. The service accepts urgent referrals from any health or social care professional for citizens that need a same day response, assessing within two hours if required to avoid an unnecessary hospital or home care admission. An initial assessment is undertaken, and they can then provide urgent equipment, short term care, signposting and onward referrals as required to prevent admission.
  - b. **Falls:** Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. A collaborative workshop is being planned around Long-Term Conditions, which will consider system-wide approaches to frailty and joined up prevention of falls. This includes reviewing the opportunity for better use of technology enabled care and early identification of clinical conditions linked to falls e.g. UTIs.

- c. **Discharge to usual place of residence:** Percentage of people, resident in the Health and Wellbeing Board area, who are discharged from acute hospital to their normal place of residence. Transfer of Care Hubs are in place at all hospital trusts to manage a multi-disciplinary team approach to support patients who are medically safe for discharge to be able to return home with a package of care in place. Additional 'P1' reablement home care provision has been secured via the BCF Additional Discharge Fund.
  - 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. The cumulative residential admissions rate for 2023/24 is lower than that seen in 2022/23 which indicates that transformational activity is having an impact.
  - e. **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
6. The template requires systems to identify where metrics are on/off track to meet the locally set target, highlight any achievements, and identify any support needs. All the metrics are on track.
7. The quarter 3 return required updated outputs and expenditure to be reported. No issues have been raised against plan and expenditure is reported as on track against plan.

#### **Better Care Fund Root and Branch Review Update**

8. The 2023/24 BCF Root and Branch review recommendations were:
- a) Schedule a series of collaborative commissioning reviews to realise the identified integration opportunities.
  - b) The BCF should become a tool for collective oversight of the impact and outcomes of scheme level services and how these contribute to the BCF metrics.
  - c) The BCF should become a tool for collective finance oversight, including the totality of investment for service areas and how this investment is contributing to delivery of the BCF metrics.
9. The ICB and Local Authority have agreed that these recommendations are progressed incrementally through the BCF Planning process, including the opportunities for joint reviews based on the operational and commissioning priorities. Two specific actions were identified for the City BCF arrangements:
- i) Review and update the Section 75 agreement to reflect current joint commissioning arrangements.
  - ii) Review and update the labelling of services contributing to the Local Authority BCF schemes in the BCF Planning templates.

These actions have been completed and a summary of changes is provided below:

**Section 75 Update:**

10. The Council and ICB have a section 75 Partnership Agreement relating to the Commissioning of Health and Social Care Services within the Better Care Fund dated 1 April 2016. This agreement has been reviewed and amended through a variation agreement.

In summary the changes are:

- Update the name of the ICB (from CCG) and related references.
- Updated references to legislation and guidance
- Update to incorporate changes to the arrangements described in the schedules of the agreement specifically 1 and 4 described below:

**Schedule 1 ‘Scheme Specifications’** to describe the joint commissioning arrangements in place for BCF schemes, which are either:

- a) ‘Joint (aligned)’ schemes, which are aligned with the aims and objectives of the BCF and commissioned separately by the ICB and LA, or
- b) ‘Integrated’ schemes- where we have a Lead Commissioner arrangement and there is a pool or transfer of funding from ICB to Council to be used for jointly agreed schemes).

**Schedule 4 ‘Governance’** to describe in more detail the role and responsibilities of the section 75 contractual ‘Programme Board’ (formally the Health and Wellbeing Board Sub-committee).

**Local Authority Better Care Fund Scheme Review:**

11. The BCF Scheme lines have been reviewed to ensure accuracy. They are correct however some descriptions will be updated with more specific detail to provide clarity and enable appropriate scrutiny to meet the monitoring requirements.

Next steps will include a Methodology Report to summarise the BCF funding streams terms and conditions, monitoring and reporting requirements and proposed meeting structures for BCF governance that will facilitate the reporting and assurance to the Health and Wellbeing Board Sub-committee.

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

No

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

1. APPROVE the Nottingham City BCF Quarter 3 reporting template. The template is shown in full at Appendix 1.
2. NOTE the BCF Root and Branch Review update.

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	BCF delivery reflects system transformation priorities, with a focus on supporting discharge from hospital.  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.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b> 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.	

## 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