

Nottingham City Health and Wellbeing Board
25th September 2024

Report Title:	Better Care Fund Retrospective ratification of 23/24 End of Year Reporting, the 24/25 Delivery Plan and Q1 Reporting
Lead Board Member(s):	Chair, Councillor Pavlos Kotsonis
Report author and contact details:	Alison Donaldson, Programme and Strategy Manager, Commissioning & Partnerships alison.donaldson@nottinghamcity.gov.uk
Other colleagues who have provided input:	Karla Banfield, Interim Deputy Director of Commissioning & Partnerships Naomi Robinson, Deputy Head of Joint Commissioning, ICB

Executive Summary:

The purpose of this paper is to:

1. Ratify the Nottingham City Better Care Fund 23/24 year-end monitoring return which was submitted to NHS England on 24th May 2024.
2. Ratify the Nottingham City Better Care Fund 24/25 Delivery Plan which was submitted to NHS England on 17th June 2024.
3. Ratify the Nottingham City Better Care Fund 24/25 Q1 monitoring return that was submitted to NHS England on 29th August 2024.

4. Background Information

4.1 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.

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

4.2 The national conditions for the BCF in 2023 to 2025 are:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB or the delegated mechanism (H&WBB Commissioning Sub-Committee in Nottingham)
- Implementing the two BCF policy objectives as detailed above
- Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS-commissioned out-of-hospital service

Two-year BCF plans have already been assured and approved for 2023 to 2025. For 2024 to 2025 NHSE assured only the updates to the plans.

5. Nottingham City BCF 2023/24 Year End

5.1 The template (at Appendix A) confirmed the status of continued compliance against the requirements of the BCF, including the final end of year spending position and provides information about challenges, achievements and support needs in delivery.

The report has been completed further to discussion at the BCF Oversight Group. The Health and Wellbeing Board (HWBB) have enabled retrospective formal sign off to fit national deadlines. The template includes a section that enables submission prior to HWBB (or delegated) approval.

5.2 The 2023-24 BCF performance metrics are:

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
- Percentage of people who are discharged from hospital to their normal place of residence.
- Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
- Rate of permanent admissions to residential care per 100,000 population (65+).
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services.

All metrics are on track:

Unplanned hospitalisation and falls prevention metric is being supported by 2 hour urgent community response in place, which has developed strong partnership and integration pathways with health and social care teams.

Discharge from hospital to normal place of residence metric performance is being supported by partnership working to establish a 'one version of the truth' data set to enable system capacity and demand planning and a face-to-face engagement survey with frontline staff in discharge beds is supporting quality improvement.

Residential admissions at a rate of 514.32 representing 211 admissions identified in 23/24. This is lower than the outturn demonstrated in 22/23

(689.24/278) and representative of work being undertaken to reduce care home admissions and changes in practice culture.

Reablement is 82.4% and, although delays in recording may result in adjustments to data, trend analysis through the year supports the assumption that the service is effective in meeting the target.

System challenges include:

Discharge to normal place of residence - rising numbers of those who are medical fit for transfer and do not meet the criteria to reside remain in hospital. A system wide action plan has been developed to address this issue and prevent escalation.

Reablement - Issues in recruiting to evening shifts may be resulting in a small percentage of citizens bypassing reablement and moving straight to external provision.

5.3 The year-end template requires us to highlight our success and challenges in driving the enablers of integration. Successes highlighted that key targets have been maintained in 23/24 despite internal financial pressure and external influences driving demand. Significant transformation programmes continue to underpin the change of culture and best value considerations to drive success. Specific improvements included The Transfer of Care Hub is now well established in the system with collaborative work to analyse delays to discharge from 'P2' bedded settings on discharge. Procurement of jointly commissioned carers support services took place during financial year 23/24 with the new services commencing in October 2023. This is the first time carers services have been commissioned to cover the whole ICS area, and this is in direct response to feedback from carers that different support service provision in City/County was confusing and inequitable. The service specs were co-produced with carers who were also involved in the procurement process.

The main challenge of note is the financial health of the system overall and in recognition of these pressures the risk to collaborative working and the establishment of pooled budgets to further align commissioning.

6. Nottingham City BCF 2024/25 Delivery Plan

6.1 The template includes a section that enables submission prior to HWBB (or delegated) approval. Notwithstanding Local Authority and ICB assurance from the appropriate seniority:

- Director of Adult Social Services (or equivalent)
- Section 151 Officer
- Nottingham City Council Chief Executive
- Programme Director for System Development

6.2 Whilst the 2024/25 plan (Appendix B) remains largely unchanged from the already approved two-year 2023 to 2025 BCF plans of note are:

- Scheme ID 12 Dispersed Alarm Service.

This is a jointly commissioned scheme from the minimum NHS contribution funding. The service cost and funding were included as £115,900 pa in 2023/24 but this should have been reduced to £17,490 to reflect incremental changes to the service offer over the last few years. This omission has been corrected for 2024/25 with an output of 200 beneficiaries for hospital discharge referrals from the integrated enablement team for a 13-week period free of charge and capped dispersed alarm rates from week 14.

- Scheme ID 16 Disabled Facilities Grant.

This includes £272,676 underspend from 23/24 carried forward.

There was an increase in the allocation for DFG in 23/24 mid-year which was not fully spent. In addition, the service are looking at how they can now strengthen occupational therapy resources going forward to mitigate any ongoing underspends and reduce the existing waiting list through use of accumulated carry forwards.

- Local Authority Discharge Funding.

This has been increased from £2,327,688 in 2023/24 to £3,879,480 in 2024/25. This additional funding has been used to further support Scheme ID 29 P1 Discharge Capacity for rehabilitation at home (to support discharge) based on the 23/24 throughputs but not including fee uplifts. This will continue to fund the first 16 weeks of homecare providing sustainability in the private sector to enable flow from P1 and through reablement. This has worked to ensure the timely discharge of citizens by preventing blockages in reablement that allow movement of P1 citizens through the discharge pathway.

A new Scheme ID 35 P1 Discharge capacity Residential Placements has been allocated the remaining £1,386,688. This will be used to support short term residential for admission avoidance and discharge where the home is not suitable at that time, the rehab retargets are met further assessment, or convalescence is required.

- ICB Discharge Funding

This has been increased from £1,988,915 in 2023/24 to £3,582,560 in 2024/25. The majority of additional funding has been allocated to scheme ID 30 P1 Discharge Programme for rehabilitation at home (to support discharge).

Scheme ID 31 funds increased the capacity of Transfer of Care Hubs, increasing weekend discharges and supporting mental health discharges. This includes System Discharge Improvement capacity.

Scheme ID 32 funds support for non-weight bearing patients to be discharged home via P1 pathway.

Scheme ID 33 funds staffing to the Urgent Care Coordination Hub, piloted in 2023/24 which supports admission avoidance and demand and flow

Scheme ID 34 funds four Discharge Support Officers to support discharge planning and flow

6.3 The national reporting requirements have been updated and the Reablement metric is no longer included and the Local Authority reporting requirement is for Residential admission only. This has been forecast at an annual rate of 599. Demand for long term residential placements remains high due to aging population, deprivation and lower than average healthy life expectancy in Nottingham. The plan for 24/25 assumes no change based on this demand but without increasing due to transformation work taking place.

A key piece of transformation is in delivery to reduce the length of time citizens remain in short term care and therefore reduce the risk of deconditioning that results in packages converting to long term residential placements. An extra care review is underway with plans to create a new model in Q3 of 24/25, providing a genuine alternative to long term residential placement through a tiered offer of support.

6.4 The Section 75 will be varied to include the updated financial information for the pooled budget for 2024/25 as above by the due deadline of 30th September 2024.

6.5 The East Midlands Assurance Panel has recommended Nottingham City Better Care Fund Plan for 2024-2025 for approval, endorsed by the Regional Director of NHS England (Midlands) and an approvals letter from the National BCF Team with formal permission to spend will be issued following sign-off at HWBB.

6.6 The Assurance Panel raised a concern about no VCS provision being evidenced in community demand and capacity figures, however the Panel was satisfied that demand is being managed but would like to be kept updated about the progress made in resolving the data gap for this pathway.

7. Quarterly Reporting 24/25 and Annual Planning Cycle

7.1 The National BCF team have produced a provisional quarterly reporting schedule, which includes expectations for release of national planning templates and deadlines for submission to NHS England:

Q1 Report Submission	29 th August 2024
Q2 Report Submission	31 st October 2024
Q3 Report Submission	31 st January 2025
Q4 End of Year Submission	31 st May 2025

7.2 The BCF is in the second year of a two-year planning cycle (2023-25). National guidance has not been released in relation to 25/26 but an annual plan refresh is anticipated as a minimum requirement

The BCF root and branch review recommended establishing an annual BCF Plan review process, which aligns with HWB and PBP delivery plans. It is suggested that this is achieved through an annual workshop session with the HWB members to engage PBP, District, housing and VCSE to system transformation areas linked to the BCF.

7.3 The BCF Q1 monitoring return (Appendix C) was focussed only on the spend and activity for discharge funding for this period. Of note:

- ICB have calculated P1 activity based on the latest performance dashboard showing 73% against target.
- An exact output figure for the ICB lines relating to additional roles in the transfer of care hub and integrated discharge teams has not been provided. This has been entered as '0' but added that the scheme has been mobilised and awaiting confirmation of numbers which will be available for the Q2 update.
- Scheme 35 is not for a set number of residential beds. This is for any new citizen entering short term residential care as of 1st April. Any citizen in short term residential care prior to this date is excluded alongside anyone in long term residential care. This will ensure that we can continue to signpost people into short term residential care on discharge and support admission avoidance. Data for short term residential care is estimated from the service data dashboard with 135 citizens residing in short term residential at this time. Alternative assured data will be available for the Q2 update.




Recommendation(s): The Board is asked to:

1. Retrospectively approve the 23/24 Nottingham City Better Care Fund Annual Return
2. Retrospectively approve the 24/25 Nottingham City Better Care Fund Delivery Plan
3. Retrospectively approve the Q1 Nottingham City Better Care Fund monitoring return

The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
<p>Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions</p>	<p>BCF delivery reflects system transformation priorities, with a focus on supporting discharge from hospital.</p>

<p>Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed</p>	<p>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.</p>
<p>Priority 1: Smoking and Tobacco Control</p>	
<p>Priority 2: Eating and Moving for Good Health</p>	
<p>Priority 3: Severe Multiple Disadvantage</p>	
<p>Priority 4: Financial Wellbeing</p>	<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: 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>

<p>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</p>	<p>Appendix A</p>  <p>v2.0%20BCF%202023-24%20Year-end%20</p> <p>Appendix B</p>  <p>BCF%202024-25%20Planning%20Templat</p> <p>Appendix C</p>  <p>BCF 2024-25 Q1 Template City FINAL I</p>
<p>Published documents referred to in this report</p>	