

**Nottingham City Health and Wellbeing Board**  
**27<sup>th</sup> February 2025**

<b>Report Title:</b>	The Better Care Fund (BCF) Quarterly National Returns
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**Executive Summary:**

The purpose of this paper is to provide oversight to the Nottingham City Health and Wellbeing Board of the monitored progress of delivery of the Nottingham City Better Care Fund 2024/25 plan. This pertains to the quarterly reporting template for July – September 2024 (Quarter 2), which was submitted to NHS England on 31<sup>st</sup> October 2024, and in addition, the quarterly reporting template for October – December 2024 (Quarter 3), submitted to NHS England for the deadline of 14<sup>th</sup> February 2025.

**1. Background Information**

1.1 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.

1.2 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

1.3 The Q1 report was submitted successfully and this concentrated solely on expenditures and activities related to discharge funding. No national feedback was received regarding the Q1 submissions.

1.4 The BCF National Reporting Template from Quarter 2 onwards covers the full 2024/25 delivery plan and 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.

## 2. National Reporting Quarter 2

2.1 All metrics are on track, except for the percentage of individuals discharged from acute hospitals to their usual place of residence. The city is marginally below the target of 94.6%, currently at 93.4% (that was set locally). This discrepancy may be attributed to variations in reporting methods, specifically geographic coverage differences between data reported by each provider to the ICB and the data from the Discharge Hubs. The latter reports a higher rate of P0 and P1 discharges to home, surpassing the target. The ICB are currently investigating this matter.

Rate of permanent admissions to residential care per 100,000 population (65+). This data is from a national dataset and is not available however with 59 new admissions in Q2 this is considered to be on track.

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 assumed 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. Improved nominations to extra care will also have a positive impact as an alternative to long term residential placement.

2.2 The Q2 return required updated outputs and expenditure to be reported. No issues have been raised and expenditure to date is reported as on track against plan.

Notably, Scheme 14 Carers Services, which encompasses Advice and Support, Respite, and Young Carers, is performing well and has shown improvement since its initiation in 2023/24, when not all areas were fully operational due to staffing challenges.

### **3. National Reporting Quarter 3**

3.1 With regard to Avoidable Admissions; for chronic ambulatory care sensitive conditions, this metric is on track and performance is projected to exceed the target with a lower number of admissions than anticipated. This has been supported by both the frailty and community transformation programmes, the urgent care coordination hub and community prevention.

The percentage of individuals discharged from acute hospitals to their usual place of residence remains marginally below the target of 94.8%, currently at 93.8%. This metric remains under review with the ICB as currently the Discharge Hubs report a higher level of P0 and P1 discharges, above the target however, the data reported by providers is below. The target was set locally and was ambitious to drive improvements and of note, the average time between the discharge ready date and the discharge date has improvements throughout the year and is now 1 day less than 12 months ago.

The data for the rate of permanent admissions to residential care per 100,000 population (65+) is from a national dataset and is not available. Locally we have recorded 28 new admissions in Q3 and 152 cumulative for 2024/25 and therefore this remains on track to meet the target.

3.2 There are no exceptions within the Q3 outputs and expenditure to be reported. Any variances in outputs may occur from reporting methodologies and these have been detailed within the plan as requested by NHSE.

3.3 The 24/25 capacity and demand plans reflect the system ambition to discharge more people to recover at home. Actual activity is broadly in line, although slightly above the plan for P2 and P3 placements and below plan for P1. Capacity is meeting demand across all pathways and the P1 transformation plans continue to ensure delivery of best value supported by enabling services e.g. assistive technology.

### **4. 2025/26 BCF Planning**

In preparation for the 2025/26 BCF Planning requirements, the BCF Oversight Group has established a BCF Planning subgroup, which includes planning colleagues from LA and ICB commissioning. The meetings share commissioning intentions and highlight any modifications to the BCF scheme labelling. This will help to ensure collective understanding of the total investment to separately commissioned by aligned service areas and highlight areas for improved integration or innovation. The ICB and LA have also commenced a review of jointly funded BCF scheme lines.

The BCF Planning requirements were received on the 31<sup>st</sup> January and the full submission is due to be made to the national Better Care Fund team and regional better care managers by 31<sup>st</sup> March 2025 (noon). The guidance stipulates that plans must be accompanied by signed confirmation from both local authority and ICB chief executives in addition to the HWB Board. To meet the national timescales, it is requested that the HWB Board chair has delegated authority to

approve the 2025-26 plan, for retrospective ratification at the subsequent HWB Board.

**Recommendation(s):** The Board is asked to:

To note the content of the Nottingham BCF Quarter 2 reporting template that was submitted to NHS England on 31 October 2024.  
The template is shown in full at Appendix 1.

To note the content of the Nottingham BCF Quarter 3 reporting template that was submitted to NHS England on 14 February 2025.  
The template is shown in full at Appendix 2.

Delegate authority for the chair of the HWB Board to approve the 2025-26 BCF plan submission to meet the national deadline and for the HWB Board to ratify retrospectively.

### The Joint Health and Wellbeing Strategy

#### Aims and Priorities

#### How the recommendation(s) contribute to meeting the 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

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

#### 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.

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

Appendix 1



Nottingham%20City  
%20HWB%20Q2%20

Appendix 2



Q3%20Reporting%2  
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**Published documents referred to in this report**