

Better Care Fund 2020-21 Year-end Template

1. Guidance

Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For an optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are 'Green' containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
5. Please ensure that all boxes on the checklist tab are green before submission.

Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and
2. 'Question completion' tracks the number of questions that have been completed. When all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of the

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met during the year and how this is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact their

The four national conditions are as below:

- National condition 1: Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act
- National condition 2: The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the
- National condition 3: Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National condition 4: The CCG and LA have confirmed compliance with these conditions to the HWB.

Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional CCG and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21.

Year End Feedback

This section provides an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Social care fees

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic

Specific guidance on individual questions can be found on the relevant tab.

CCG-HWB Mapping

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing

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2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottinghamshire
Completed by:	Naomi Robinson
E-mail:	Naomi.Robinson2@nhs.net
Contact number:	MS Teams
Is the template being submitted subject to HWB / delegated sign-off?	Yes, subject to sign-off
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	
Name:	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Income	Yes
5. Expenditure	Yes
6. Income and Expenditure actual	Yes
7. Year-End Feedback	Yes
8. IBCF	Yes

[<< Link to the Guidance sheet](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Nottinghamshire

Confirmation of Nation Conditions	
National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	No
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes

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If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
Partners agreed contribution to social care at the start of the year based on announced % age uplift, this is reflected in the signed S75 partnership agreement but has a slight discrepancy to the minimum required spend in this template.



Checklist

Complete:

Yes

Yes

Yes

Yes

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4. Income

Selected Health and Wellbeing Board:

Nottinghamshire

Local Authority Contribution	
	Gross Contribution
Disabled Facilities Grant (DFG)	
Nottinghamshire	£7,886,632
DFG breakdown for two-tier areas only (where applicable)	
Ashfield	£1,047,045
Bassetlaw	£1,324,693
Broxtowe	£983,969
Gedling	£1,189,210
Mansfield	£1,425,589
Newark and Sherwood	£1,159,270
Rushcliffe	£756,856
Total Minimum LA Contribution (exc iBCF)	£7,886,632

iBCF Contribution	Contribution
Nottinghamshire	£30,011,229
Total iBCF Contribution	£30,011,229

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	No
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Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Mansfield and Ashfield CCG	£14,585,020
NHS Nottingham North and East CCG	£10,546,723
NHS Newark and Sherwood CCG	£9,324,536
NHS Bassetlaw CCG	£8,601,300
NHS Rushcliffe CCG	£8,148,100
NHS Nottingham West CCG	£7,020,108
Total Minimum CCG Contribution	£58,225,787

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£58,225,787	

	2020-21
Total BCF Pooled Budget	£96,123,648

Funding Contributions Comments Optional for any useful detail e.g. Carry over

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5. Expenditure

Selected Health and Wellbeing Board:

Nottinghamshire

Running Balances	Income	Expenditure	Balance
DFG	£7,886,632	£7,886,632	£0
Minimum CCG Contribution	£58,225,787	£58,225,787	£0
iBCF	£30,011,229	£30,011,229	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£96,123,648	£96,123,648	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£16,546,118	£33,334,984	£0
Adult Social Care services spend from the minimum CCG allocations	£22,603,477	£22,594,319	£9,158

Planned spend is less than the minimum required spend

Checklist

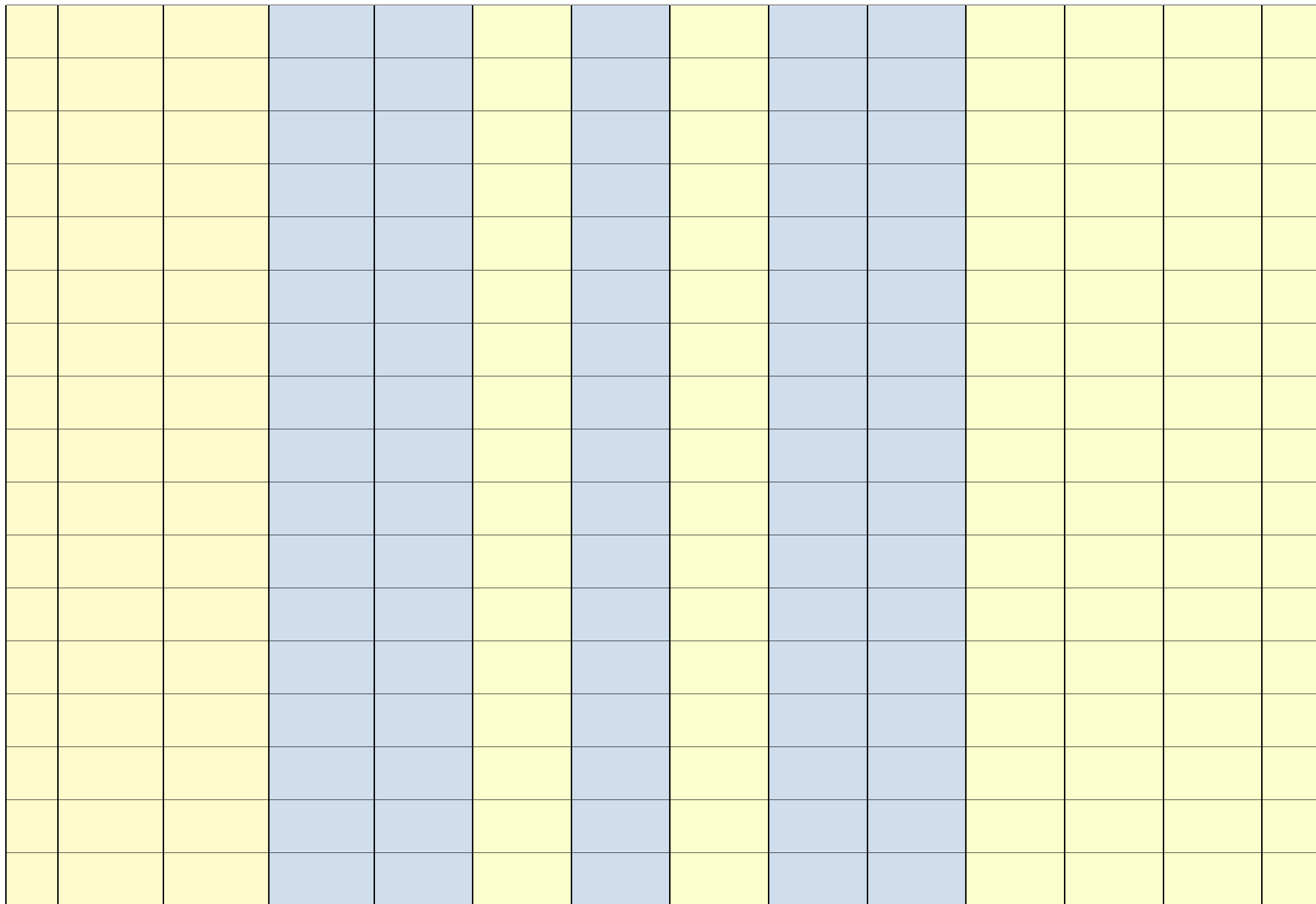
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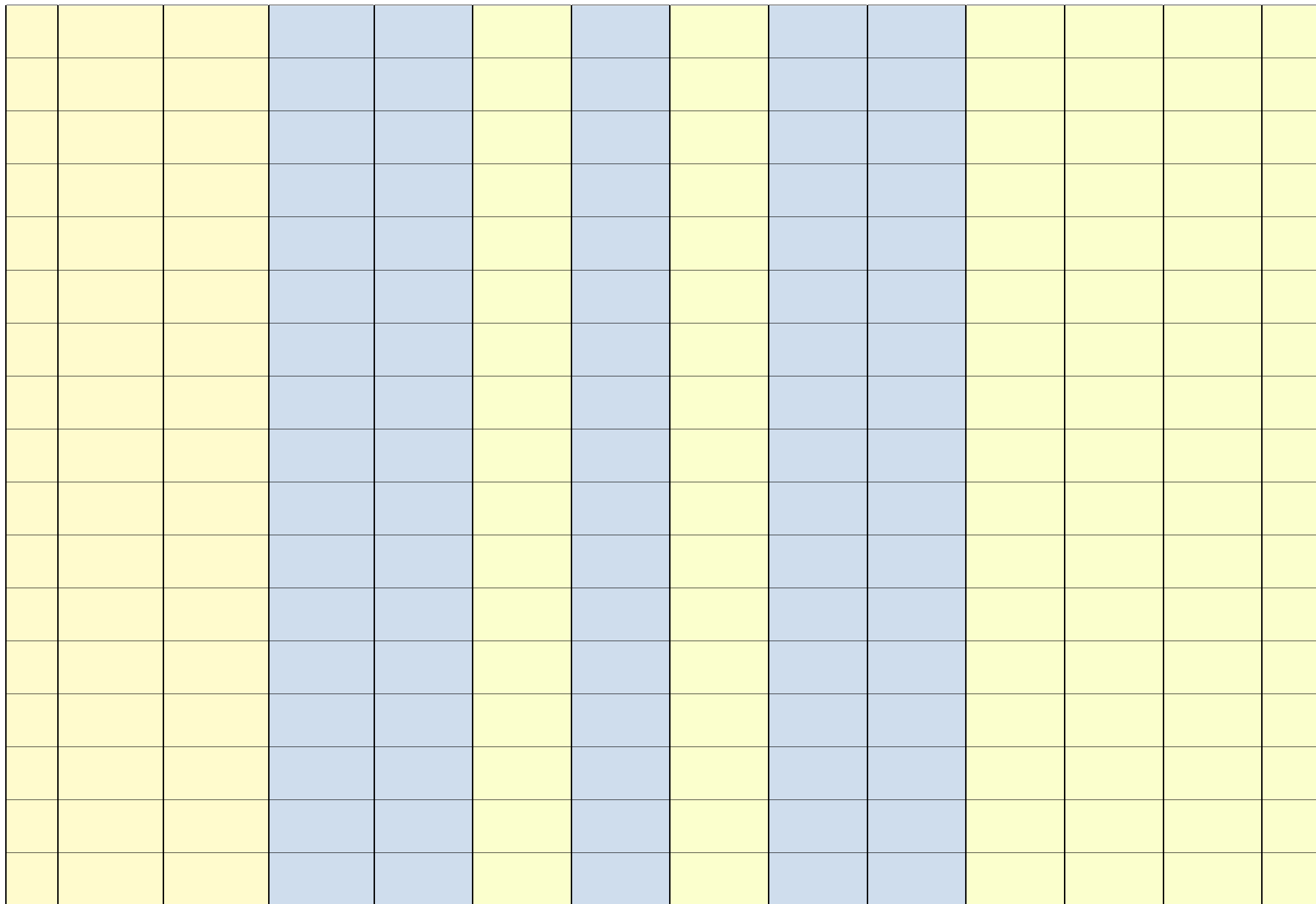
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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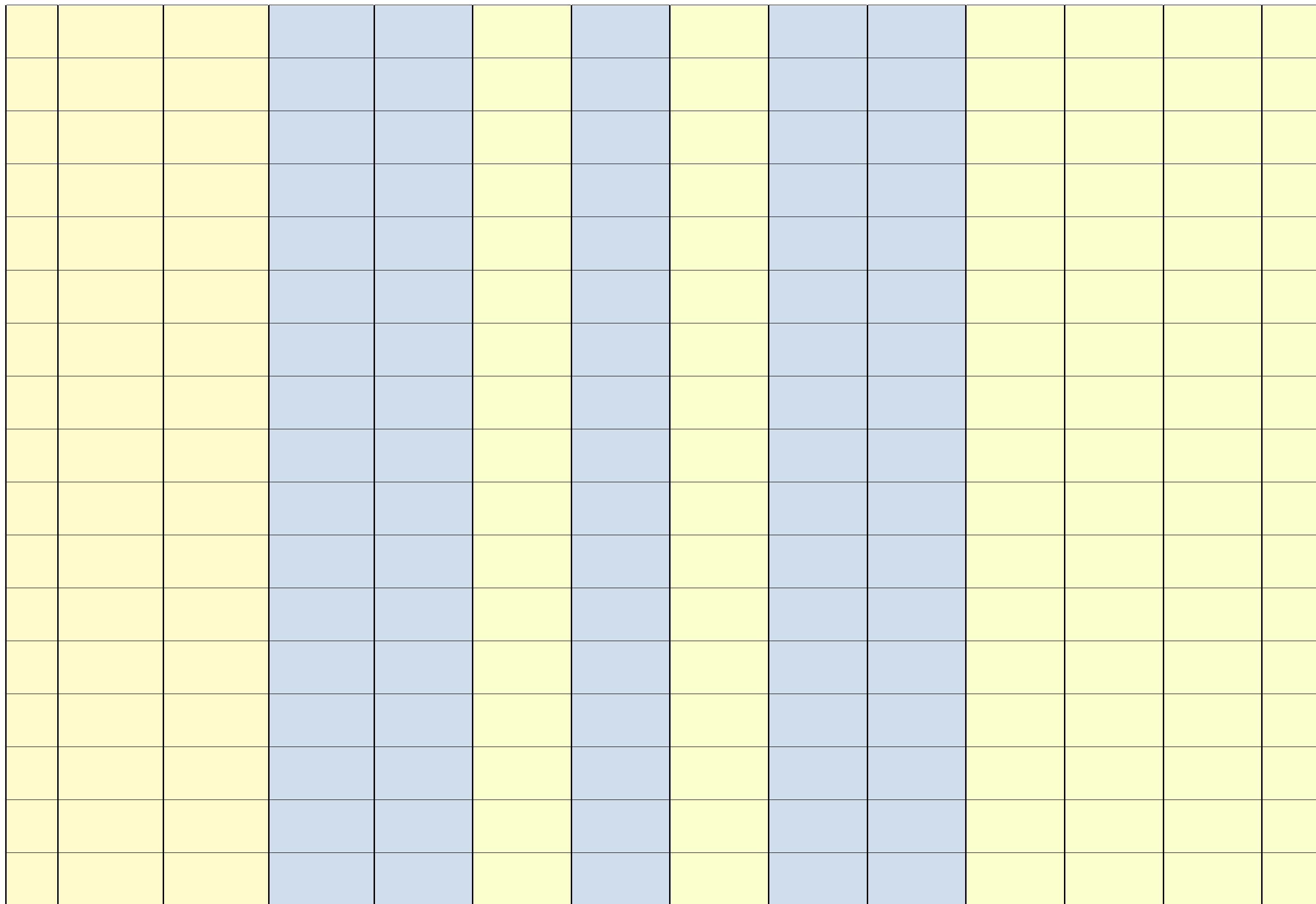
Link to Scheme Type description					Expenditure								
Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	A. Seven Day Working	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£790,347	Existing
2	B. Delayed Transfers of Care	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,052,970	Existing
3	C. Reducing non-elective admissions	Other		geriatrician input pre & post discharge	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£113,838	Existing
3	C. Reducing non-elective admissions	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,903,365	Existing
3	C. Reducing non-elective admissions	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,024,540	Existing
3	C. Reducing non-elective admissions	Other		Pysychological medicine scheme	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£170,756	Existing
3	C. Reducing non-elective admissions	Community Based Schemes			Other	Charity / Voluntary Sector	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£1,583,483	Existing

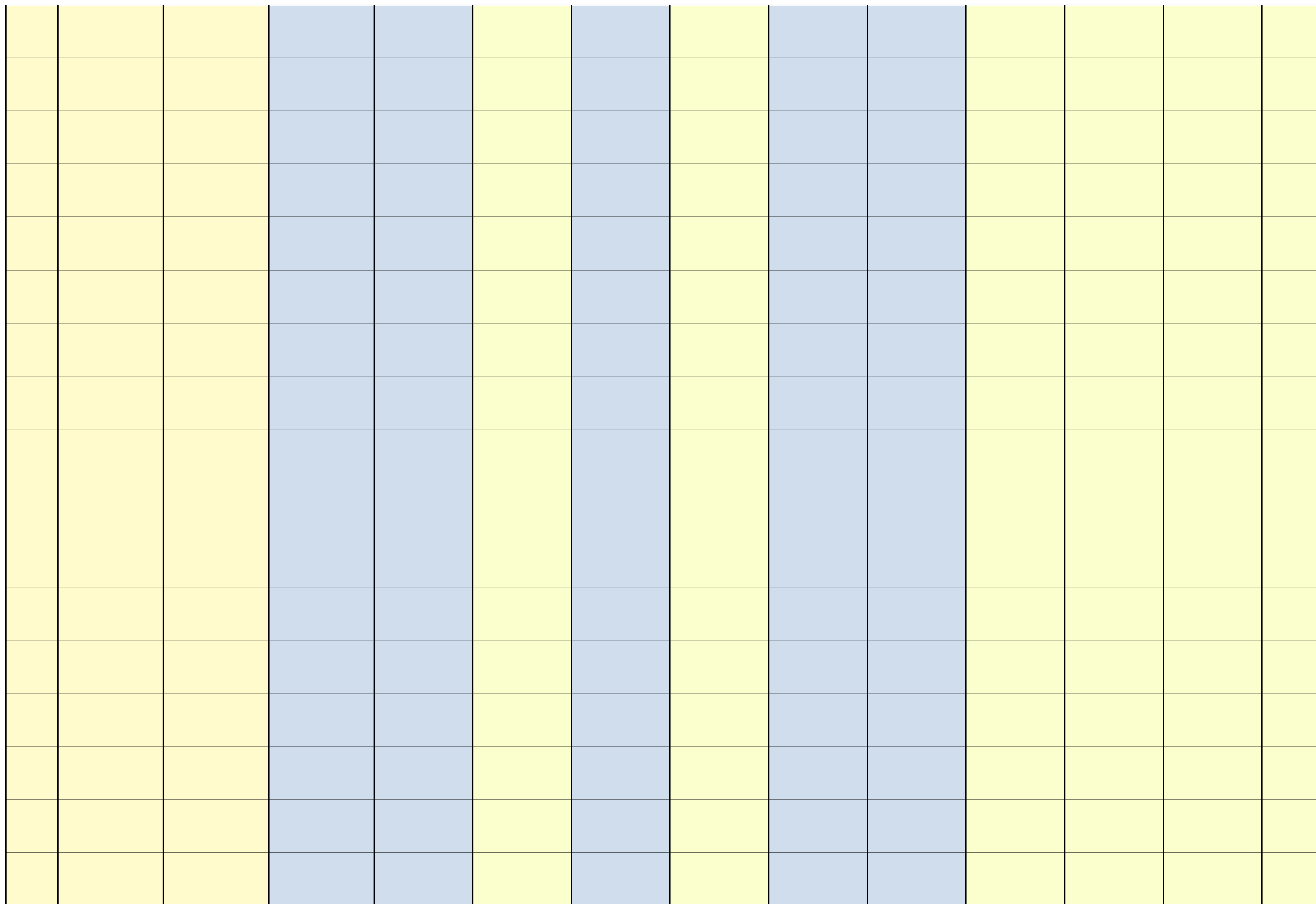
3	C. Reducing non-elective admissions	Community Based Schemes			Primary Care		CCG			CCG	Minimum CCG Contribution	£2,892,617	Existing
4	D. Support to social care	Carers Services	Respite Services		Other	Carers	CCG			CCG	Minimum CCG Contribution	£288,276	Existing
5	E. Enabling	Other		Enabling	Other	Enabling	CCG			CCG	Minimum CCG Contribution	£457,384	Existing
6	F. Proactive care (community based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£11,535,971	Existing
6	F. Proactive care (community based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			Private Sector	Minimum CCG Contribution	£903,549	Existing
6	F. Proactive care (community based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£129,549	Existing
6	F. Proactive care (hospital based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£2,118,363	Existing
7	G. Patient and carer support	Personalised Care at Home			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£81,508	Existing
7	G. Patient and carer support	Personalised Care at Home			Primary Care		CCG			CCG	Minimum CCG Contribution	£190,027	Existing
8	H. Better Together Implementation Support	Other		Enabling	Other	Enabling	CCG			CCG	Minimum CCG Contribution	£92,358	Existing
9	I. 7 day access to services	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,070,000	Existing
10	J. Mental Health Liaison	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£502,000	Existing
11	K. Discharge / Assessment incl. Intermediate Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,108,699	Existing
11	K. Discharge / Assessment incl. Intermediate Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£505,018	Existing
11	K. Discharge / Assessment incl. Intermediate Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£64,283	Existing
12	L. Respite services	Carers Services	Respite Services		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£21,000	Existing
13	M. Improving Care Home quality	Other		Improving Healthcare services to care	Other	Care Homes	CCG			Private Sector	Minimum CCG Contribution	£31,567	Existing

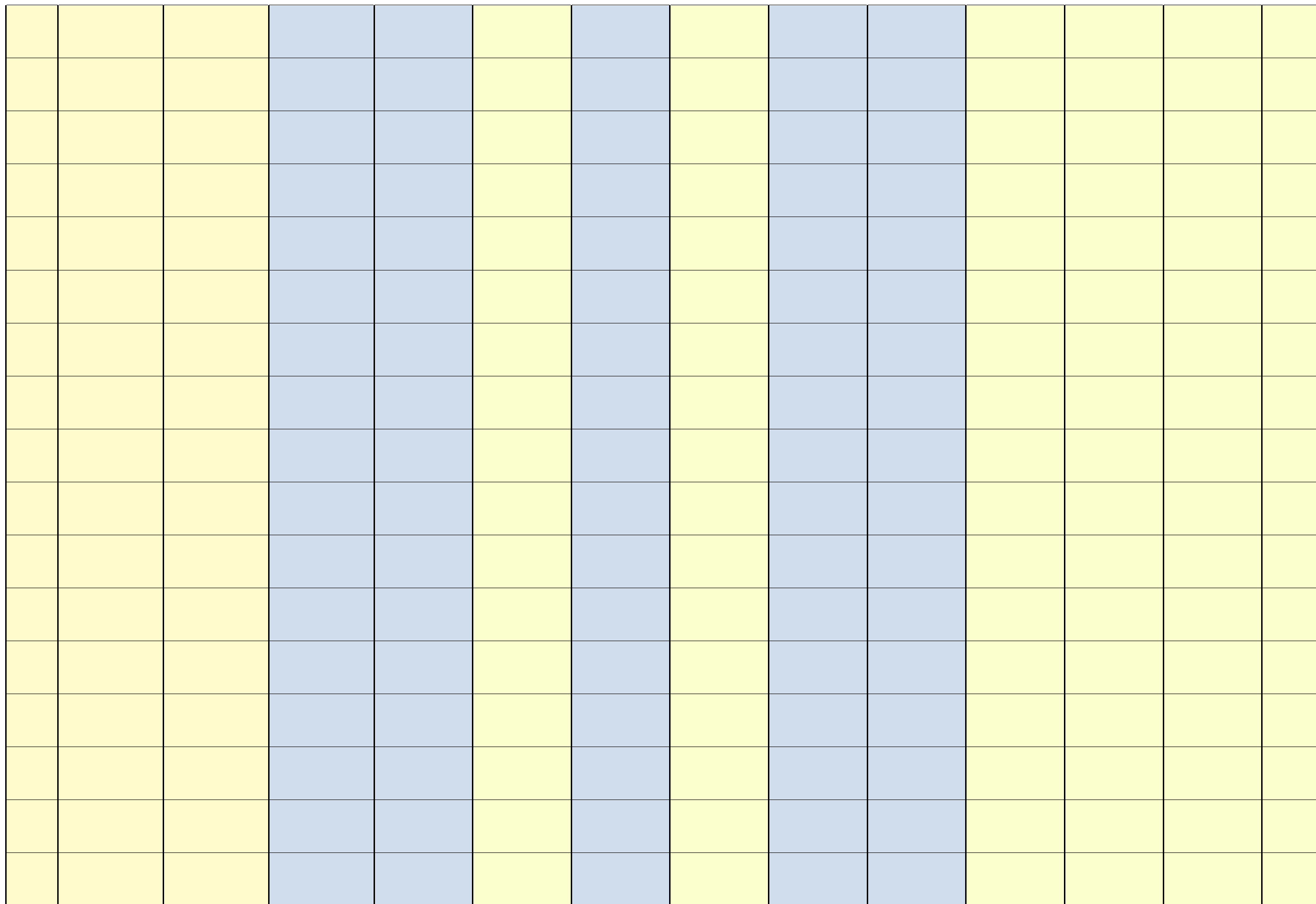
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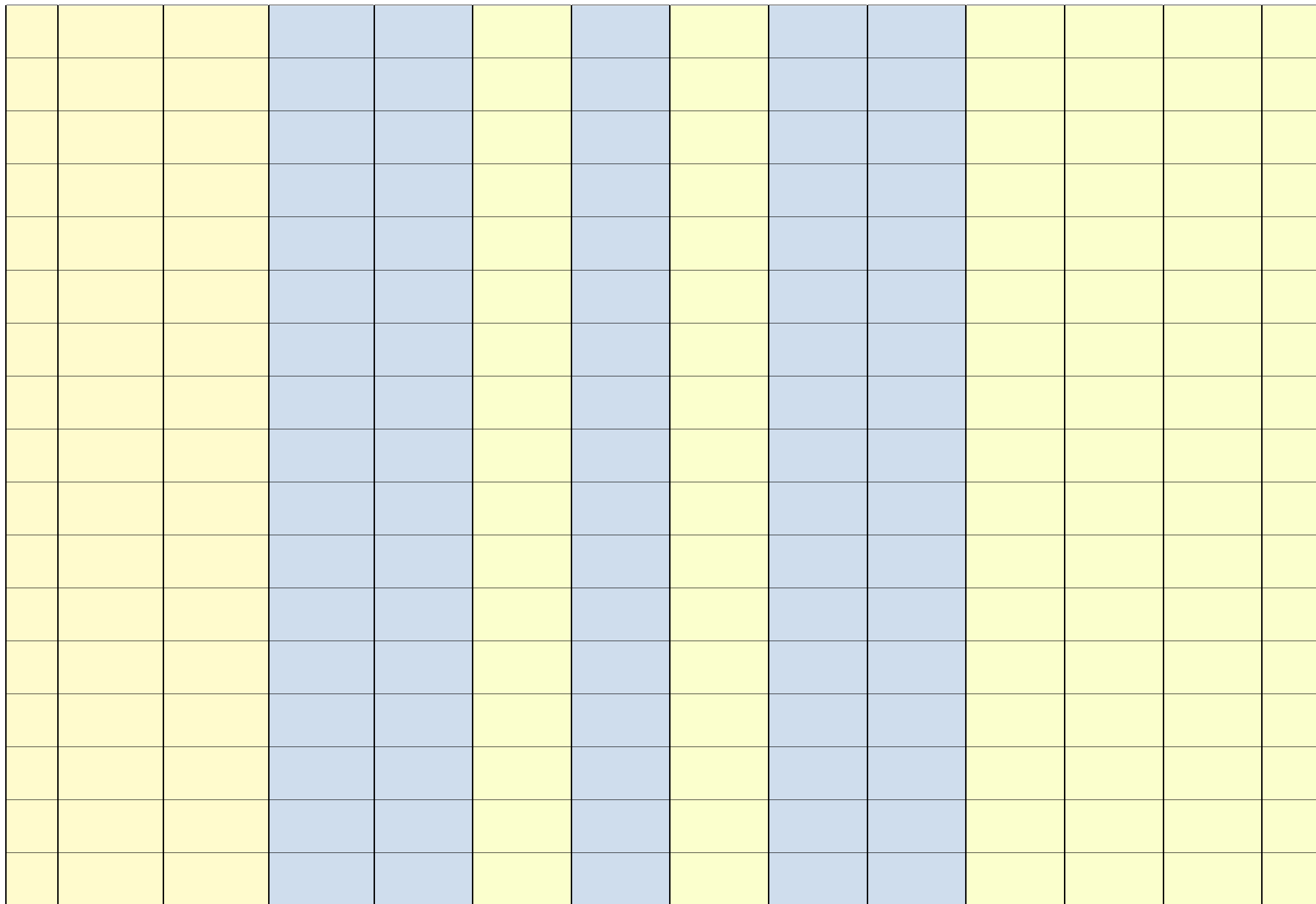


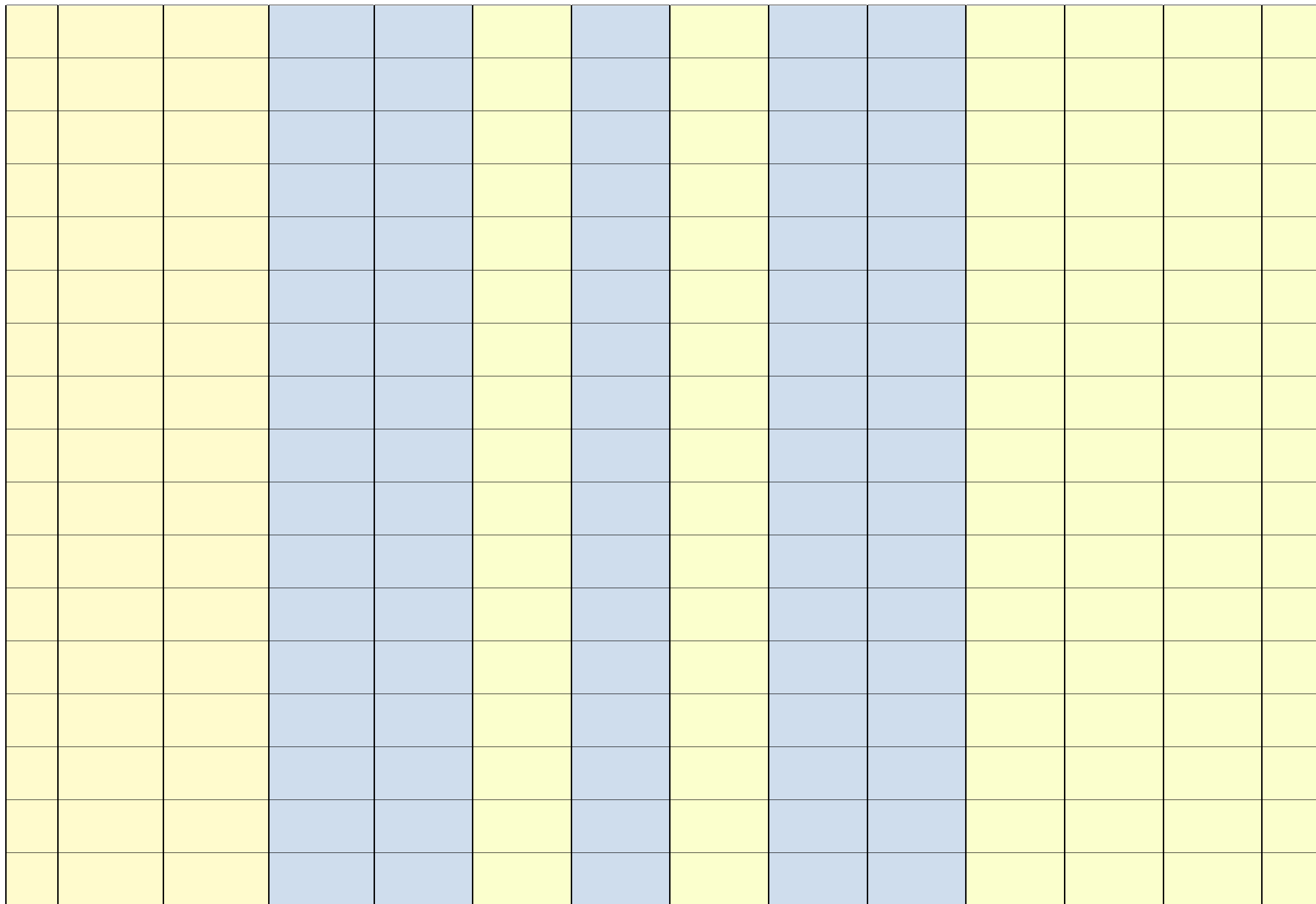


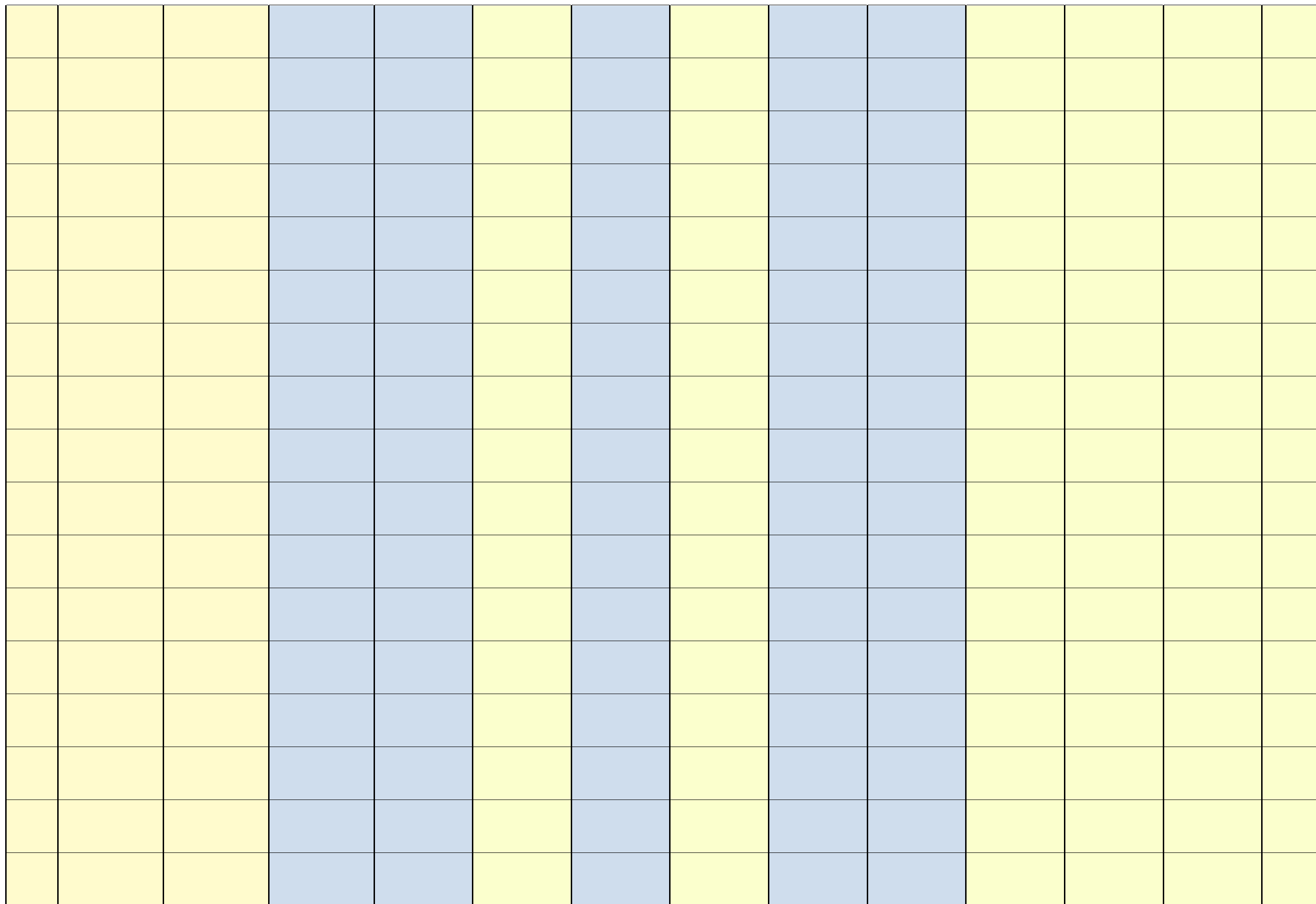


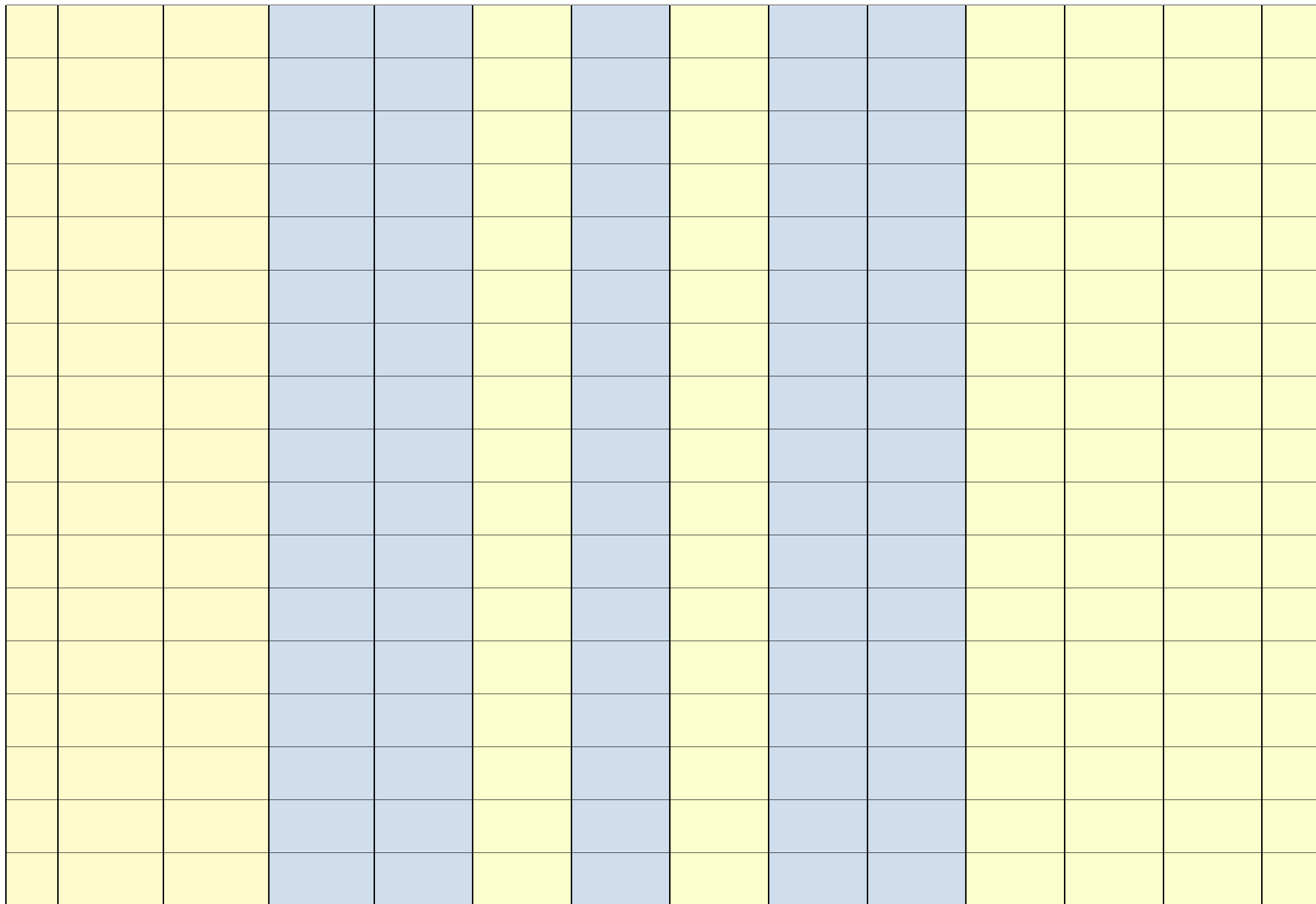


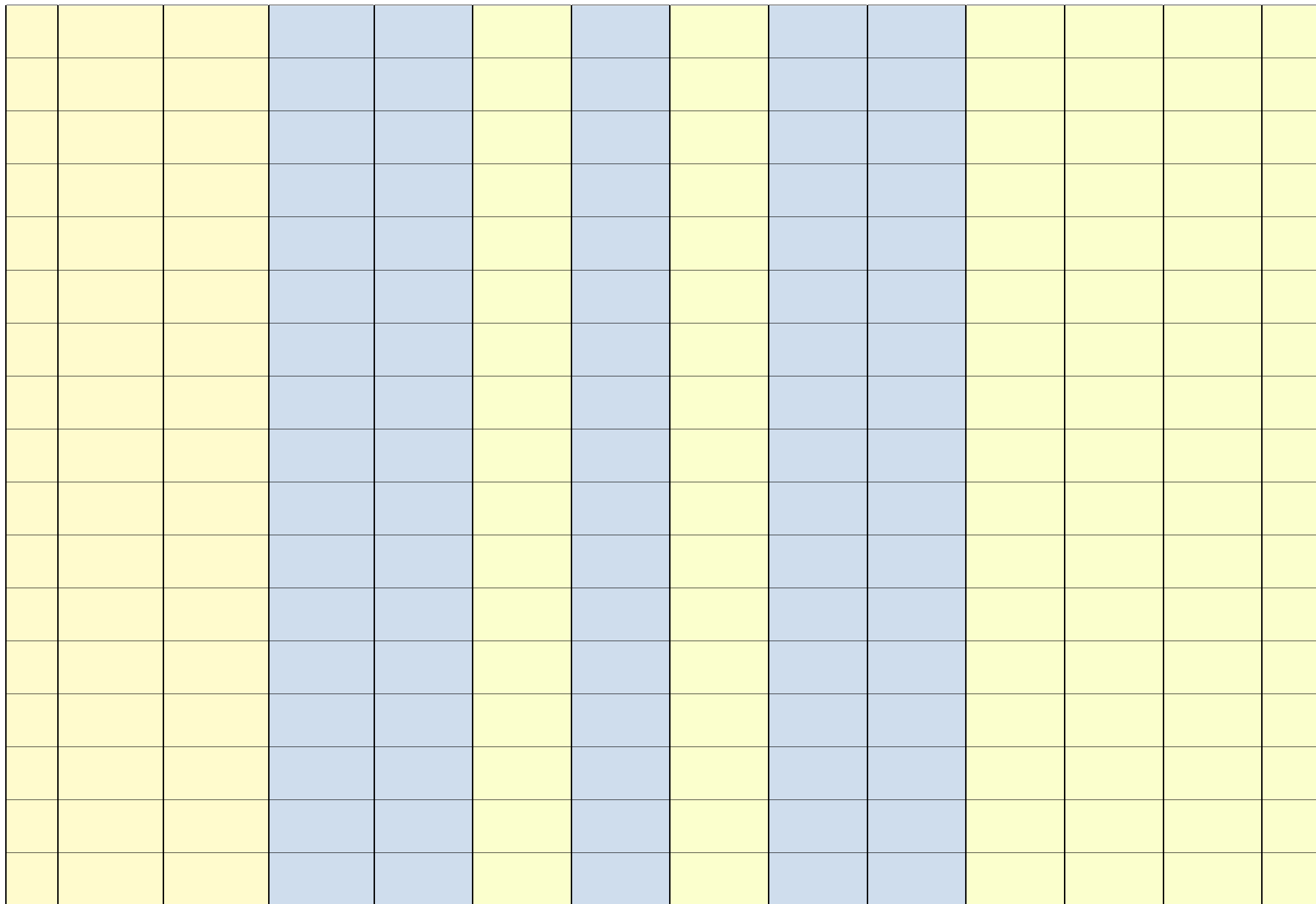


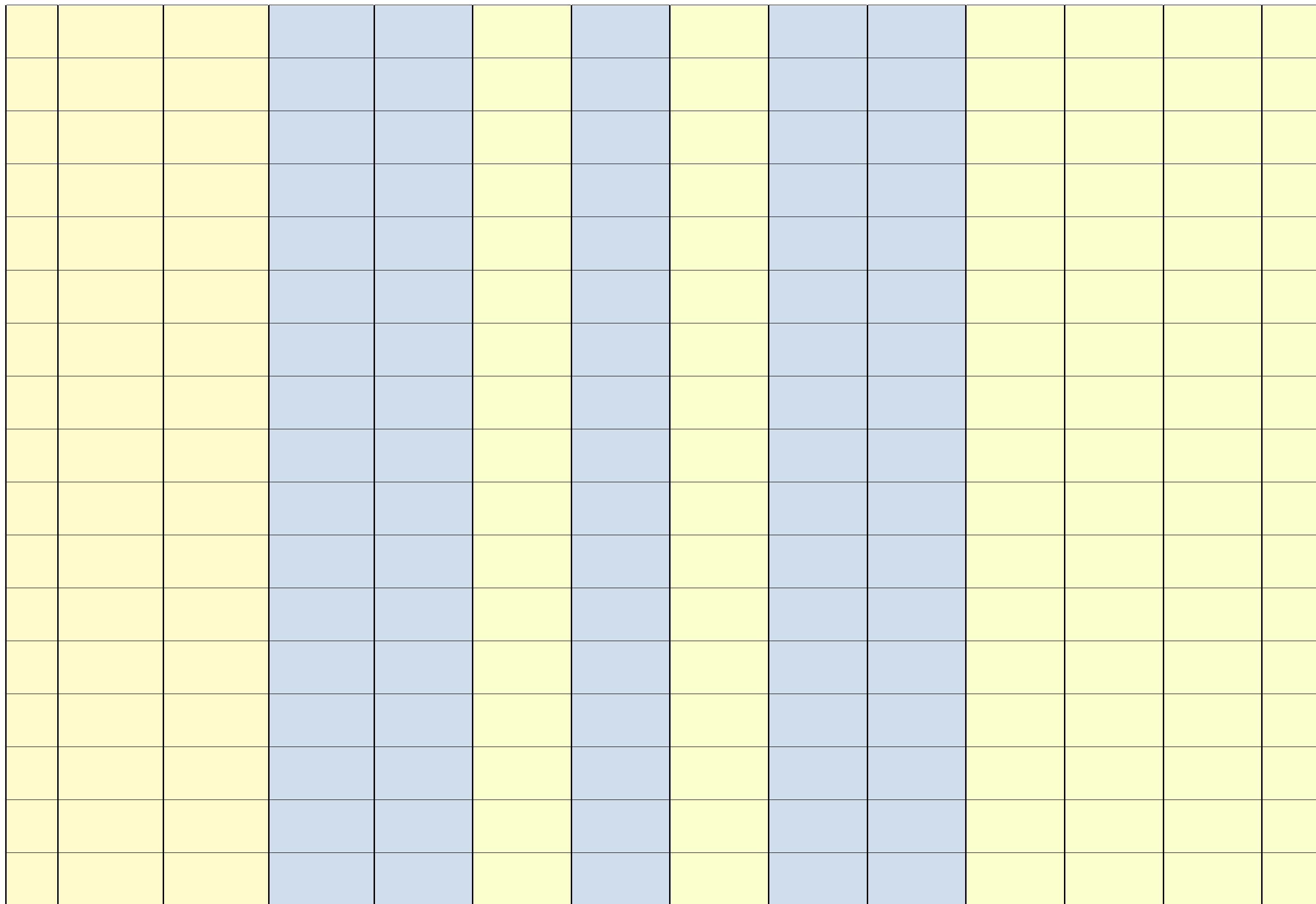


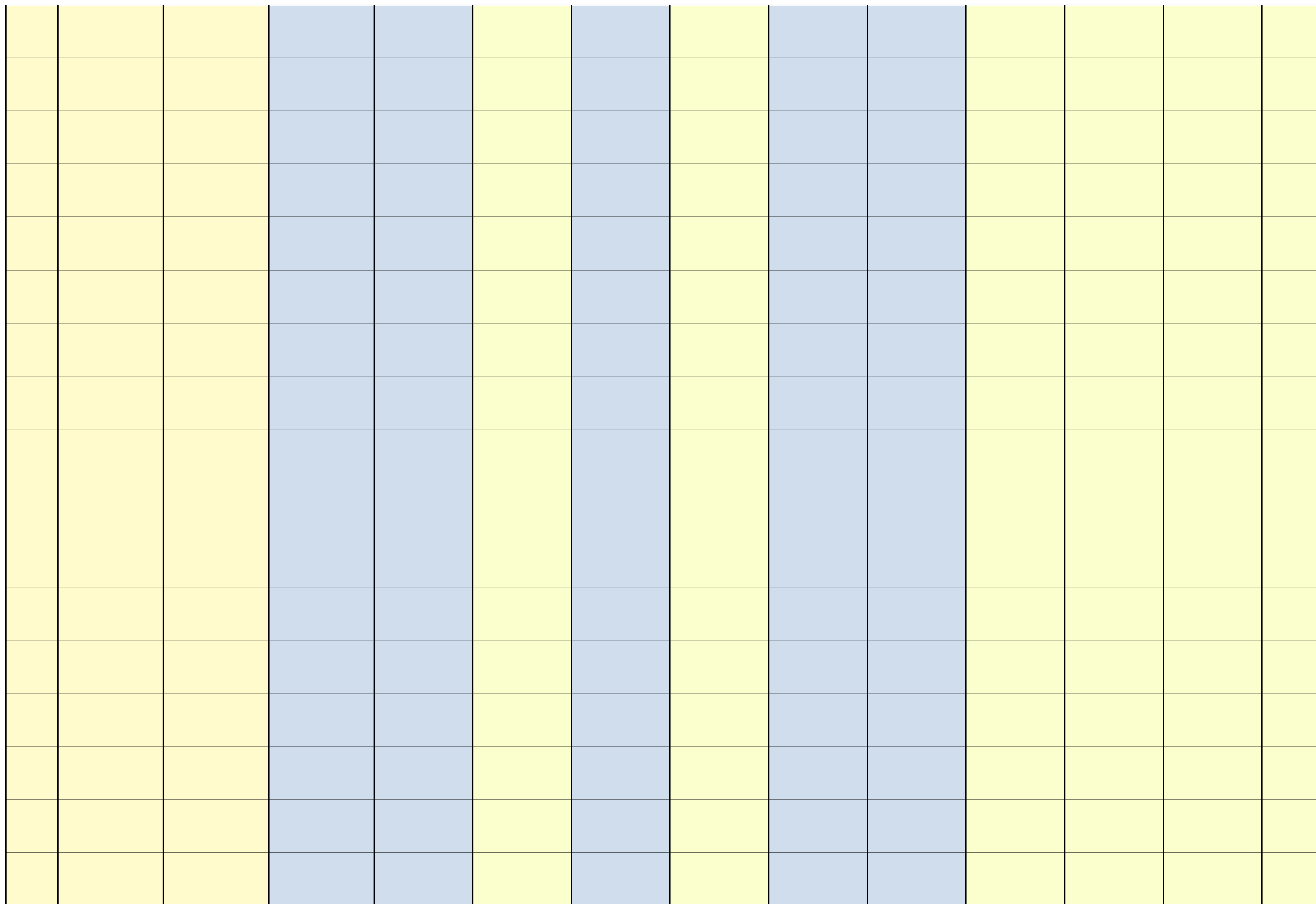












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[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)