

**13 December 2023**

**Agenda Item:5**

## **REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH**

### **THE BETTER CARE FUND (BCF) QUARTER TWO NATIONAL RETURN**

#### **Purpose of the Report**

1. To ratify the Nottinghamshire Better Care Fund quarterly reporting template for July – September 2023 (quarter two), which was submitted to NHS England on 31 October 2023.

#### **Information**

2. 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.
3. Systems are required to submit annual BCF plans to NHS England in line with national deadlines, and the Better Care Fund Plan for Nottinghamshire was ratified by the Health and Wellbeing Board on 13 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.
4. NHS England stood down the requirement to provide quarterly reporting against the BCF during the Covid-19 pandemic in 2020. This requirement has been reintroduced commencing from quarter two 2023/24 (July – September 2023).

5. The **BCF National Reporting Template Quarter Two** asks systems to update on performance against the national performance metrics (**Appendix 1**, tab 4). The 2023-25 national performance metrics are:
  - a) **Avoidable admissions:** Indirectly standardised rate of admissions per 100,000 population. An example of how the BCF is supporting this metric locally is the Urgent Community Response Service, which is provided by Nottinghamshire Healthcare Trust. The service accepts urgent referrals from any health or social care professional for residents 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 urgent equipment, short term care, signposting and onward referrals can then be provided 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. In Nottingham West a cohort of 230 patients have been identified who have a moderate-severe frailty score. These patients have been contacted by frailty practitioners who make them the offer of targeted support and falls prevention work.
  - c) **Discharge to usual place of residence:** Percentage of people who are discharged from acute hospital to their normal place of residence. Nottinghamshire Healthcare Trust work as part of a multi-disciplinary team within the acute hospitals who will support patients who are medically safe for discharge to be able to return home with a package of care in place. Between April – October 2023 a total of 2285 residents were supported by this service to return back to their own home from a hospital admission.
  - 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 number of people currently residing in long term residential care is reducing as more people are being supported to remain at home for longer. Across Nottinghamshire this is through an increased capacity within the homecare market.
  - e) **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This figure is increasing due to a greater focus on reablement across all service provision and increased capacity within the homecare market.
6. The template requires systems to identify where metrics are on/off track, highlight any achievements and identify any support needs. All of the metrics were on track to meet the target for this reporting period with the exception of residential admissions. The template highlights that the average number of admissions is 91 per month, which is over the monthly target of 82 per month. Whilst admissions are still above the monthly target, the total number of people overall in residential care is starting to reduce.
7. Capacity and demand modelling (**Appendix 1**, tabs 5.1, 5.2 and 5.3) is now integrated into the main BCF planning template, and systems are asked to review and refresh the data and assumptions submitted in the annual plan at this point in the year and give a rationale for doing so. A summary of the rationale behind the revised numbers is as follows:

- a) The demand numbers have been revised to be more in line with current run rate for each discharge pathway.
  - b) Capacity numbers are revised to reflect the current run rate. Capacity for Pathway 1 has been modelled as slightly higher than demand to aid the reduction of discharge delays.
  - c) A 10% seasonal increase has been added for December and January.
  - d) The plans assume that delivery will be managed within core bed capacity and that no spot purchases will be required. This will be managed through the Urgent Community Response Team supporting admission avoidance, and through the Transfer of Care Hubs facilitating discharge.
8. The quarter two return does not require any expenditure to be reported, however NHS England have advised that this will be required from quarter three onwards. Actual expenditure of the Additional Discharge Funding is reported directly to NHS England on a fortnightly basis, and the national team are currently determining which financial information to request quarterly to ensure that the information requests are proportionate.
9. The Nottinghamshire BCF Plans deliver services across the three themed areas of Early Help and Prevention, Proactive Care and Discharge to Assess. A brief update on delivery across each of the themes is as follows:
- a) **Early Help and Prevention:** Procurement has taken place for ICS-wide carers support services, which will provide a consistent and coherent service offer across Nottingham and Nottinghamshire, reducing duplication. New services commenced delivery on 01 October 2023. The Joint Carers Strategy has a launch event planned for 16 November 2023 which will link the implementation of the strategy to the Association of Directors of Adult Social Services (ADASS) Carer's Challenge.
  - b) **Proactive Care:** Several Primary Care Networks (PCNs) across Nottinghamshire have commenced delivering pilots for frailty, working in multi-disciplinary teams preventatively with identified cohorts of patients. The pilots are in different stages of maturity and are working together to share learning as they develop.
  - c) **Discharge to Assess:** Transfer of care hubs are established around each acute hospital, and each has benchmarked against national best practice and identified areas to prioritise for development. Pathway 2 transformation is in progress, and a high-level model has been defined. Future Pathway 2 and Pathway 3 bed modelling is being progressed.

### Local BCF Review

10. A collective strategic review of the existing BCF plans was undertaken by the Integrated Care Board (ICB) and Local Authorities (Nottingham City Council and Nottinghamshire County Council) between May and August 2022. The review has been undertaken in three phases which are detailed below:
- **Phase 1:** shared clarity, understanding and forward plan for BCF between ICB, Nottingham City Council and Nottinghamshire County Council

- **Phase 2:** analysis of existing BCF scope under three key themes; prevention, proactive care and discharge to assess to identify opportunities for integration
  - **Phase 3:** stakeholder workshops to agree approach to deliver the collaborative opportunities identified.
11. Phase 3 is now in train, and a detailed workshop on the development of the BCF going forwards was held with Health and Wellbeing Board members and other key stakeholders on 18 October 2023. It is intended that another workshop is held soon. The Board considered that there is a significant opportunity to work closely with Place-Based Partnerships to identify where effective investment in prevention can be made via the BCF.
12. Summarised next steps are:
- Describe the BCF as a programme by articulating the added value and potential of the BCF for specific programme areas and monitor progress against these.
  - Commence the collaborative review on the BCF theme of 'early help/prevention' with a spotlight on a specific group of services to start and demonstrate the potential (from discussion there was interest in falls, frailty and earlier preventative approaches). Provide a template review process which uses the collaborative commissioning framework as an assessment process and set of guiding principles.
  - Use the Nottinghamshire Joint Health and Wellbeing Steering Group to progress actions and monitor delivery.

## **Conclusion**

13. The quarterly reporting template was agreed for submission to NHSE by the BCF Planning and Oversight Group, subject to formal ratification at the Nottinghamshire Health and Wellbeing Board on the 13 December 2023.
14. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to formally ratify the Nottinghamshire BCF quarter two reporting template. The template is shown in full at **Appendix 1**.

## **Other options considered**

15. There was an option to not consult the Board on the BCF quarterly reporting template. This was discounted as the BCF is one of the Board's statutory responsibilities.

## **Reason for Recommendation**

16. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

## **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

18. The 2023-2025 Better Care Fund pooled budget has been agreed as £115,432,831 in year one (2023/24) and £119,310,655 in year two (2024/25) after inflation.

### **Human Resources Implications**

19. There are no human resources implications contained within the contents of this report.

### **Legal Implications**

20. The Care Act facilitates the establishment of the Better Care Fund by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

## **RECOMMENDATION**

The Health and Wellbeing Board is asked:

1) To ratify the Nottinghamshire Better Care Fund quarter two reporting template that was submitted to NHS England on 31 October 2023.

**Melanie Williams**  
**Corporate Director Adult Social Care & Health**  
**Nottinghamshire County Council**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (GMG 24/11/23)**

21. This report falls to be considered and determined by the Health and Wellbeing Board under the Council's Constitution (see Section 7, Part 2, paragraph 11 on page 120).

### **Financial Comments (OC 30/11/23)**

22. The Financial implications are detailed throughout this report and are summarised within paragraph 18.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

## **Electoral Division(s) and Member(s) Affected**

- All